



**PATIENT**

Niwot Lester

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

16 Years

**WEIGHT**

9.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vasquez

**HOSPITAL NAME**

Millburn VH

**REFERRING VET**

Dr. Turowsky

**INVOICE**

13550

**DATE**

10/5/21

**PRESENTING CLINICAL SIGNS**

History: History of stage 2 CKD with hypertension and proteinuria. Started Temisartan 5 mgs q 24 hrs in April 2021, hypertension/proteinuria resolved. Recent mild recurrence with weight loss of 0.5 lbs in 1 month and vomiting once daily. Current meds: Telimisartan 10mgs q 24hrs (increased 10/2/2021).

Abnormal PE/Chem/CBC/UA Results: CBC: WNL. SDMA 21, creat. 1.9, lipase 126, UPC 0.1 (WNL). BP average 169/117 (123), HR 157. U/A: UPC 0.1, epith. 4+, pH 5.5, WBC 2-5, RBC 1+, mucus, lipid droplets. USG: 1.014.

**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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

Mild hyperechoic medullary rim sign noted in the **kidneys** with interstitial nephritis pattern, similar to the prior sonogram. The left kidney measured 3.51 cm. The right kidney measured 3.51 cm.

**Adrenal Glands**

The **left adrenal gland** was 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 region of the **right adrenal gland** revealed no evident 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 were noted.

**Liver**

The **liver** revealed mild increased portal markings and coarse architecture, consistent with remodeling, similar to the prior sonogram. The gallbladder was echogenic and thickened consistent with a history of cholangitis.

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

**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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. This change is similar to the prior sonogram. Possible low grade inflammation.

### Free Abdomen

Slight mesenteric **lymphadenopathy** noted, measuring up to 3.0 mm.

### ULTRASONOGRAPHIC FINDINGS

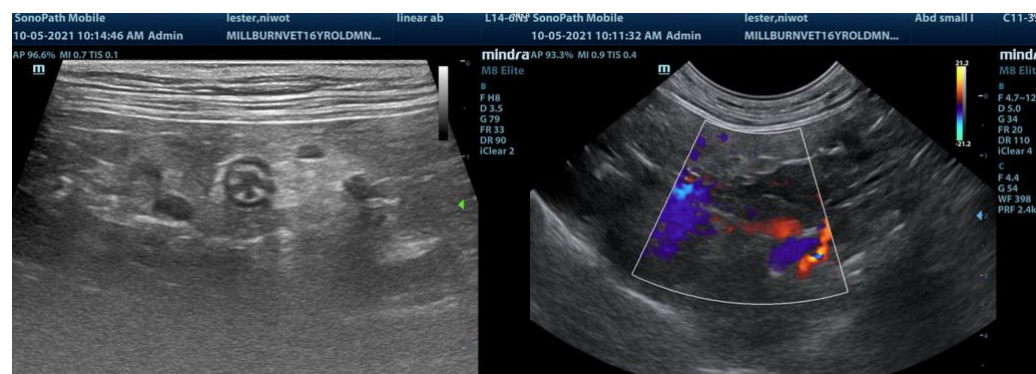
- Prominent hypoechoic pancreas, possible smoldering low-grade inflammation
- Medullary rim kidney
- Hepatic remodeling
- Slight mesenteric lymphadenopathy
- Fairly stable geriatric abdomen

