



PATIENT

Milo Marino

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

11.95 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Hallihan

INVOICE

76079

DATE

7/11/23

PRESENTING CLINICAL SIGNS

History: Dx at another vet w/mass cranial mediastinum and heart murmur. Double cavity in house u/s performed 6/23 (report attached). Current Meds: C/D diet; Gabapentin for today.
Abnormal PE/Chem/CBC/UA Results: 4/2023-Ca+ 11.3; Ionized Ca+ WNL; PSL 107

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Minor suspended debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal. The bladder sand has resolved.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys. The right and left kidney measured 4.3 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.42 cm.

Spleen

The **spleen** was reduced in size to 0.8 cm with uniform parenchyma. There was no evidence of pathology.

Liver

The **liver** revealed uniform parenchyma. The gallbladder and common bile duct were unremarkable. There was no evidence of pathology.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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Pancreas

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The **pancreas** revealed persistent, hypoechoic parenchyma with enhanced remodeled surrounding mesentery primarily in the left limb.

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Heart

Rapid view of the heart revealed no evidence of pathology. Cranial mediastinal fat was noted. There was no evidence of pathology.

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ULTRASONOGRAPHIC FINDINGS

SEX

Bladder sand resolved. Trace amount of sand in the urethra.

Neutered male

Caudal aspect of the left pancreatic limb presents persistent pathology. Focal, left caudal pancreatitis pattern.

AGE

15 years

GI tract is largely unremarkable with curvilinear patterns respected, transit of chyme was normal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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Upper abdominal palpation cranial to the left kidney is warranted to assess for any discomfort. Ultrasound-guided FNA of the caudal aspect of the left pancreatic limb is warranted in this patient especially if discomfort is present, which would suggest active inflammation. The enhanced mesentery would suggest active inflammation. Splenic FNA was performed without complication.

