

PATIENT

Leo Berger

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

11.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Diane McFadden, RVT

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Lenkowski

INVOICE

76354

DATE

8/1/23

PRESENTING CLINICAL SIGNS

History: decreased appetite, wt loss, jaundice, abdomen sensitive upon palpation
Abnormal PE/Chem/CBC/UA Results: AST 285, ALT 832, ALKP 237, GGT 12, tbili 8.6, neuts 2378, lymphs 1189; UA: prot 2+, bili 2+, blood 2+, struvites 4-10/hpf, USPG 1.055

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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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. The right kidney measured 4.54 cm. The left kidney measured 4.41 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 0.21 cm.

Spleen

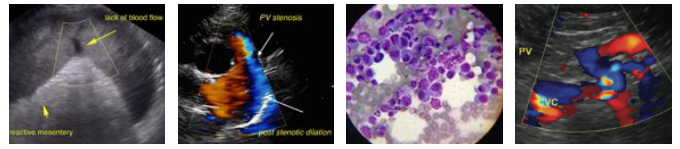
The **spleen** was mildly enlarged with granular, subtle, micronodular appearance. The spleen measured up to 1.3 cm.

Liver

The **liver** was mildly enlarged with coarse architecture and increased portal markings. The gallbladder and common bile duct were unremarkable with no evidence of post hepatic obstruction.

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.



PATIENT

Pancreas

Leo Berger

The **pancreas** was hypoechoic and irregular with coarse architecture and enhanced surrounding mesentery.

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ULTRASONOGRAPHIC FINDINGS

Splenic enlargement.

BREED

Hepatic enlargement with coarse architecture. Cholangitis pattern.

Domestic Shorthair

Prominent, irregular pancreas. Suspect low-grade, chronic active pancreatitis as well.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Conversion from reactive spleen and cholangitis to round cell neoplasia is a potential in this patient. Screening FNA of the spleen and liver is strongly encouraged. Toxoplasmosis and Bartonella should be ruled out as complicating factors. Prognosis is guarded.

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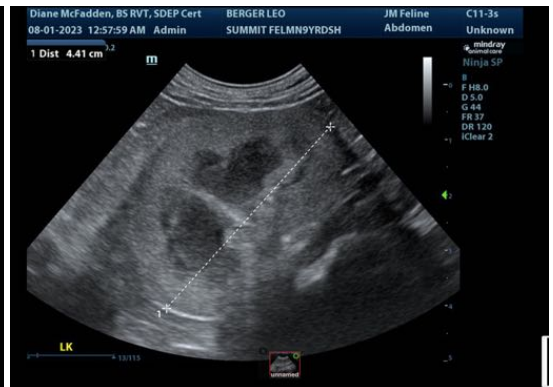
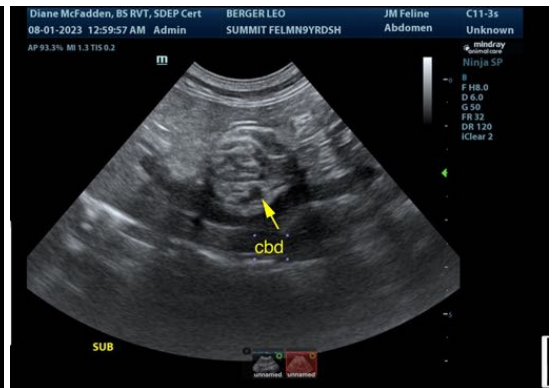
Dr. Lenkowski

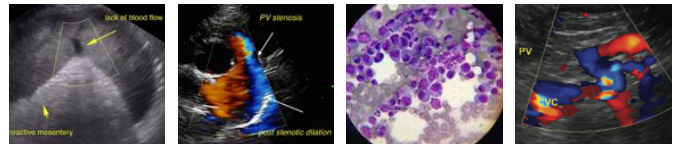
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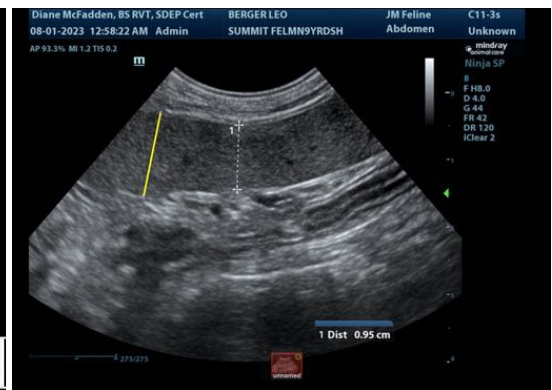
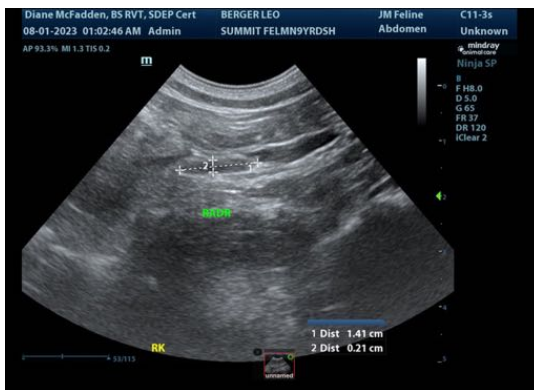
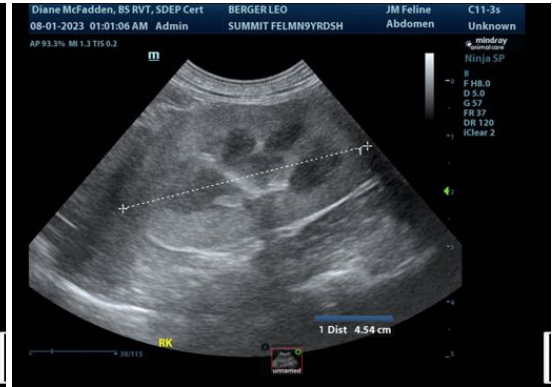
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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