



PATIENT

Peanut Foley

PRESENTING CLINICAL SIGNS

Losing weight. Severe renal disease.

SPECIES

Feline

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.

BREED

Domestic Shorthair

SEX

Spayed Female

The left **kidney** revealed chronic pyelonephritis pattern and was significantly subnormal in size measuring 2.24 cm. Hyperechoic medullary rim sign was noted. Power Doppler assessment was subnormal. The right kidney measured 3.23 cm with mild degenerative changes. The right kidney was normal in size with minor pyelectasia.

AGE

15 years

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
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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.

HOSPITAL NAME

All Creatures

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Multi-focal, hyperechoic nodular changes were noted. This is consistent with cystadenoma. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The common bile duct was within normal limits and measured 0.25 cm. The duodenal papilla was mildly thickened, yet not obstructed.

REFERRING VET

Dr. Mitrovic

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93135

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11/16/21

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. Chronic inflammatory bowel



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disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. 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 more significant disease than IBD. Enhanced mesentery was noted throughout the midabdomen. The mesenteric lymph nodes measured 1.0 x 0.5 cm and were reactive.

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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.

SEX

Spayed Female

AGE

15 years

ULTRASONOGRAPHIC FINDINGS

Moderate to end stage, left kidney degenerative changes. Chronic pyelonephritis pattern mild to moderate on the right.

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Chronic pancreatic changes.

Diffuse intestinal thickening without neoplastic criteria.

Chronic hepatic changes with probable cystadenoma. Likely reactive hepatopathy given the patient's history.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend 72 hour IV fluid protocol, blood pressure measurements, urine culture and reassessment of the azotemia and the clinical signs. Malassimilation of nutrients may be an issue given the mucosal fogging noted in the small intestine. Emerging round cell neoplasia such as lymphoma cannot be completely ruled out. However, no overt neoplastic criteria was present in the abdomen.

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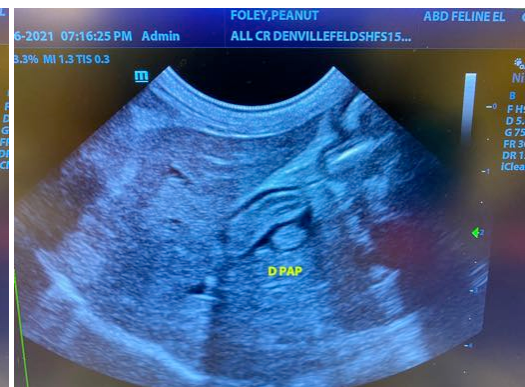
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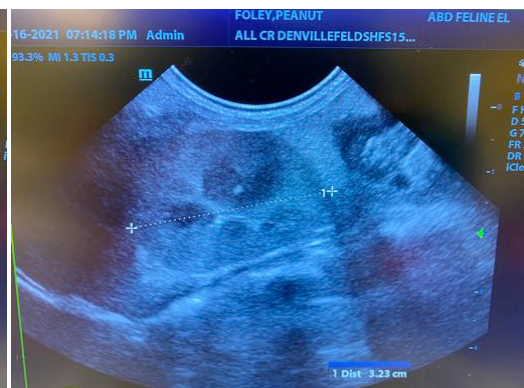
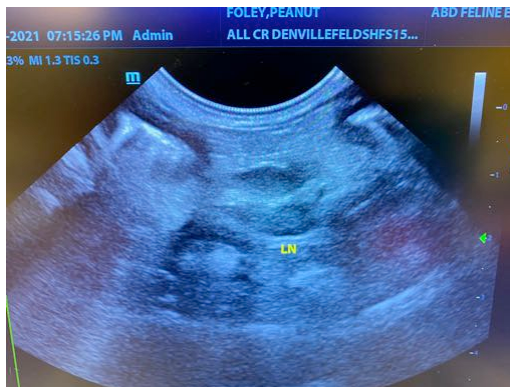
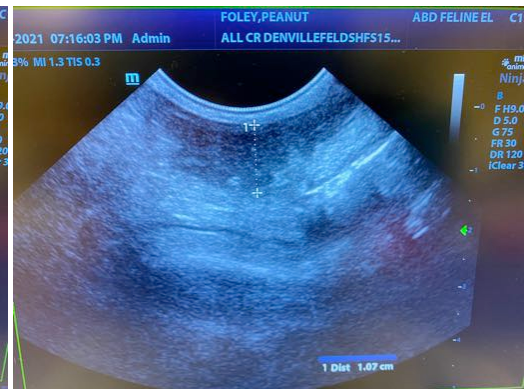
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



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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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