



PATIENT

Coco Porter

PRESENTING CLINICAL SIGNS

History: anorexia, losing weight

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of sand and slight wall thickening was noted. This was non-shadowing and should be medically manageable. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Spayed female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight irregular contour was noted, likely owing to microinfarct at the dorsal cortex. The right kidney revealed slight pericapsular enhancement, possible active nephritis. The right kidney measured 3.66 cm and the left kidney measured 3.78 cm.

AGE

8 years

WEIGHT

12 lbs

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

Jenn

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.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

Liver

The **liver** parenchyma was uniformly hyperechoic to falciform fat without disruption of architecture. No masses were noted. The liver was enlarged in size. The gall bladder and common bile duct were unremarkable. This presentation is most consistent with hepatic lipidosis with the minor potential for underlying lymphoma or inflammatory hepatopathy. The potential for these latter pathologies would be based on hepatic enzyme elevations and clinical profile.

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Gastrointestinal

Coco Porter

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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

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

Spayed female

ULTRASONOGRAPHIC FINDINGS

Hepatic lipidosis with hepatomegaly.

AGE

8 years

Right renal nephritis pattern.

Minor bladder sand.

WEIGHT

12 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinalysis work-up is warranted to assess for inflammatory sediment. Anorexia is likely related to the right kidney and lower urinary tract. There was no evidence of neoplasia.

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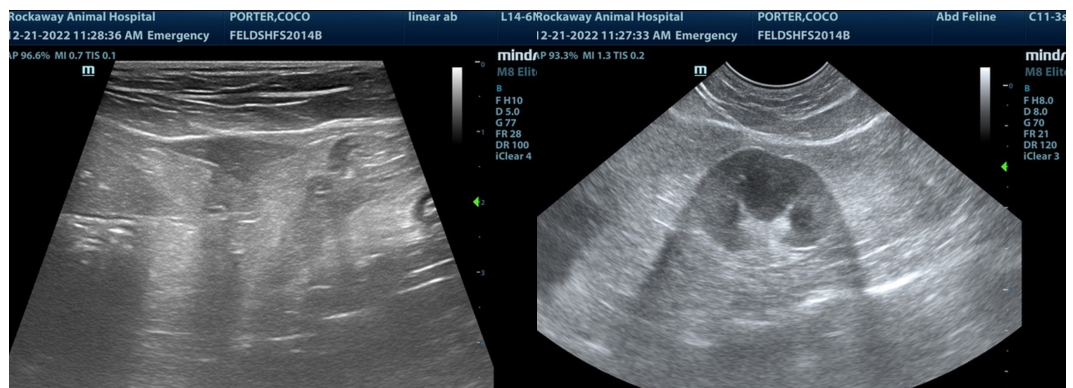
Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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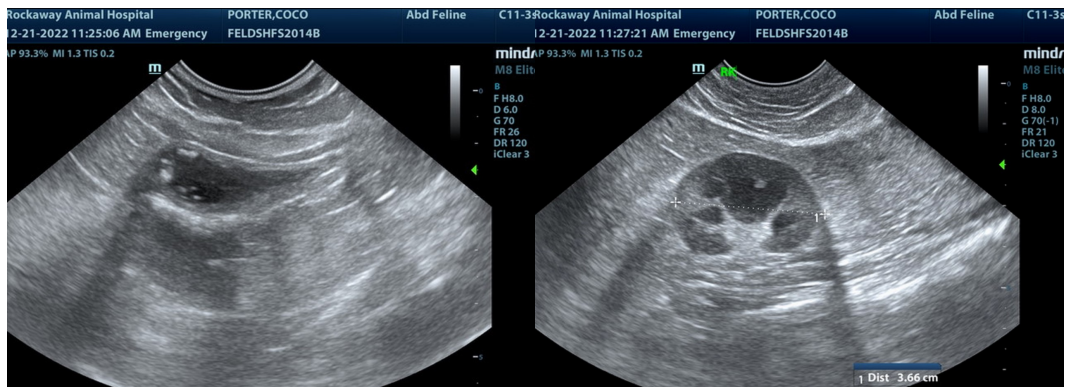
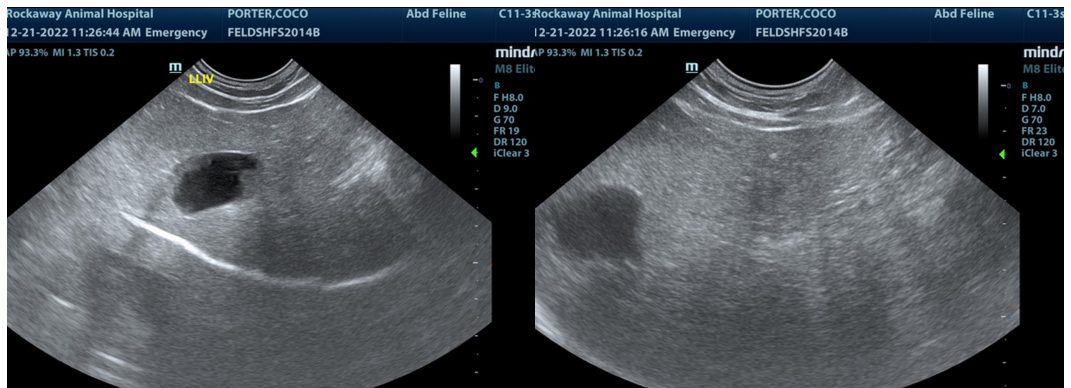
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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