

**PATIENT**

Marco Wong

**PRESENTING CLINICAL SIGNS**

History: Chronic history abnormal stool, vomiting, constipation. Currently stool is very thin and soft, normal rectal exam. Defecates with difficulty. Visit 11/15 also showed cardiac arrhythmia, although that has resolved since. Recent chem/CBC/T4 were entirely unremarkable. Current Medications Cisapride 4 mg PO twice daily. MiraLAX 1/2 tsp twice daily; lactulose 1.5 mls PO twice daily

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. This is a mild change.

**SEX**

Neutered Male

**AGE**

15 Years

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. This is a mild to moderate change. The left kidney measured 4.02 cm. Slight pyelectasia was noted in the left kidney. The right kidney measured 4.15 cm.

**WEIGHT**

14 Pounds

**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 0.32 cm.

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP, Cert. IVUSS

**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.

**HOSPITAL NAME**

Amazon Park AC

**REFERRING VET**

Dr. Jones

**Liver**

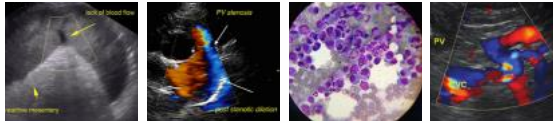
The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume 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

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**PATIENT** 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**

The upper **gastrointesetinal tract** was unremarkable and empty, other than minor distal intestinal thickening. Hard stool was noted in the colon. The colonic wall was unremarkable.

**SPECIES**

Feline **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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**BREED**

DSH

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered Male

- Mild chronic pancreatic changes
- Minor distal intestinal thickening and hard stool in the colon
- Mild interstitial nephrosis renal pattern with left kidney pyelectasia
- Urinary bladder debris
- Age-related hepatic and pancreatic changes

**AGE**

15 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

14 Pounds

No evidence of significant GI disease. A hydrolyzed geriatric diet may be appropriate. Full urinary work up is warranted, if not already performed, given the pyelectia in the left kidney. I recommend a fresh fecal smear and fecal floatation analysis. Cannot rule out a stricturing colorectal region, however, the visible descending colon to the mid pelvis appeared to be normal, other than fairly dense stool noted in the lumen.

**INTERPRETED BY**

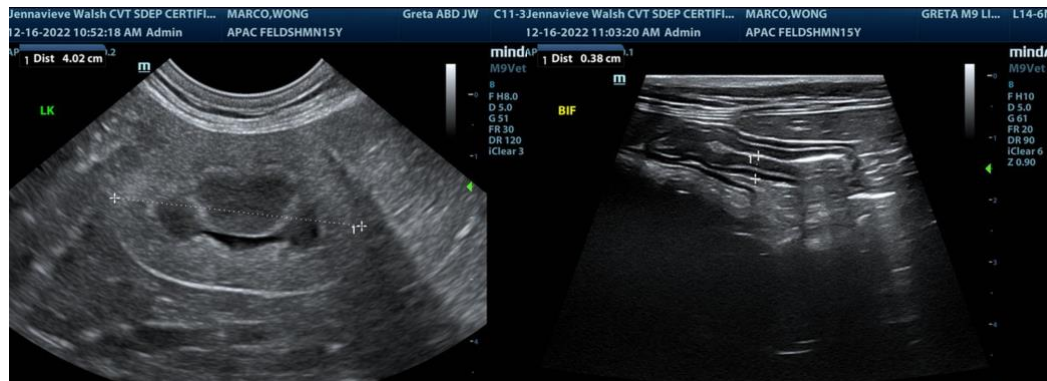
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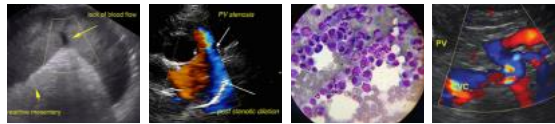


