



PATIENT

Maisy Kule

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2007

WEIGHT

21 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

92180

DATE

10/05/21

PRESENTING CLINICAL SIGNS

History: Weight loss, constipation Early renal dx. Evaluate for Intestinal mass/lymphoma vs dehydration
Currently on Prednisolone 5 mg Sid; Lactulose 2cc PO Bid; Renal diet + fiber GI diet; famotidine 5mg Bid

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. Sand accumulation was noted and measured 2.46 cm and was non-obstructive at the time of the sonogram. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed similar changes to the prior sonogram. The kidneys presented an interstitial nephrosis pattern with mineralization and cortical cysts. Pericapsular inflammatory pattern was noted in the kidneys. Recent passage of calculi may be an issue in this patient. The right kidney measured 3.77 cm.

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 0.48 cm.

Spleen

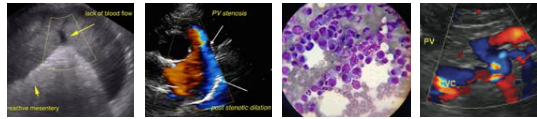
The **spleen** is slightly enlarged measuring 1.02 cm and is uniform.

Liver

The **liver** was mildly heterogenous with slight, hyperechoic, nodular changes particularly in the right lateral liver measuring approximately 2.0 cm. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. Slight hairball density was noted in the stomach. No obvious neoplastic patterns were noted and luminal content as unremarkable.



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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

Bladder sand.

SEX

Moderate degenerative renal changes with mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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The Prednisolone may be suppressing a more significant presentation. Full urinary work-up is warranted. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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Assessment for inflammatory sediment in the urine is essential in this patient as there may be a possible low-grade nephritis occurring.

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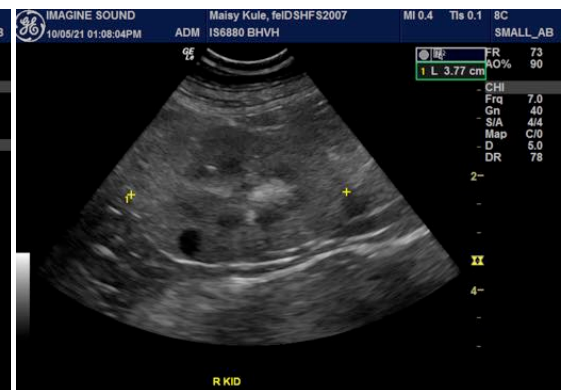
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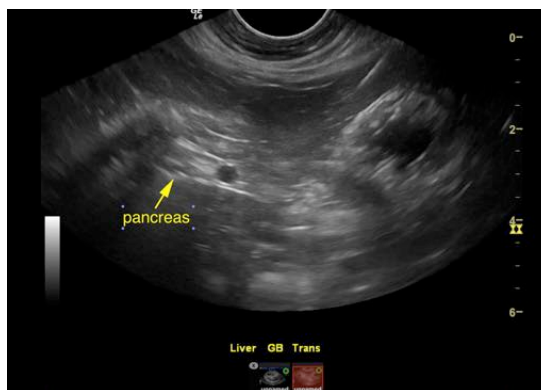
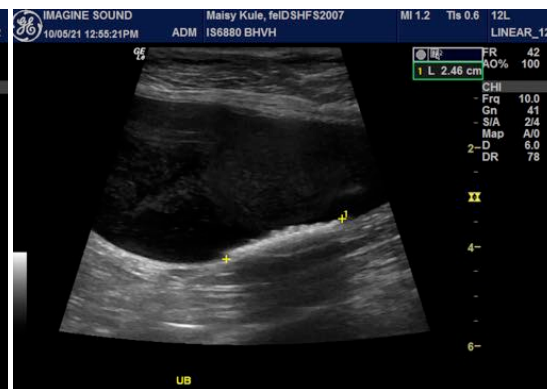
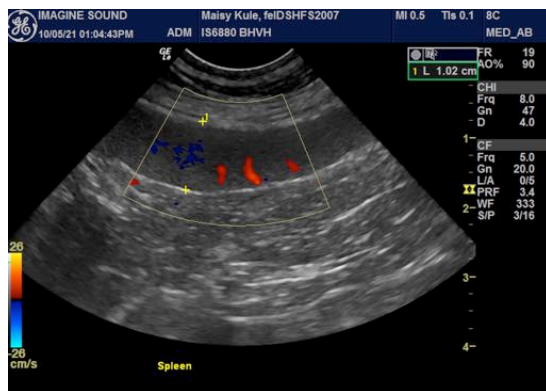
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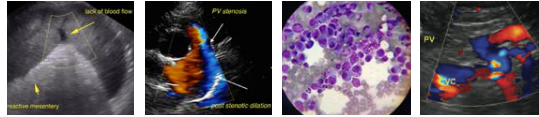
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



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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@SonoPath.com

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