



PATIENT

Scout Clark

PRESENTING CLINICAL SIGNS

ADR, not eating well since 10/15, initially responded well to Convenia/Depo injection but became lethargic again in two weeks.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BUN low 8 (16-36 mg/dL), crea low 0.3 (0.8-2.4 mg/dL), all else WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DLH

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.

SEX

Spayed Female

The **left kidney** presented irregular contour and hyperechoic medullary rim sign with distinctly hypoechoic cortices. The left kidney was enlarged, measuring 3.9 cm.

AGE

1 Year 3 Months

The **right kidney** was enlarged and irregular with pericapsular inflammation. Hyperechoic medullary rim sign noted with hypoechoic cortices. The right kidney measured 4.4 cm. Loss of corticomedullary definition and pyelectasia noted. An overt hypoechoic nodule/mass was present in the cranial pole measuring approximately 1.5 cm.

WEIGHT

5.3 Pounds

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

INTERPRETED BY

Eric Lindquist, DMV

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.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ashley Whitesell

Liver

The **liver** presented coarse architecture and increased portal markings. The gallbladder and common bile duct were unremarkable.

HOSPITAL NAME

Dickson Animal Clinic

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. 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.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

SPECIES

Feline

Free Abdomen

Free fluid noted in the abdomen.

BREED

DLH

ULTRASONOGRAPHIC FINDINGS

- Enlarged, irregular kidneys with medullary rim sign and free fluid
- Increased hepatic portal markings
- IBD GI pattern
- Free fluid

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

1 Year 3 Months

Partially suppressed lymphoma or FIP are primary concerns in this patient. FNA of the right kidney nodule recommended. Cortisone injection is likely suppressing a more significant presentation. Abdominocentesis and cytospin of the free fluid also indicated. Prognosis is very guarded to poor.

WEIGHT

5.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

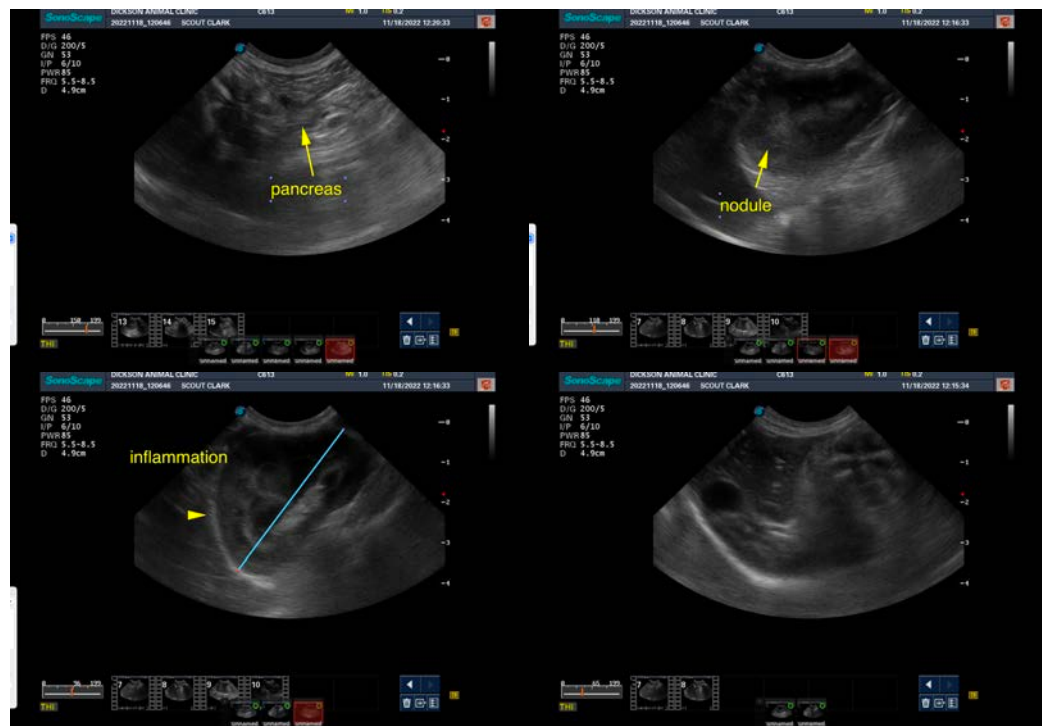
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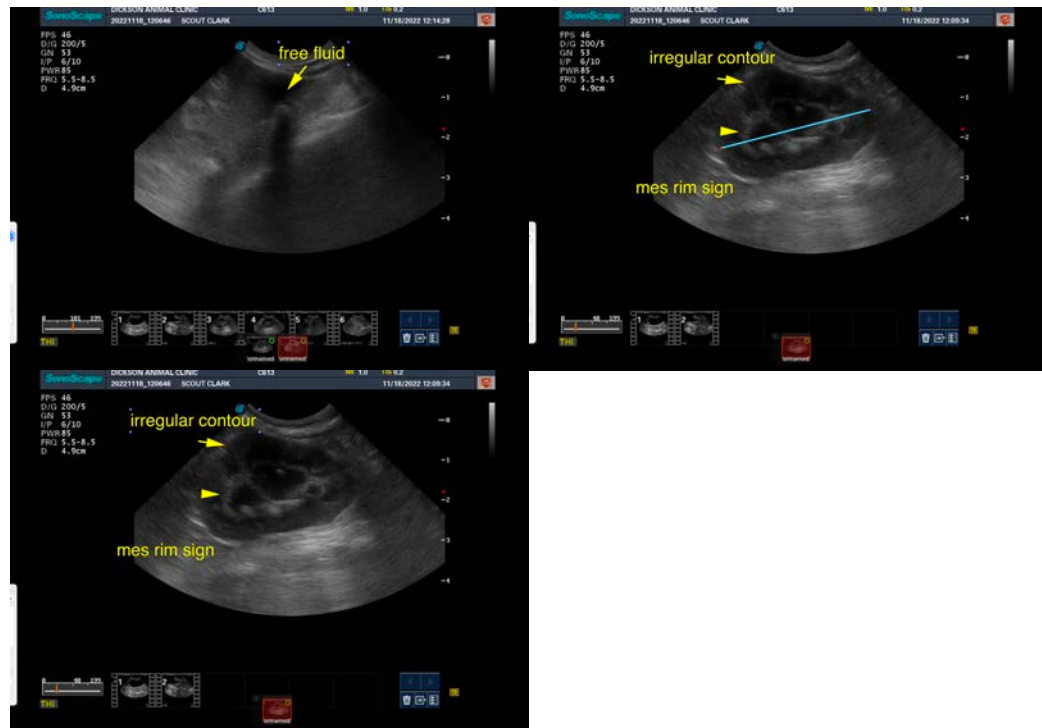
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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