



**PATIENT**

Amy Maria Sirvent

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

19 Years

**WEIGHT**

14.06 Lbs.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jose

**HOSPITAL NAME**

Elmhurst AEH

**REFERRING VET**

Dr. Suciu

**INVOICE**

13320

**DATE**

1/7/22

**PRESENTING CLINICAL SIGNS**

History: Stranguria, hematuria, pollakiuria, for the past 24hrs, no PU/PD, no medical HX in the past. Abnormal PE/Chem/CBC/UA Results: BCS 9/9 overweight, periodontal dz stage I-II/IV CBC: Unremarkable CHEM: BUN 39.3 High 15-32 Creatinine 1.9 High 0.8-1.8 Cholesterol 216 High 70-200 EPOC: Potassium 3.4 Low 3.6-5.6 UA: Pending C/S: Pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented concentric wall thickening and interstitial cystitis pattern. Anechoic urine was present. Muscularis, submucosa and serosa layers all appeared intact. However, the mucosal layer appeared to be excessively thickened and remodeled.

The **kidneys** presented irregular contour, cortical infarcts and remodeling. The left kidney was subnormal in size with multifocal infarcts and collapse. Pelvic calculus was noted in the left kidney. The left kidney measured 3 cm. The right kidney measured 3.2 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident 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** in this patient revealed mixed echogenic and cystic mass, measuring 4.32 cm deriving from the left medial liver. A separate hyperechoic nodule, measuring 1 cm was noted in the left liver. The gallbladder and common bile duct 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 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. 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.

**ULTRASONOGRAPHIC FINDINGS**

- Moderate degenerative renal changes



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- Chronic cystitis bladder pattern
- Multifocal hepatic masses/cystadenomas likely, likely benign tumors. Minor potential for carcinoma.

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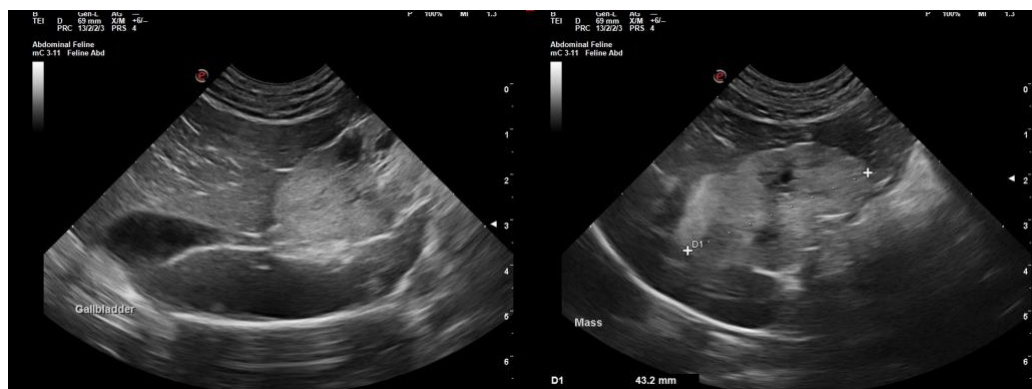
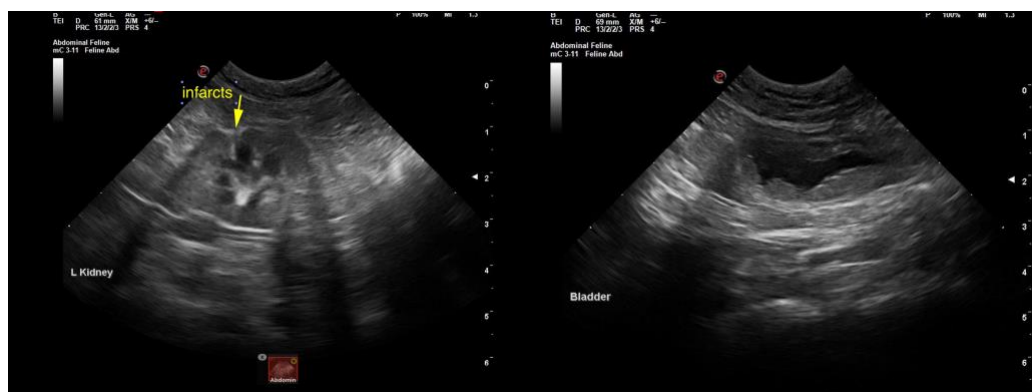
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the hyperechoic portions of the hepatic mass could be considered for further definition. Left medial caudal mass appears to be potentially resectable, however, these are typically low-grade. I'm most concerned about renal structure and function in this patient. Full urinary work up warranted. 48-72-hour IV fluid protocol, correct azotemia and treatment for any evidence of any UTI warranted.



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



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visible in the image/video clips provided.

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

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