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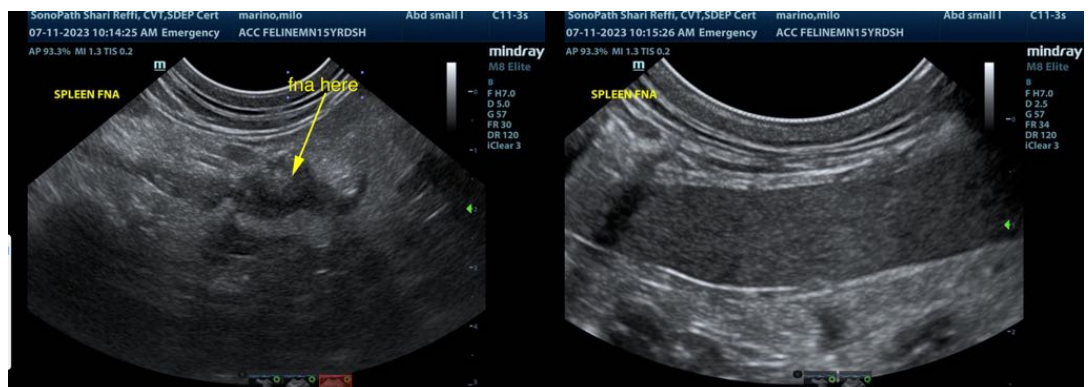
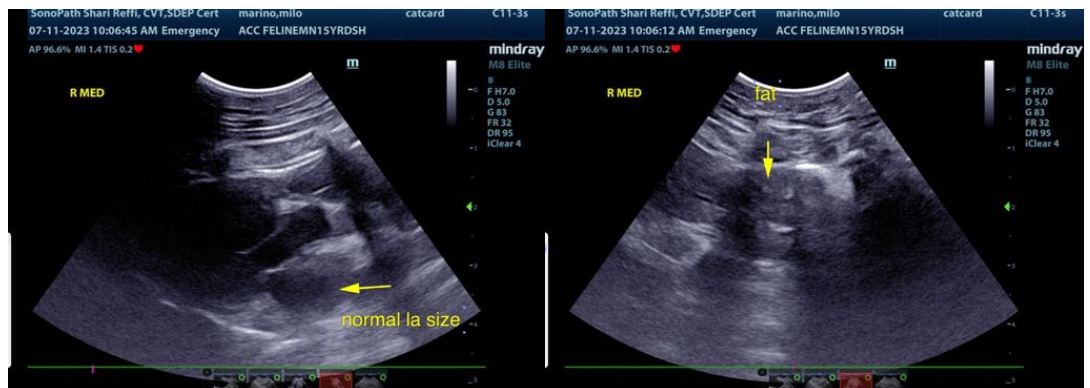
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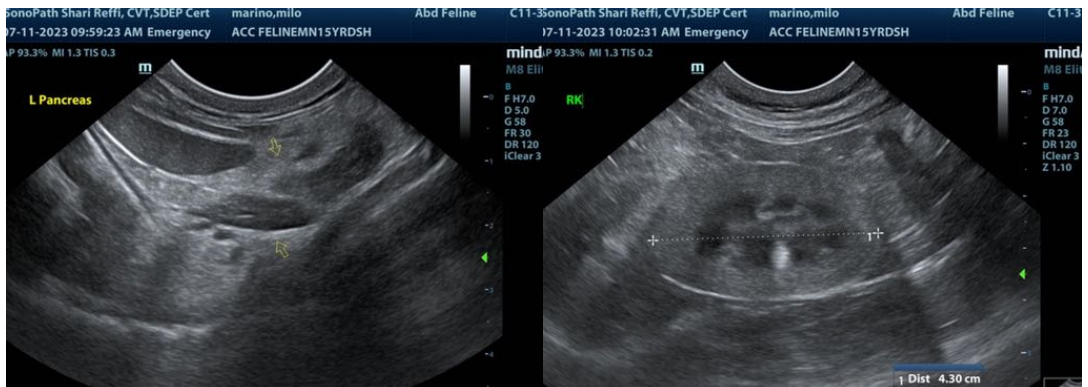
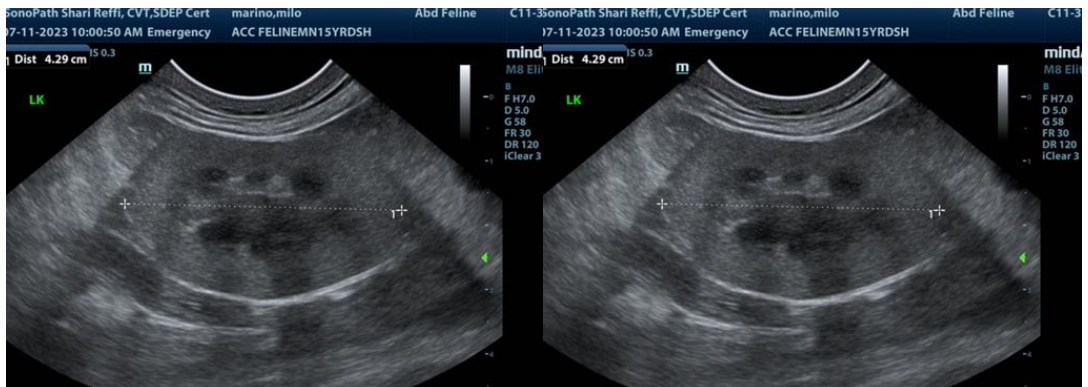
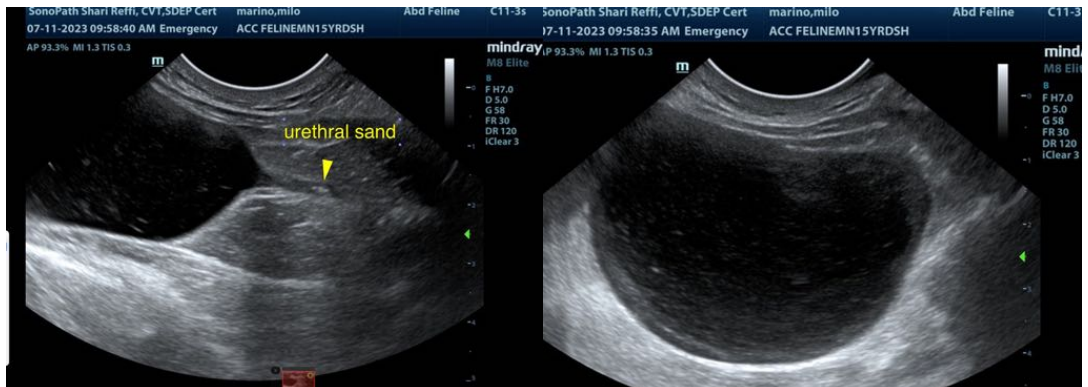
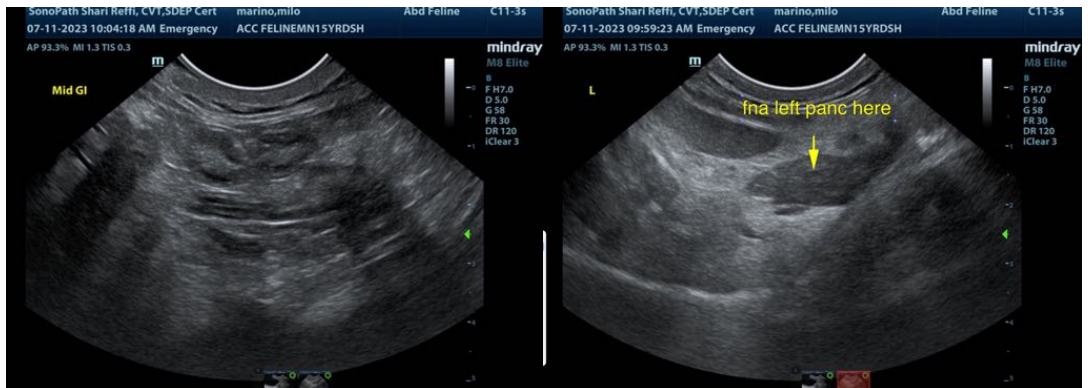
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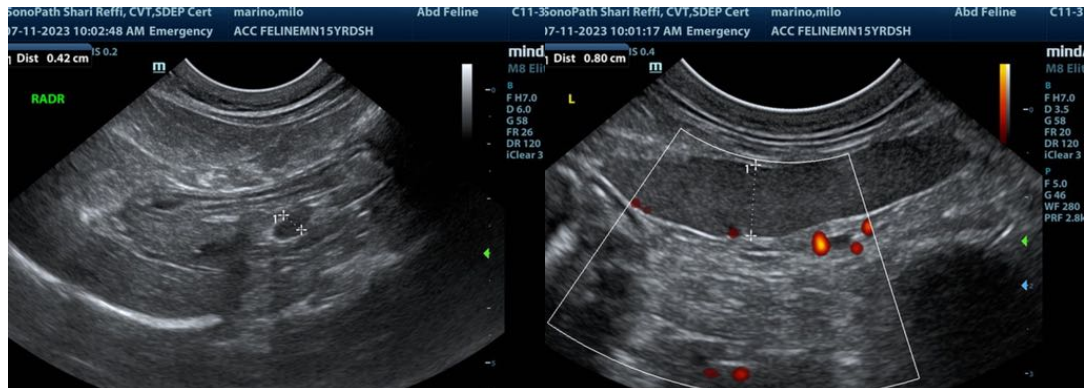
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com