



PATIENT

Jasper Morizio

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

~ 11 Years

WEIGHT

8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

MVU

REFERRING VET

Dr. Nachamie

INVOICE

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DATE

11/16/21

PRESENTING CLINICAL SIGNS

History: Increased appetite.

Was vomiting – no longer

Labs 10/18/21

ALT 119 (10-108), BUN 42 (14-36), Chol 285 (75-220),

Eos 1212 (0-1000), - all else normal

T4Normal

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 was noted. Ureteral papillae were normal.

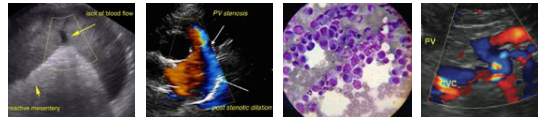
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Moderate cortical infarcts and mineralization were noted in both kidneys. The mineralization was non-obstructive. The right kidney measured 3.38 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 right adrenal gland measured 0.46 cm.

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 was noted.



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Liver

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The **liver** revealed increased portal markings with heterogenous parenchymal changes. This is consistent with chronic inflammatory hepatopathy. There was no significant disruption of architecture was noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Intestinal wall thickness measured 0.41 cm. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

ULTRASONOGRAPHIC FINDINGS

Renal dystrophy, infarcts and mineralization.

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

Diffuse intestinal thickening without neoplastic criteria.

Hypertrophied muscularis was noted.

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Chronic pancreatic changes and chronic cholangitis liver pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

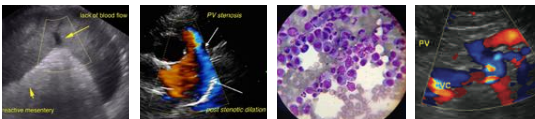
Chronic triad disease is likely in this patient. Full thickness intestinal biopsies would be ideal especially if any weight loss is an issue. Full urinary work-up is warranted if not already performed given the renal infarcts. The kidneys appear 50% compromised.

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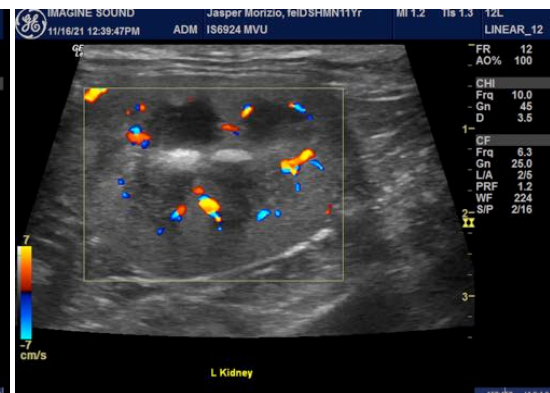
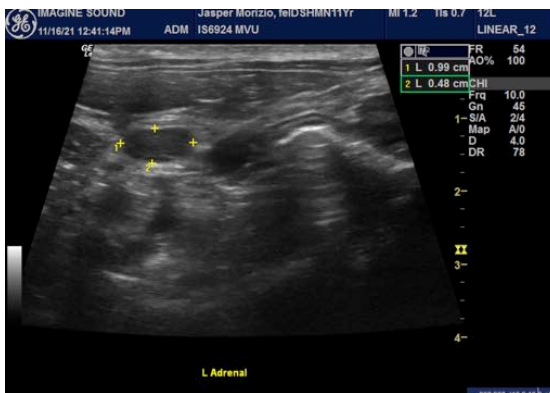
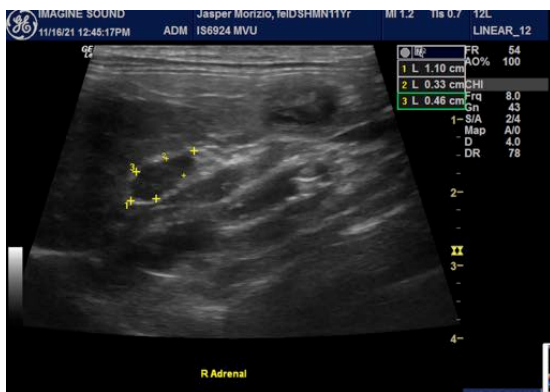
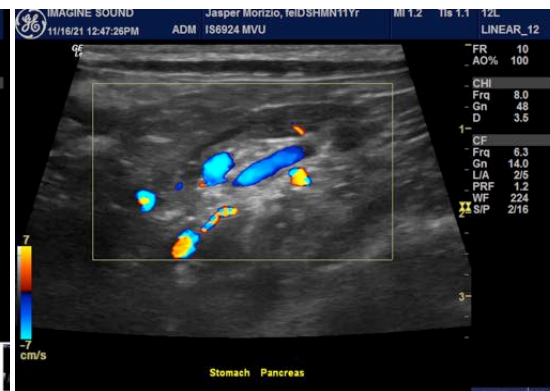
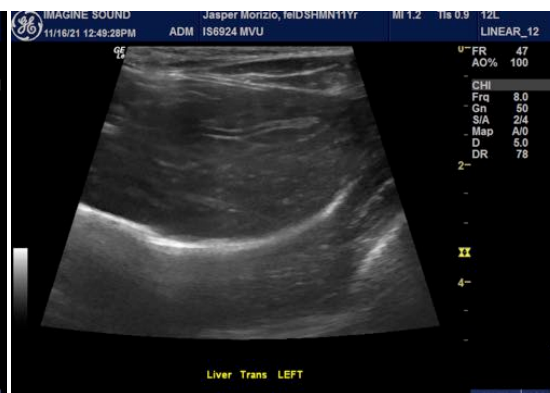
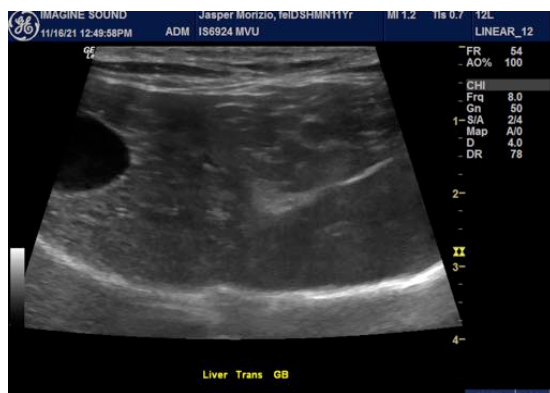
Dr. Nachamie

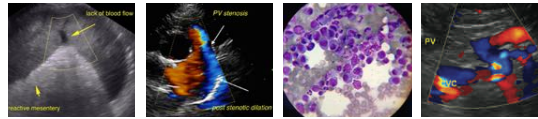
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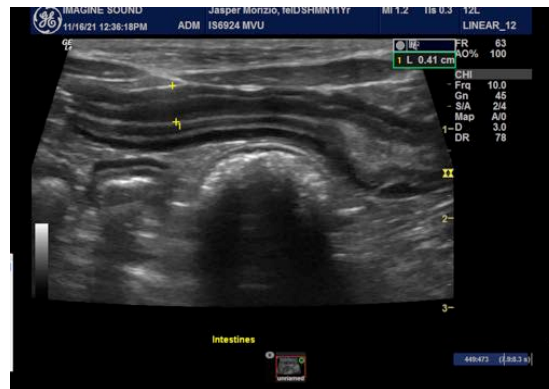
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com