



PATIENT PRESENTING CLINICAL SIGNS

Leo Nolan

History: chronic diarrhea, despite being on aggressive meds and a hydrolyzed protein diet, chronic sneezing and d/c from nose concern for nasal tumor vs rhinitis Current meds Prednisolone 5 mg 1/2 Tylan , Proviabile, Felimazole 5 mg 1 AM 1/2 PM Viralys Orbax
Abnormal PE/Chem/CBC/UA Results: high WBC

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

11 lbs

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** 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. The right kidney measured 4.15 cm with slight pinpoint mineralization noted. Slight pyelectasia was noted in the left kidney. Blood flow to the kidneys was mildly subnormal on power Doppler assessment.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Jenn

Spleen

HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Maniar

Liver

INVOICE

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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. 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.

DATE

12/20/22



PATIENT

Gastrointestinal

Leo Nolan

The **stomach** revealed progressively shadowing material. This is consistent with hairball accumulation. The small intestines and colon were unremarkable.

SPECIES

Feline

Pancreas

BREED

Domestic Shorthair

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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Hairball density in the stomach.

Age related abdominal changes.

AGE

11 years

Moderate degenerative renal changes, interstitial nephrosis pattern.

WEIGHT

11 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management for hairballs is indicated in this patient. A recheck sonogram is recommended in 2-3 weeks.

INTERPRETED BY

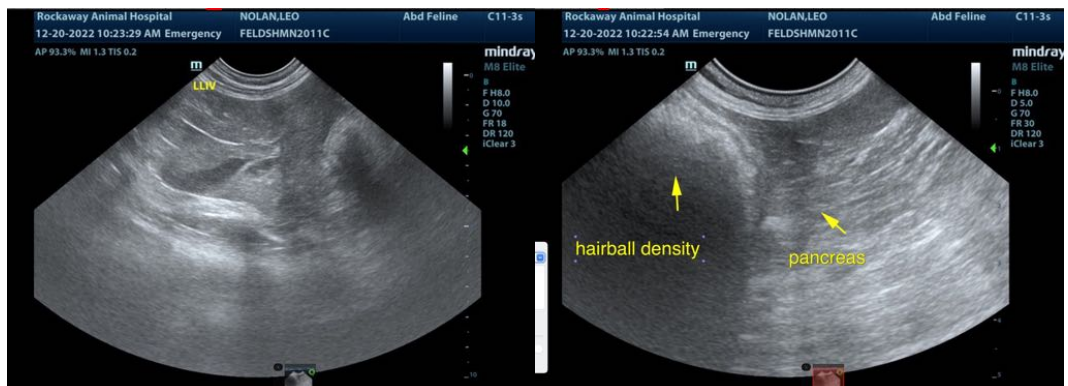
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HOSPITAL NAME

Rockaway AH



REFERRING VET

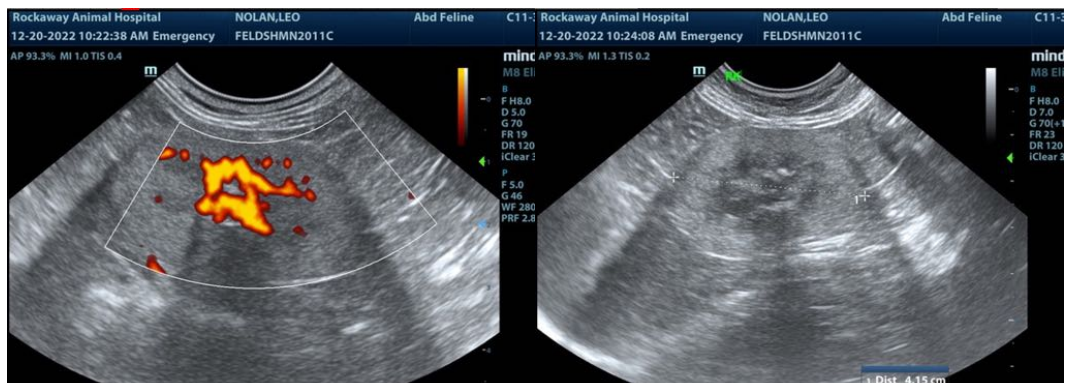
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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