



PATIENT

Sylvie Davis

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Yrs 9 Mos

WEIGHT

7.44 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

95544

DATE

01/25/22

PRESENTING CLINICAL SIGNS

History: Weight loss, Renal dx, Hyperthyroid, lymphoma

Inappetence, vomiting, lethargy

BW - PCV 27 % anemia, BUN/Crea 68/3.0

Currently on Pred 5mg Sid, Cerenia, famotidine

Evaluate for metastasis vs pylonephritis

Labs + previous AUS attached

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 subnormal 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Multi-focal infarcts and mineralization were noted. An active inflammatory event was noted likely owing to infarct in the left kidney. The right kidney has inflammation as well. This may be playing a role in the current clinical status. The left kidney measured 2.95 cm.

Adrenal Glands

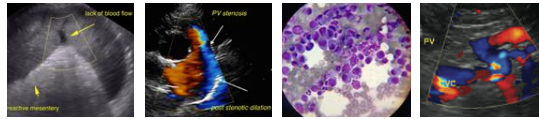
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.29 cm. The left adrenal gland measured 0.29 cm.

Spleen

The **spleen** revealed undulating contour with subtle, micronodular changes.

Liver

The **liver** revealed multi-focal, hypoechoic nodular changes with increased portal markings. The largest nodule measured 0.6 cm. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

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The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Multi-focal, hepatic nodular changes with micronodular splenic pattern.

Renal dystrophy, infarcts and mineralization. Subacute on chronic inflammation and infarcts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a partially suppressed lymphoma pattern. I am concerned for reemergence in the liver +/- spleen.

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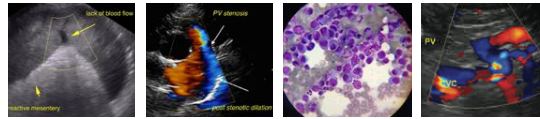
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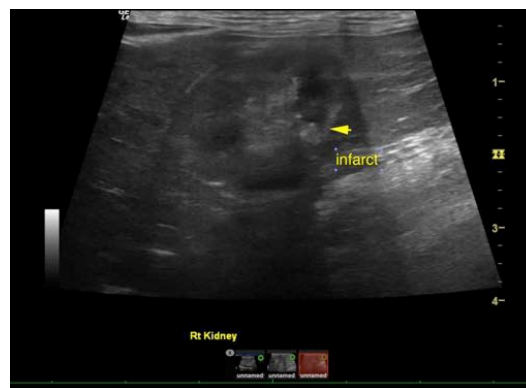
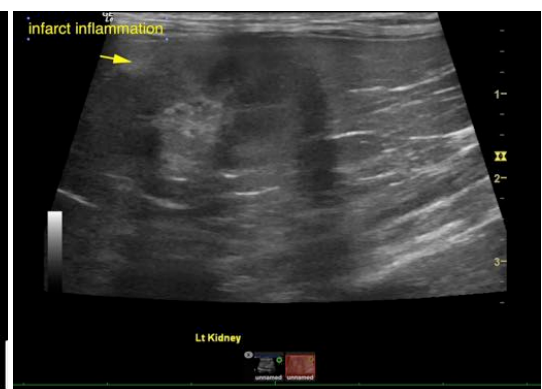
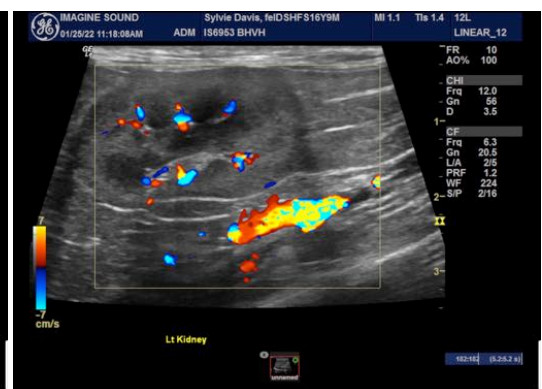
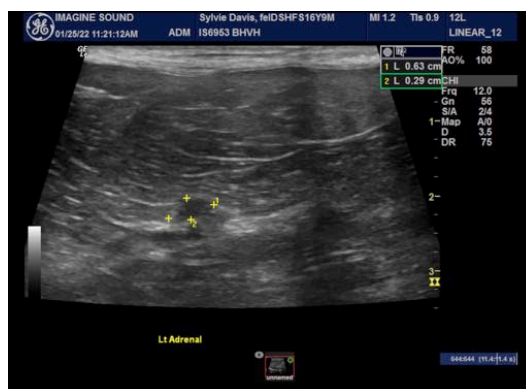
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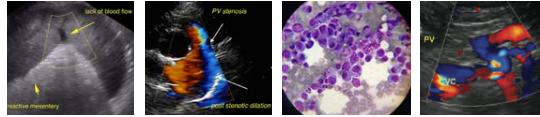
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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Eric.Lindquist@SonoPath.com

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