



**PATIENT**

Lily Salmond

**PRESENTING CLINICAL SIGNS**

Decreased appetite and weight loss last 2 weeks large kidney on palpating and x ray  
Abnormal PE/Chem/CBC/UA Results: Mild elevation kidney enzymes

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Ragdoll

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 were noted. Ureteral papillae were normal.

**SEX**

Spayed Female

The **right kidney** measured 4.42 cm with some loss of corticomedullary definition. A cortical infarct was noted at the caudal pole of the right kidney as well as multifocal other regions of infarcts.

**AGE**

15 Years

The **left kidney** presented patchy heterogeneous cortical changes, consistent with infarcts and interstitial nephrosis with mild pyelectasia. Subcapsular halo noted as well. It is difficult to ascertain whether the subcapsular halo is fluid filled or tissue proliferative.

**Adrenal Glands**

**WEIGHT**

3 kg

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 left adrenal gland measured 0.53 cm.

**Spleen**

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. Hyperechoic lipogranulomatous type nodules noted. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Signal Hill AH

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**REFERRING VET**

Dr. Cumyn

**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. Mesenteric lymph nodes were mildly enlarged and hypoechoic, measuring 5.0 mm x 6.0 mm.

**INVOICE**

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**Pancreas**

**DATE**

1/27/22

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.



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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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

- Dystrophic and infarcted kidneys with subcapsular left renal halo
- Splenic enlargement

**BREED**

Ragdoll

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Concern for renal and splenic lymphoma. FNA spleen and left kidney recommended in this patient.

**SEX**

Spayed Female



**AGE**

15 Years

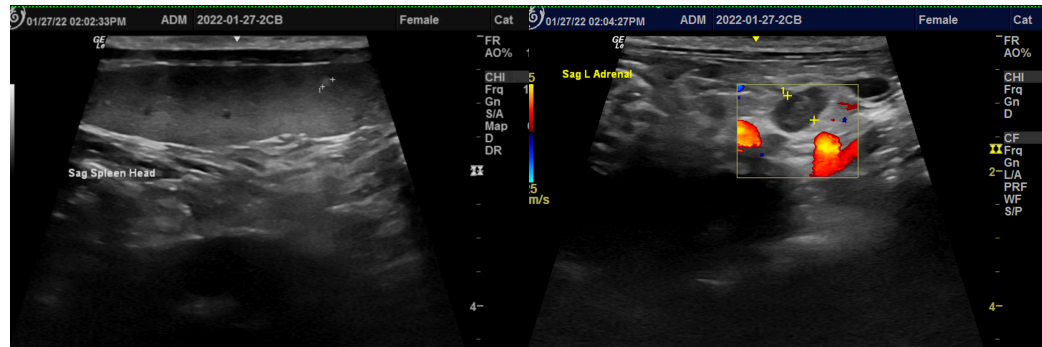
**WEIGHT**

3 kg

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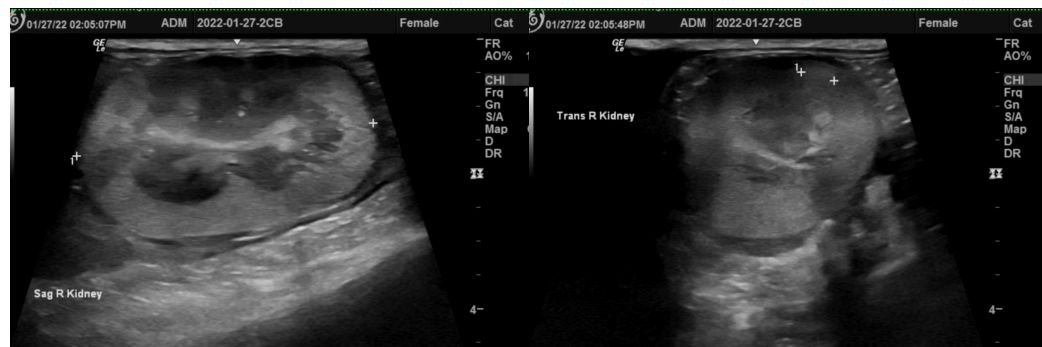


