



PATIENT

Pebbles Culligan

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

16 years

WEIGHT

5.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Salas

HOSPITAL NAME

Tenafly VC

REFERRING VET

Dr. Salas

INVOICE

42578

DATE

1/9/23

PRESENTING CLINICAL SIGNS

History: 16 yr old with chronic wt loss, despite a healthy appetite. normal stools. chronic vomiting- on cerenia, sqf, renal supplements. most recent labs showed a progressing azotemia with hypokalemia and now has elevated liver enzymes- primarily ALT. hx of chronic pancreatitis- though pli still elevated it is markedly improved. last abd u/s in August 2022 showed a fairly unremarkable abdomen. concern regarding cholangiohepatitis/pancreatitis, renal disease- had wbc clumps in urine. rad today wnl.

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 normal 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 his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted in the kidneys. Slight pinpoint mineralization was noted in the kidneys. The left kidney measured 3.07 cm. The right kidney measured 3.6 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged with 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 was noted.

Liver

The **liver** revealed mild enlargement with coarse architecture and increased portal markings. Moderate remodeling was noted in the liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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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. Variable intestinal thickening was noted in this patient without overt loss of mural detail.

Pancreas

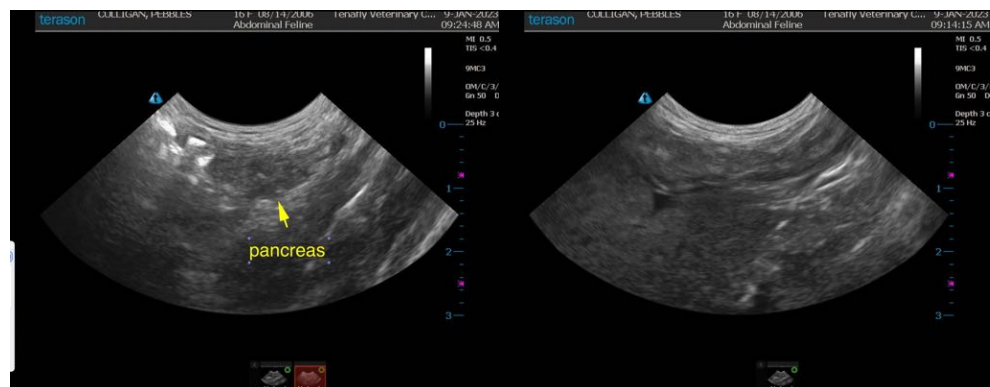
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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

- Geriatric abdomen with variable intestinal thickening.
- Hepatic remodeling.
- Trace amount of free fluid was noted between the liver lobes.
- Non-specific, degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no obvious evidence of pathology; however, due to the slight free fluid in the abdomen emerging neoplasia cannot be completely ruled out. Chronic inflammatory hepatopathy and pancreatitis is likely a common theme in this patient. The kidneys appear to only have minor degenerative changes. Malassimilation of nutrients may be an issue given the intestinal thickening. FNA of the liver is warranted for further definition.





