



PATIENT

Bucy Livorsi

PRESENTING CLINICAL SIGNS

History: vomiting more frequently, concern for fb vs IBD vs intestinal neoplasia

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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.

SEX

Neutered male

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 4.14 cm. The left kidney measured 3.5 cm.

AGE

11 years

WEIGHT

11.9 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Jenn

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

HOSPITAL NAME

Rockaway AH

Liver

REFERRING VET

Dr. Kahn

The **liver** was slightly enlarged with heterogenous parenchymal changes, increased portal markings and scalloping contour. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INVOICE

32887

Gastrointestinal

DATE

9/14/22

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. The mesenteric lymph nodes



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are enlarged and clustered to a grouping of 3.6 cm with reactive surrounding mesentery. The largest lymph node measured 1.5 cm and was hypoechoic and rounded. Cytology and culture is indicated.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered male

Mesenteric lymphadenopathy with swollen, irregular liver.
Interstitial nephrosis renal pattern.

AGE

11 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

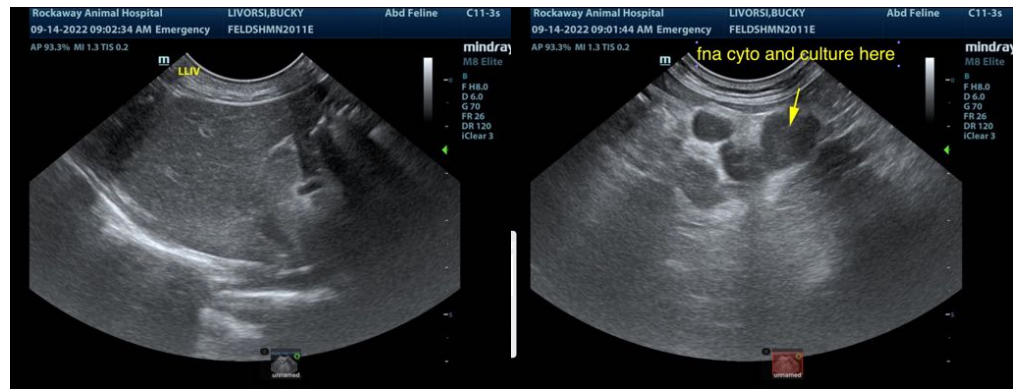
FNA of the mesenteric lymph nodes and liver are recommended to ensure round cell neoplasia is not emerging. There was no evidence of foreign bodies.

WEIGHT

11.9 lbs

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DABVP, Cert. IVUS

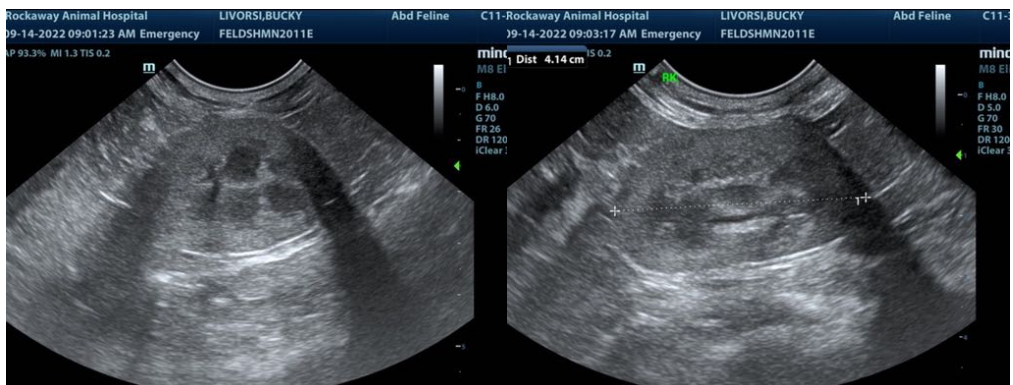


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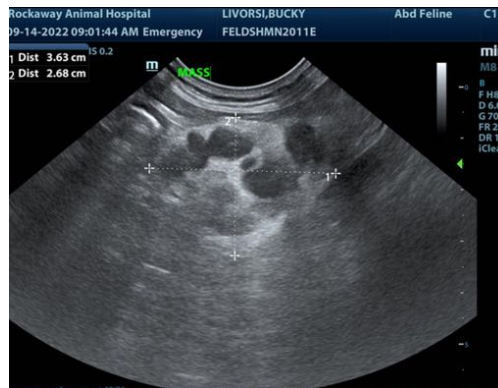
Dr. Kahn

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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.

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