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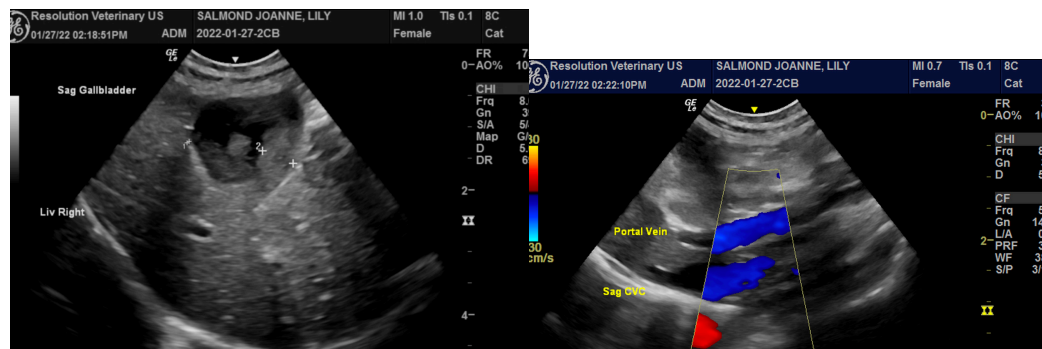
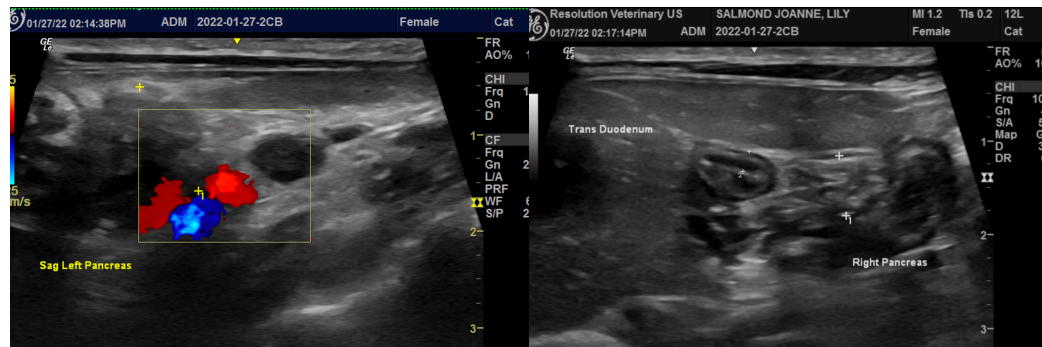
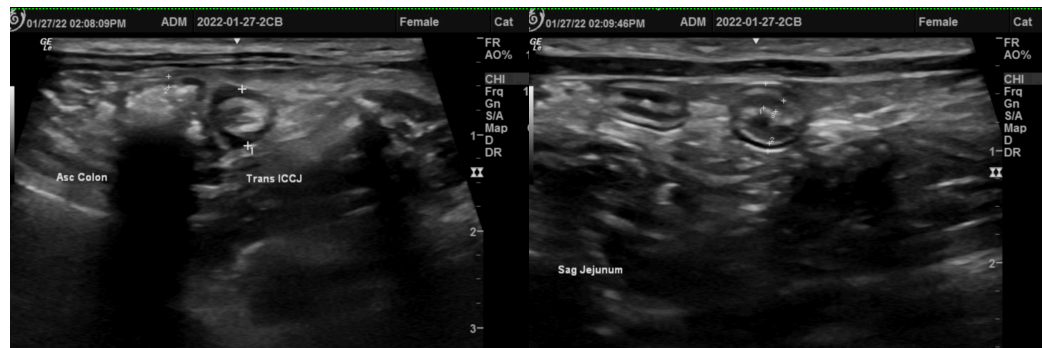
Dr. Cumyn

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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

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