



**PATIENT**

Grey Fan

**SPECIES**

Feline

**BREED**

Feline

**SEX**

Scottish Fold Cross

**AGE**

7 years

**WEIGHT**

4 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Sanctuary VH

**REFERRING VET**

Dr. Warnakulasooriya

**INVOICE**

92406

**DATE**

10/14/21

**PRESENTING CLINICAL SIGNS**

History: Anorexic and lethargic, anemic thrombocytopenic vomiting, Previously diag CRD IRIS Stage 2  
BUN and Creatinine elevated Creat 240.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The right ureter was mildly dilated and measured 0.19 cm. 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 **right kidney** was enlarged and measured 5.05 cm with subcapsular halo pelvic calculus and minor pyelectasia. The left kidney revealed similar changes to the right with pyelectasia and subcapsular halo. The left kidney measured 4.6 cm with thickened irregular cortices.

**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 0.35 cm. The right adrenal gland measured 0.33 cm.

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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.

**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



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

Grey Fan

**SPECIES** *Pancreas*

Feline 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.

**BREED**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Bilaterally renomegaly with pyelectasia and minor right hydroureter. Subcapsular halo.

Scottish Fold Cross

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

There is a strong concern for renal lymphoma versus granulomatous disease/FIP. Pyelonephritis with severe chronic changes is also possible. Coagulation panel and 25-gauge FNA of either kidney is recommended.

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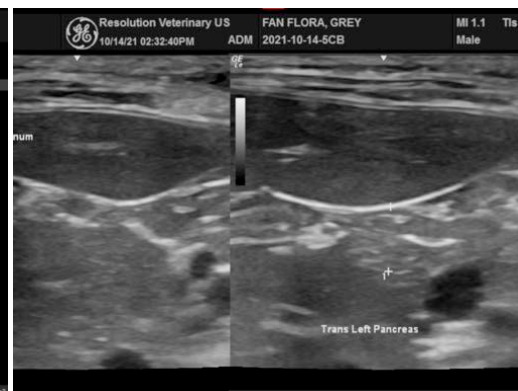
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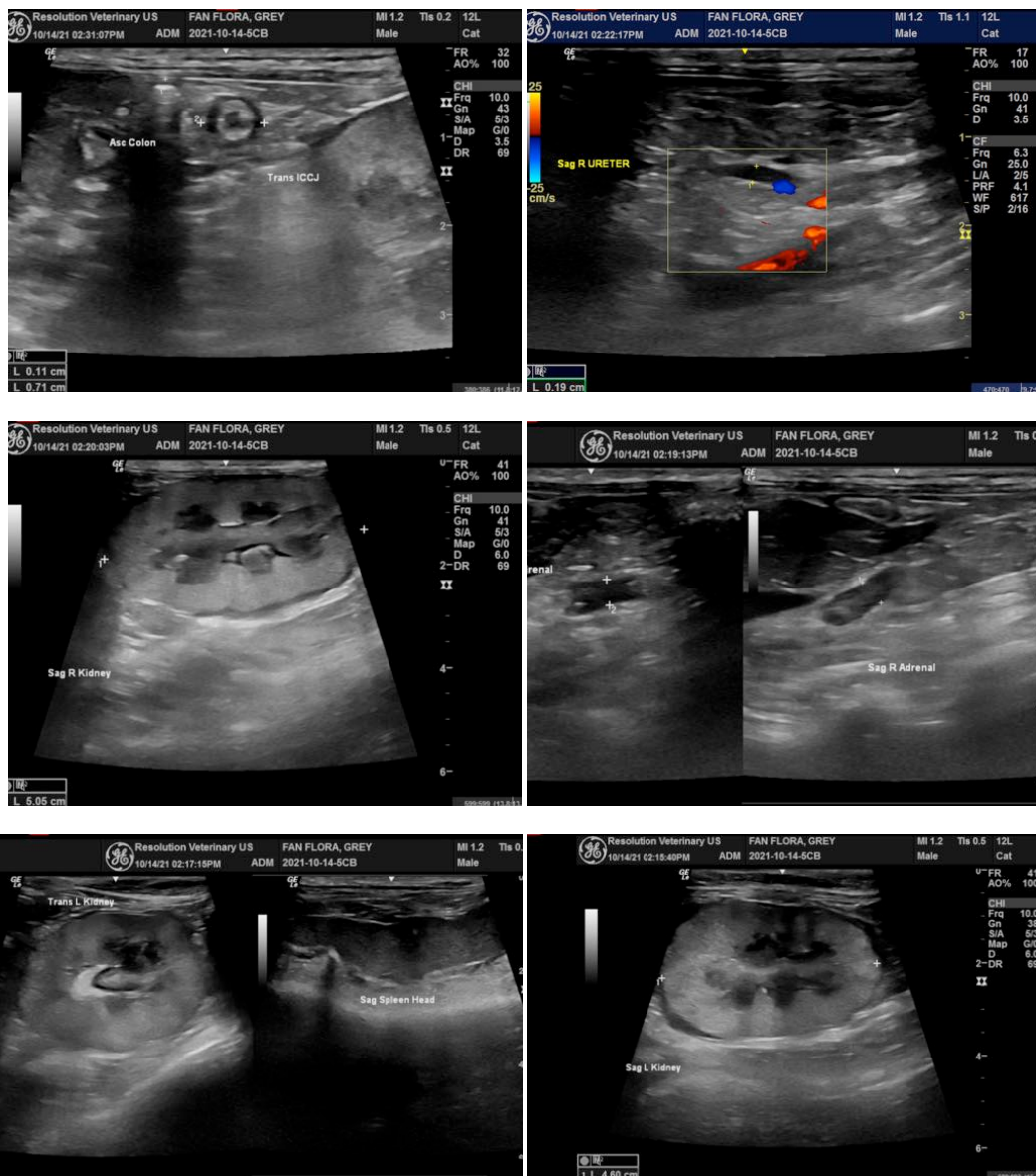
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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