



PATIENT PRESENTING CLINICAL SIGNS

Precious Young progressive non reg anemia, renal dz anorexia, lethargy, weakness Current meds Zonisamide 25 mg Levetiracetam 45 mg

SPECIES Abnormal PE/Chem/CBC/UA Results: HCT 20 % Hemoglobin 7.5% MCH 36.6% BUN 52 ALT 163

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH 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. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

SEX

Spayed Female 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 and no evidence of pelvic dilation was present. The right kidney measured 3.03 cm. The left kidney measured 3.16 cm. Cortical infarcts noted, stable, no evidence of active inflammation.

AGE

12 Years

WEIGHT

9.5 Pounds

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

Liver

The **liver** presented multifocal nodular changes in the midst of increased portal markings. The gallbladder and common bile duct were unremarkable. The liver was mildly enlarged. An anechoic cyst was noted in the cranial aspect of the right liver measuring 8.0 mm.

Gastrointestinal

The **stomach** was thickened, no overt loss of detail. The gastric lumen was essentially empty other than a minor amount of ingesta. The small intestine and colon were unremarkable.

REFERRING VET

Dr. Maniar

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

INVOICE

41955

DATE

10/10/22



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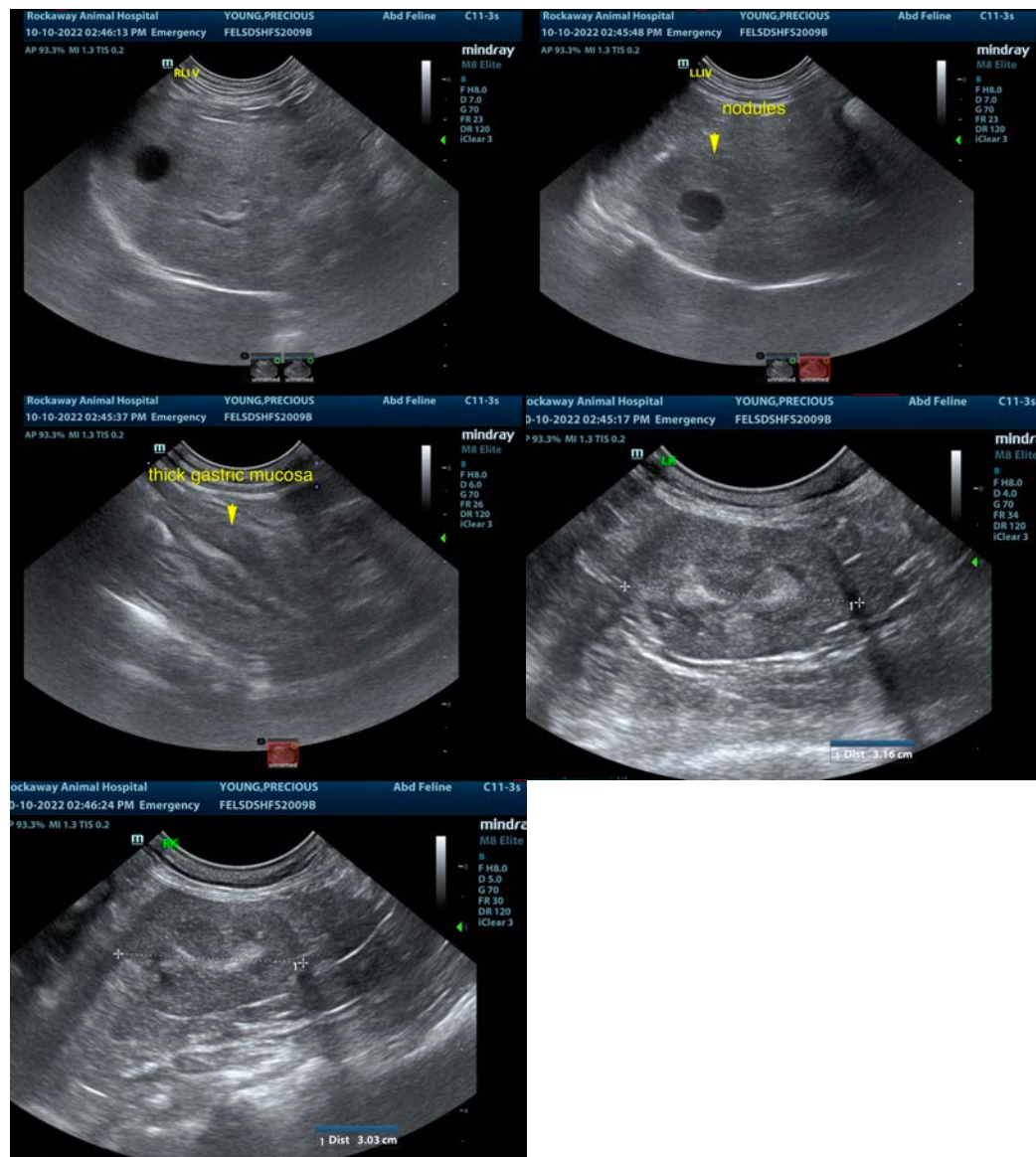
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ULTRASONOGRAPHIC FINDINGS

- Undefined hepatic nodules and hepatomegaly
- Thickened stomach
- Age related renal changes with stable infarcts
- Pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver warranted. CBC path review +/- bone marrow aspirate indicated. The kidneys do not appear end stage. Therefore, prerenal disease is likely. The kidneys appear approximately 50% compromised.





PATIENT

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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.

SPECIES

Feline

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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