



**PATIENT PRESENTING CLINICAL SIGNS**

Theo Stephan

History: Theo is an eleven year old, MN, Siamese cat with a history of systemic hypertension and nasal congestion. Current meds are cerenia and cetirizine as well as amlodipine (which was prescribed after the echo in September) Echo results in September (Dr. Lamy read) showed essentially normal geriatric cardiac structure and function. Today, blood pressure is 145/92, 139/90, 142/92. Abdominal ultrasound was advised to check for adrenal masses or other cause of hypertension.

**SPECIES**

Feline

**BREED**

Siamese

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

13.5 lbs

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 3.59 cm. The left kidney measured 4.19 cm. Blood flow to the kidneys appeared adequate.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 0.32 cm. The right adrenal gland measured 0.3 cm.

**IMAGING PERFORMED BY**

Dr. Todd

**HOSPITAL NAME**

Lambs Gap AH

**Spleen**

The **spleen** revealed a focal, hypoechoic nodule that measured 0.3 cm. The nodule was non-disruptive. This is likely benign. The remainder of the spleen was unremarkable and uniform.

**REFERRING VET**

Dr. Campbell

**Liver**

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The **liver** is diffusely hyperechoic to the falciform fat with hyperechoic lipogranulomatous type nodules. The gallbladder and common bile duct were unremarkable.

**DATE**

10/19/21



**PATIENT**

**Gastrointestinal**

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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.

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**Pancreas**

The **pancreas** was mildly enlarged and hypoechoic measuring 1.0 cm with slight duct dilation and irregular contour.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Geriatric abdomen.

**AGE**

11 years

Interstitial nephrosis renal pattern.

Slightly prominent pancreas, likely history of pancreatitis.

Early hepatic lipidosis pattern.

**WEIGHT**

13.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given that ALKP elevation is not an issue the hepatic lipidosis pattern is not likely a clinical issue. There was no evidence of neoplasia or primary causes of hypertension. The kidneys appear 30-40% compromised from a subjective standpoint.

