



PATIENT

Tootsie Mika

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

8.36 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Surdam

HOSPITAL NAME

Companion AH
Chichester

REFERRING VET

Dr. Surdam

INVOICE

42466

DATE

1/3/23

PRESENTING CLINICAL SIGNS

History: Progressive weight loss with poor appetite. Minimal vomiting or diarrhea.
Abnormal PE/Chem/CBC/UA Results: Grade 2 dental disease, Grade 2/6 murmur, early renal disease IRIS stage 1 nonproteinuric, T4 normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 2.69 cm and was subnormal in size. The left kidney measured 2.78 cm.

Adrenal Glands

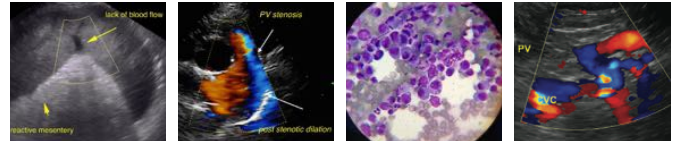
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.4 cm.

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 was noted.

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 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.



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Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. Minor intestinal thickening was noted in the mid jejunum with wall thickness measuring 0.3 cm. There was some early loss of mural detail. This is consistent with enteritis.

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Pancreas

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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.

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Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

12 years

Moderate degenerative renal changes.

Age related pancreatic and hepatic changes.

WEIGHT

8.36 lbs

Enteritis or potential emerging round cell neoplasia. This is the only potential neoplastic lesion noted in the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Slight intestinal thickening, otherwise, geriatric abdominal changes. Occult neoplasia may be in other cavities. Malassimilation of nutrients secondary to chronic inflammatory bowel is a potential. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. Recheck sonogram is recommended in 3-4 weeks regarding the intestinal presentation.

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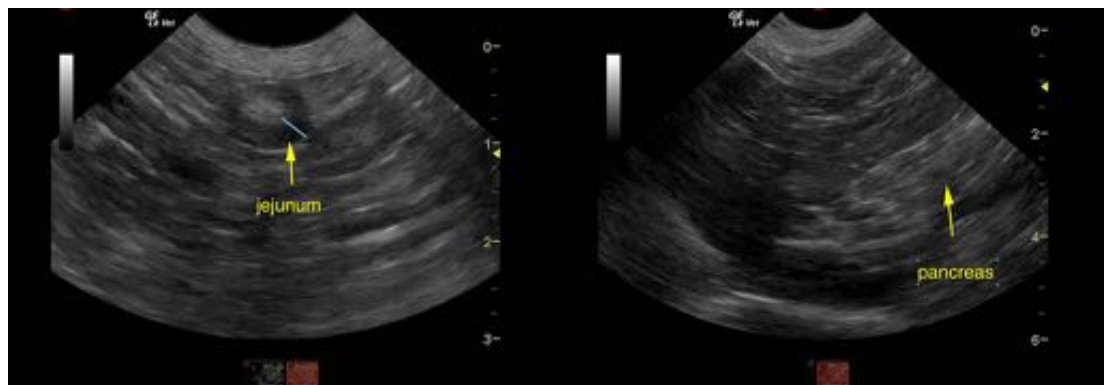
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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