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxyphoid recommended. No evidence of neoplasia. 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.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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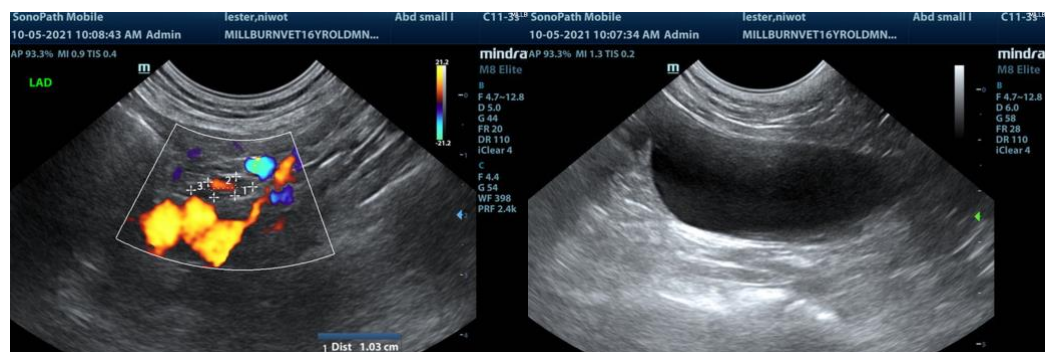
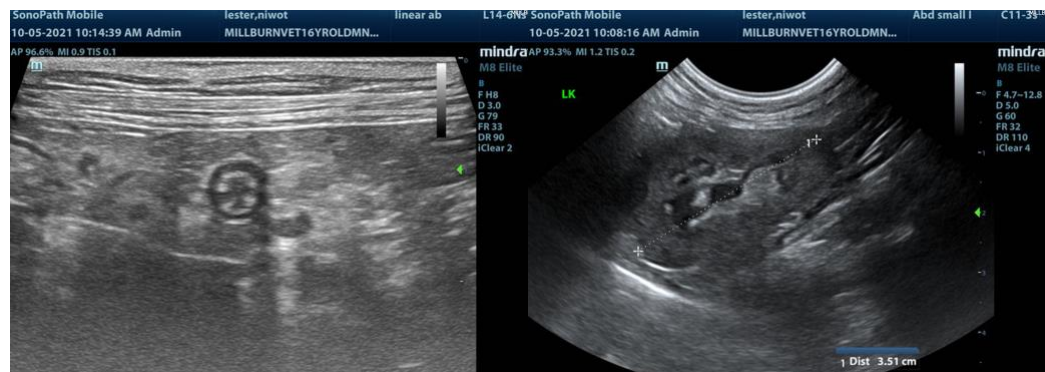
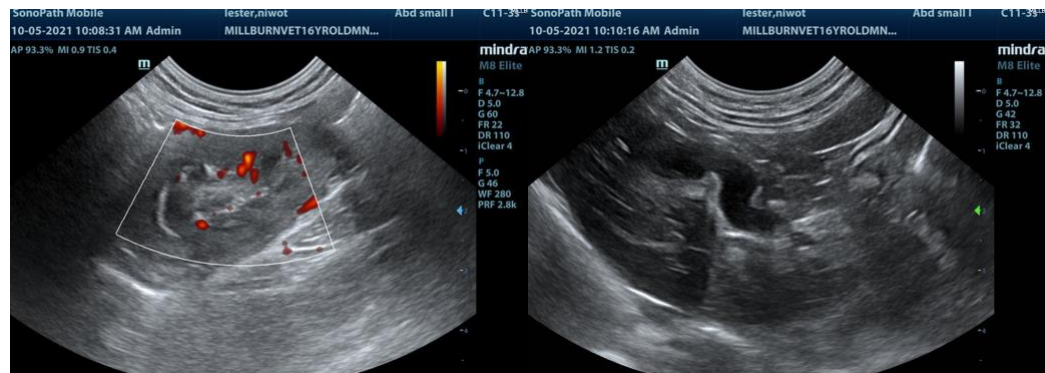
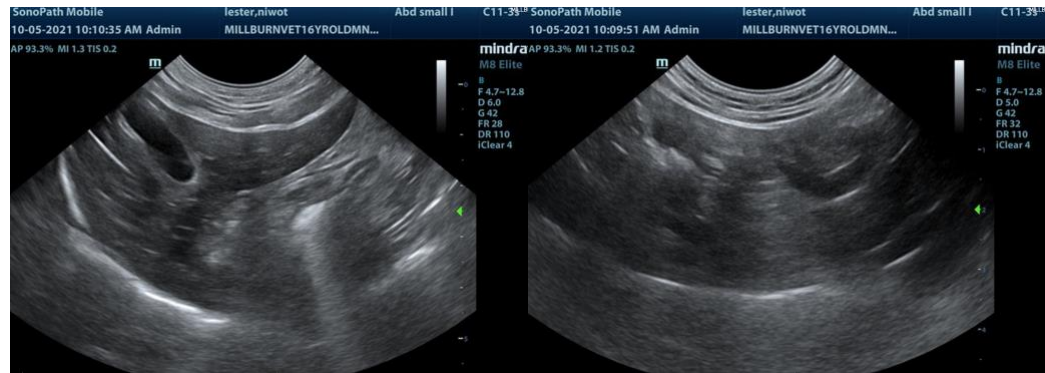
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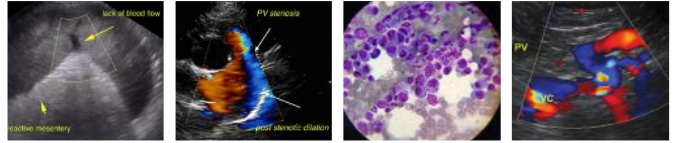
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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

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