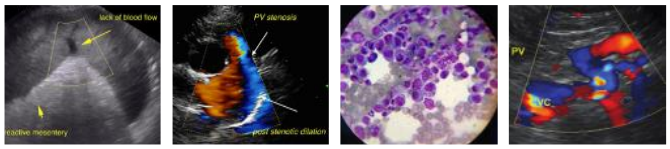
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™




SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Ava FH- APS

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

8.5 Years

**WEIGHT**

6.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jamie Baugh

**HOSPITAL NAME**

True North VS

**REFERRING VET**

Jamie Baugh

**INVOICE**

20807

**DATE**

1/27/23

## PRESENTING CLINICAL SIGNS

History: P has a history of inappropriate elimination and fluctuating weight. She is current on all of her vaccines and has been on Revolution. She is eating and normally. She has been on a food trial with no change in behavior and on prednisolone which did not help.

Abnormal PE/Chem/CBC/UA Results: CBC: Mild anemia Chem: NSF T4: NSF UA: not completed PE: BAR, MM: pink/slightly tacky, CRT: <2 sec, HR: 158 bpm, RR: 42 brpm, BCS: 3-4/9 No appreciable thyroid slip

## 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. A minor amount of suspended debris and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. Iliac trifurcation was unremarkable- no evidence of pathology.

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. This is a mild to moderate change. The right kidney measured 3.5 cm. The left kidney measured 3.5 cm.

### *Adrenal Glands*

The regions of the **adrenal glands** revealed no evidence of pathology.

### *Spleen*

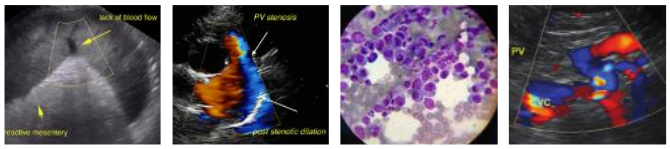
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

### *Liver*

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

### *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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### *Pancreas*

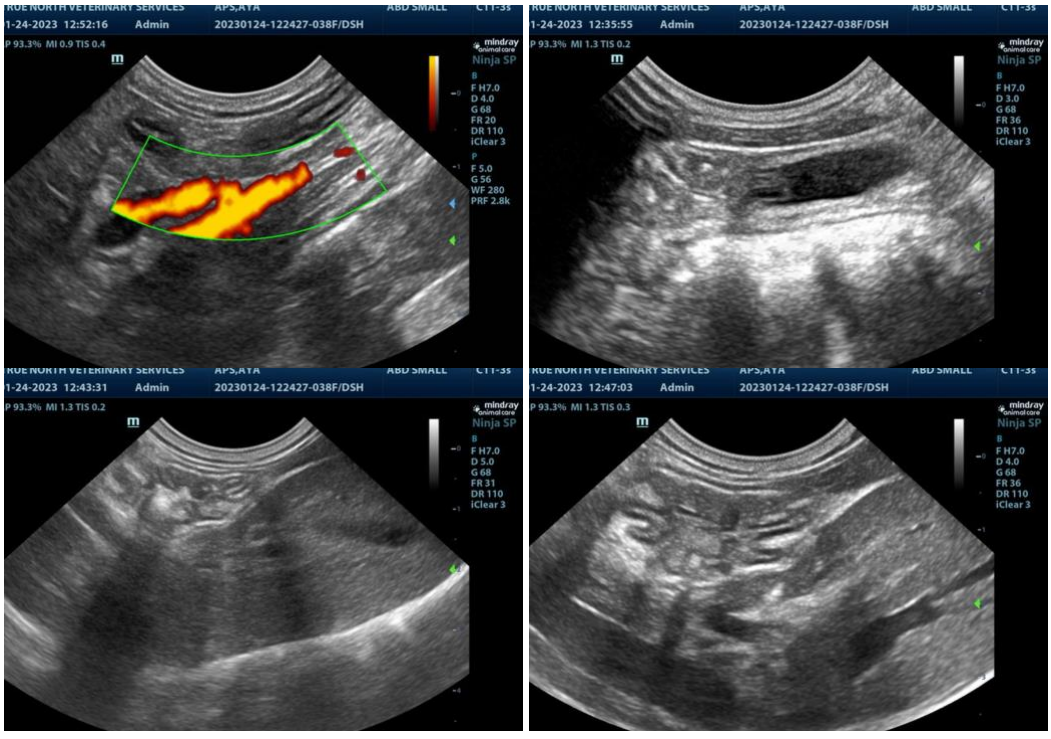
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes.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

## ULTRASONOGRAPHIC FINDINGS

- Age-related abdominal changes
- Interstitial nephrosis pattern

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history of inappropriate elimination, environmental stressors, and orthopedic /spinal disease should be considered as potential complicating factors yet no evidence of visceral disease noted. Assessment for UTI, as well as fecal test is indicated if not already performed.



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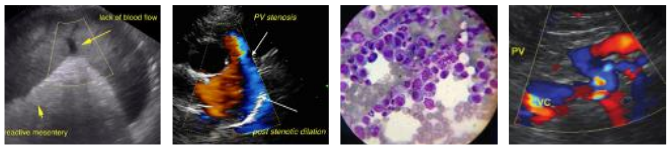

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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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