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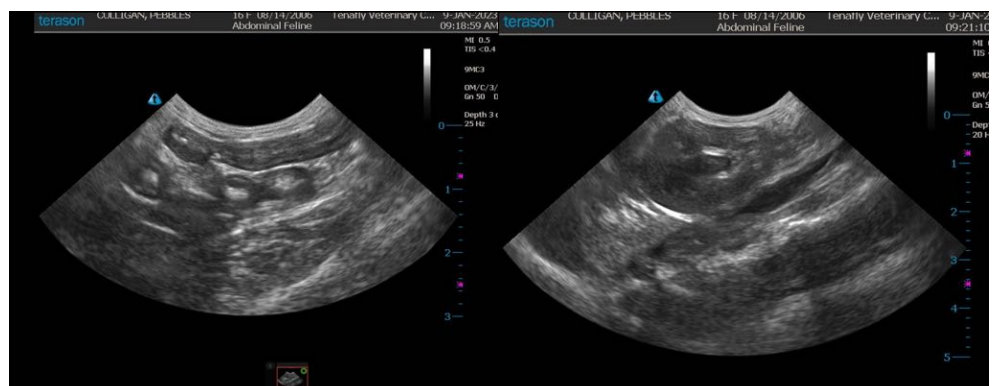
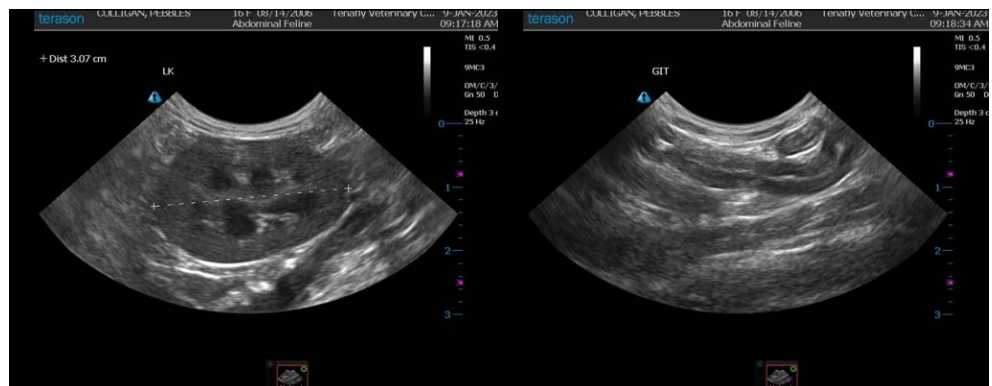
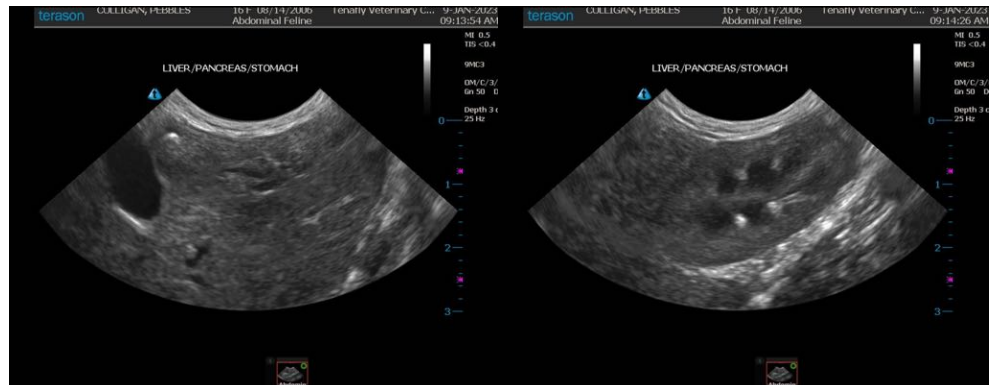
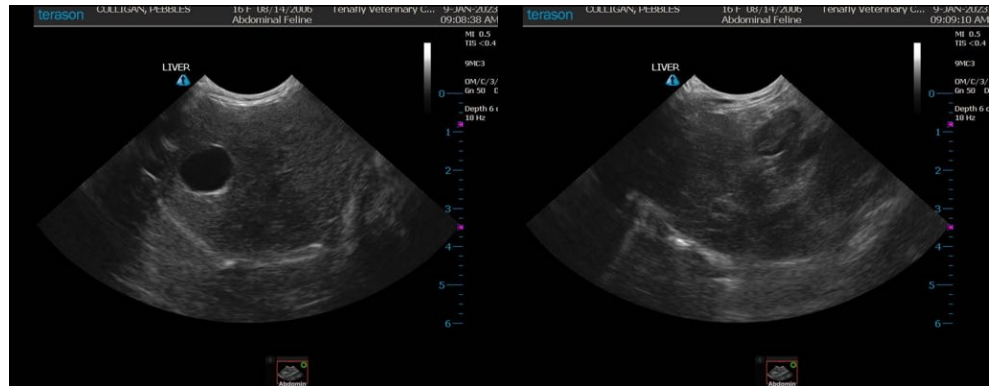
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com