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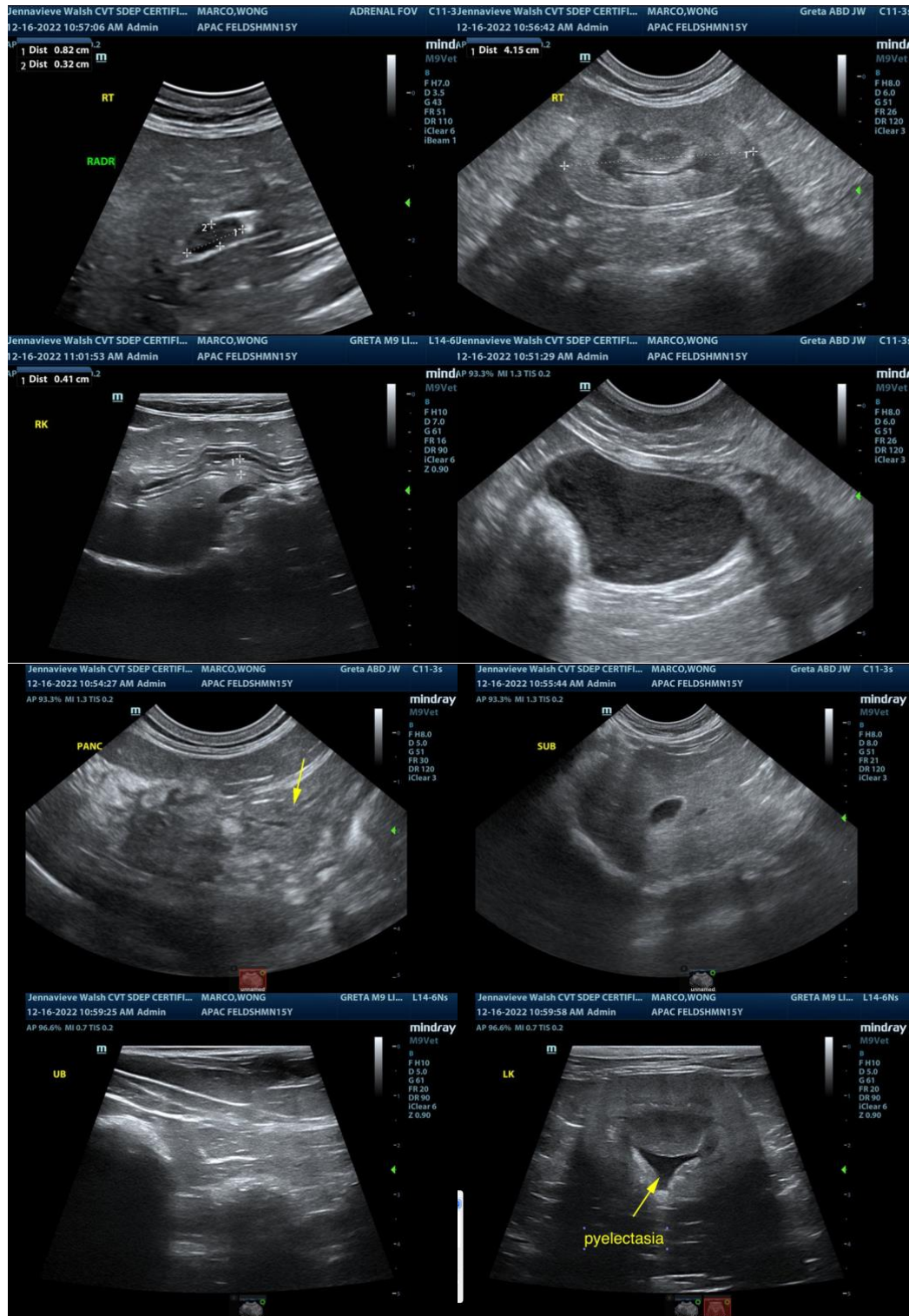
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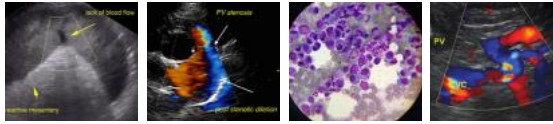
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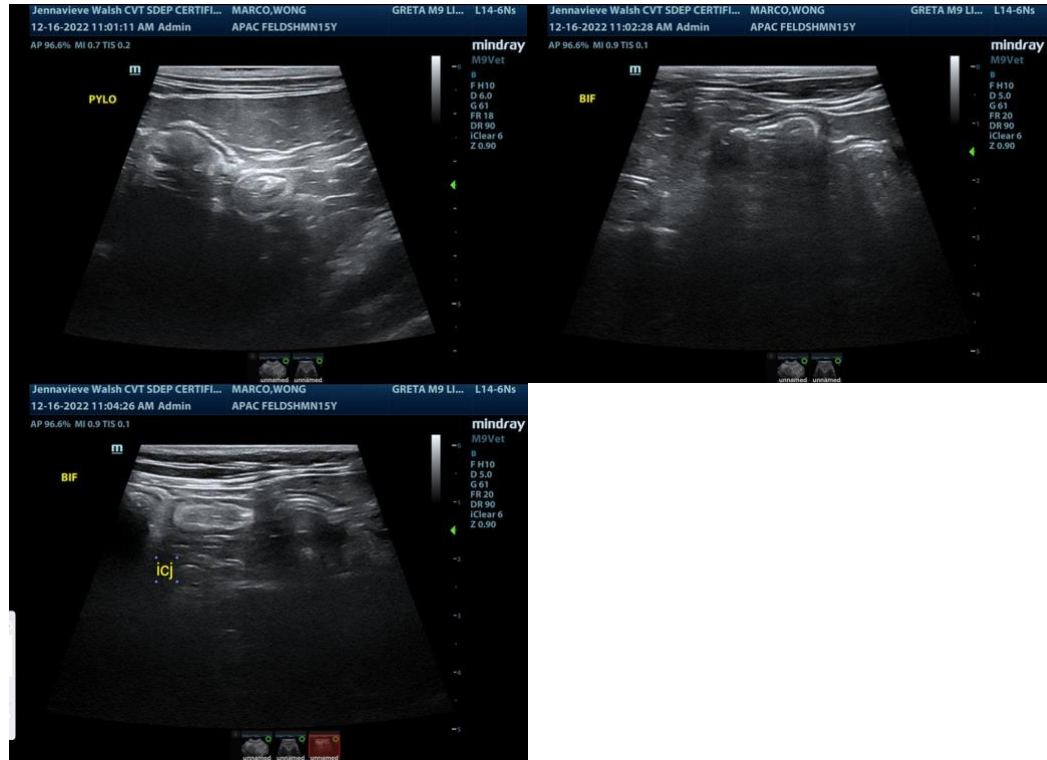
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Neutered Male

**AGE**

15 Years



**WEIGHT**

14 Pounds

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.

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP, Cert. IVUSS

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