



PATIENT

Molly Hartley

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed female

AGE

16 years

WEIGHT

4.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harmon

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Harmon

INVOICE

42679

DATE

11/22/22

PRESENTING CLINICAL SIGNS

History: 11/21 4 days: no BMs decreased appetite vomited after eating Fri dramatically decreased energy no longer grooming not jumping onto perches normal water intake/urinations TFAST: Moderate amount of pleural effusion with scant pericardial effusion, Echo views not obtained, but the left atrium does look subjectively enlarged. ** Concern for mass at the base of the heart that is most evident on the left sided view *** VetBLUE: 2-3 lung rocket in the perihilar to middle lung fields bilaterally that are worse on the left side. AFAST: Scant amount of FAF cranial to the liver, gallbladder present with no halo sign, adequate caudal vena cava bounce, small urinary bladder. Thoracocentesis is performed on the left hemithroax in the normal fashion including a lidocaine block: 120 mls of clear yellow, non-viscous fluid is removed. Fluid analysis: Protein 2.0, low cellularity with abnormal appearing lymphocytes; modified transudate 11/23 Echo performed w/ animal sounds, determined not cardiogenic
Abnormal PE/Chem/CBC/UA Results: 11/21 CBC: HCT: 28%, Chem 17: Glu 199 (H) EPOC: K 2.9 (L), Ca++ 1.18 (L), BUN 34 (H), Glu 218 (H), HCT 17%

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. The bladder revealed a calculus that measured 1.1 cm and was non-obstructive. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** were subnormal in size with minor pelvic dilation. The left kidney revealed significant dystrophic changes with cortical cysts. The left kidney measured 3.0 cm. Blood flow to the left kidney was subnormal on color flow assessment. The right kidney revealed multi-focal cysts with an interstitial nephrosis pattern. The right kidney measured 4.1 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. Both adrenal glands measured 0.5 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.

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



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clinically significant at this time. 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 cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A large amount of gastric gas was noted. 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.

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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. 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.

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ULTRASONOGRAPHIC FINDINGS

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Moderate, chronic interstitial nephrosis pattern with dystrophic changes primarily on the left, minor on the right. Polycystic renal changes, cortical infarcts.

Bladder calculus.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing calculi periodically. There was no evidence of masses. There is concern for long term viability of the kidneys in this patient. Cystotomy, stone analysis and culture is indicated. There was no evidence of abdominal disease directly related to the thoracic related history. The excessive GI gas is likely owing to aerophagia in this patient given the patient's history.

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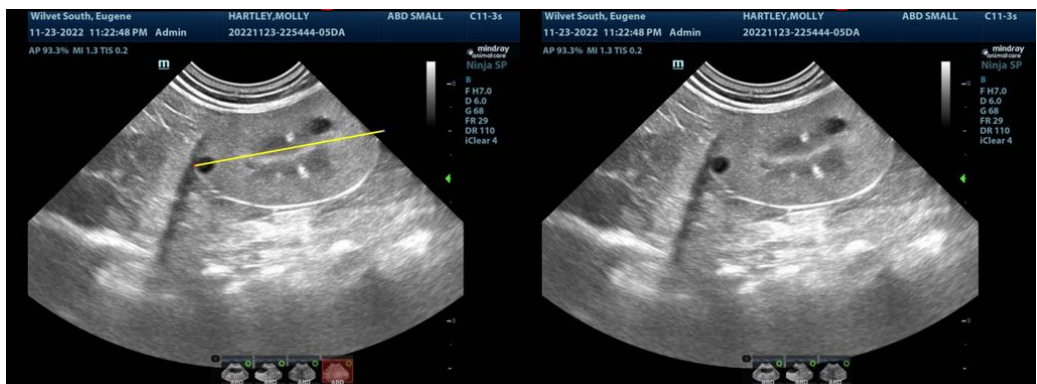
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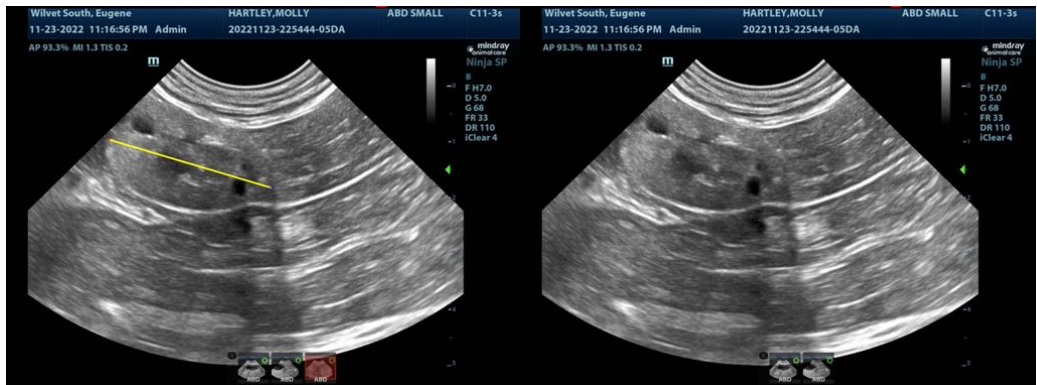
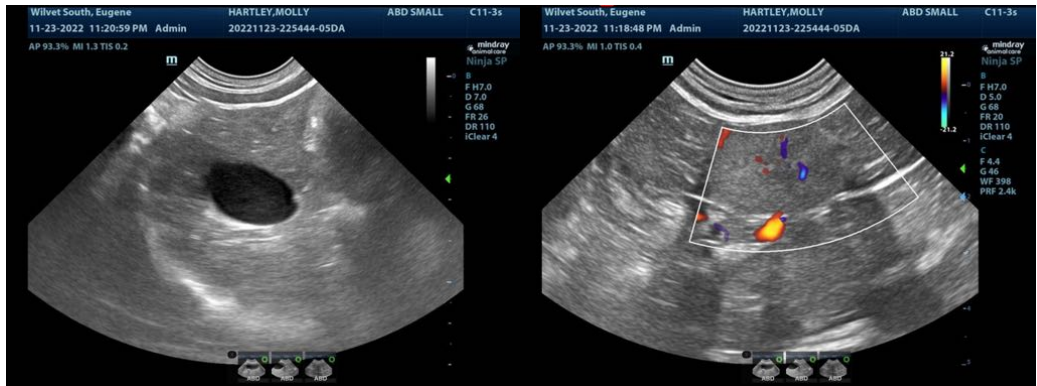
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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