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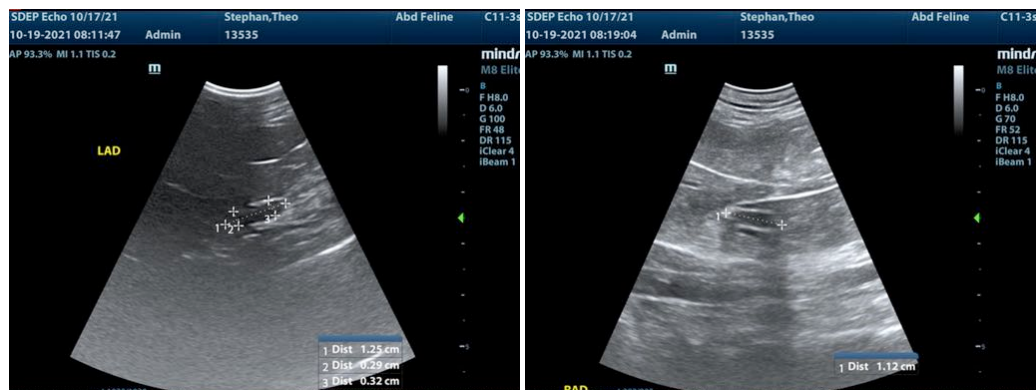
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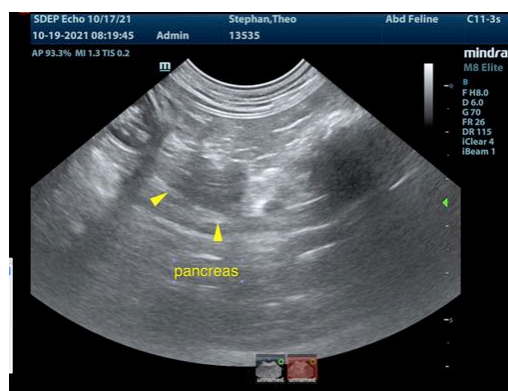
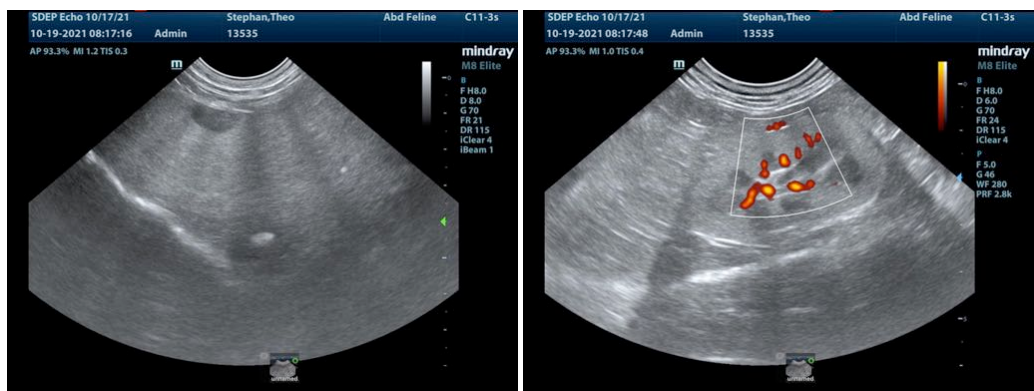
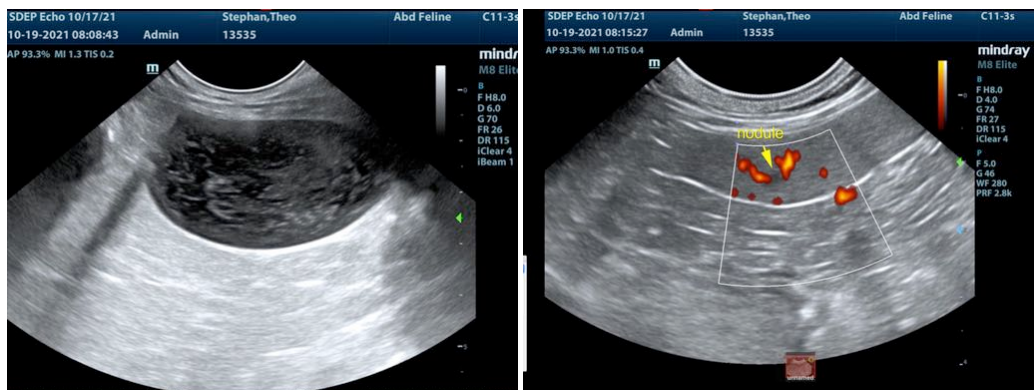
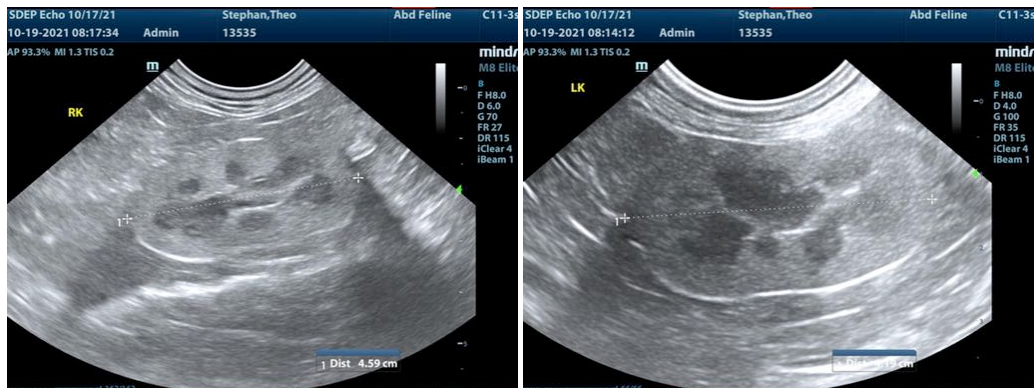
Dr. Campbell

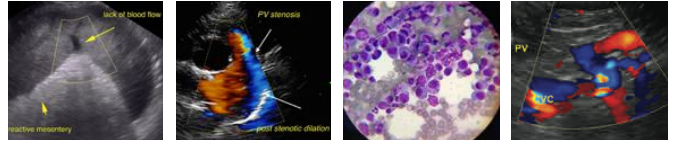
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**PATIENT**

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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.

**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.

**BREED**

Siamese

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

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Neutered male

**AGE**

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**WEIGHT**

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