



**PATIENT**

Fetta Rushton

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

17 Years

**WEIGHT**

2.2 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Neil Russell

**HOSPITAL NAME**

Frosted Faces  
Foundation

**REFERRING VET**

Dr. Neil Russell

**INVOICE**

43708

**DATE**

12/22/22

**PRESENTING CLINICAL SIGNS**

1. Weight loss and BCS 2/9 (normal appetite) r/o renal vs +/- IBD vs neoplasia PLUS 1. CKD stage 2; hypertensive (controlled, on Amlodipine); non proteinuric 2. Hx stomatitis and FME 3. Hx seizure like episode, none for >1yr r/o extracranial (renal) vs intracranial 4. Infreq hacking r/o renal vs IBD vs ++ Abnormal PE/Chem/CBC/UA Results: BUN 43, creat 1.7 noting low muscle mass

**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 were 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. Slight pyelectasia noted in both kidneys. The right kidney measured 2.66 cm. The left kidney measures 2.6 cm. Microcystic changes noted.

**Adrenal Glands**

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.44 cm. The left adrenal gland measured 0.51 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 were 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 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.

**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.



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**Pancreas**

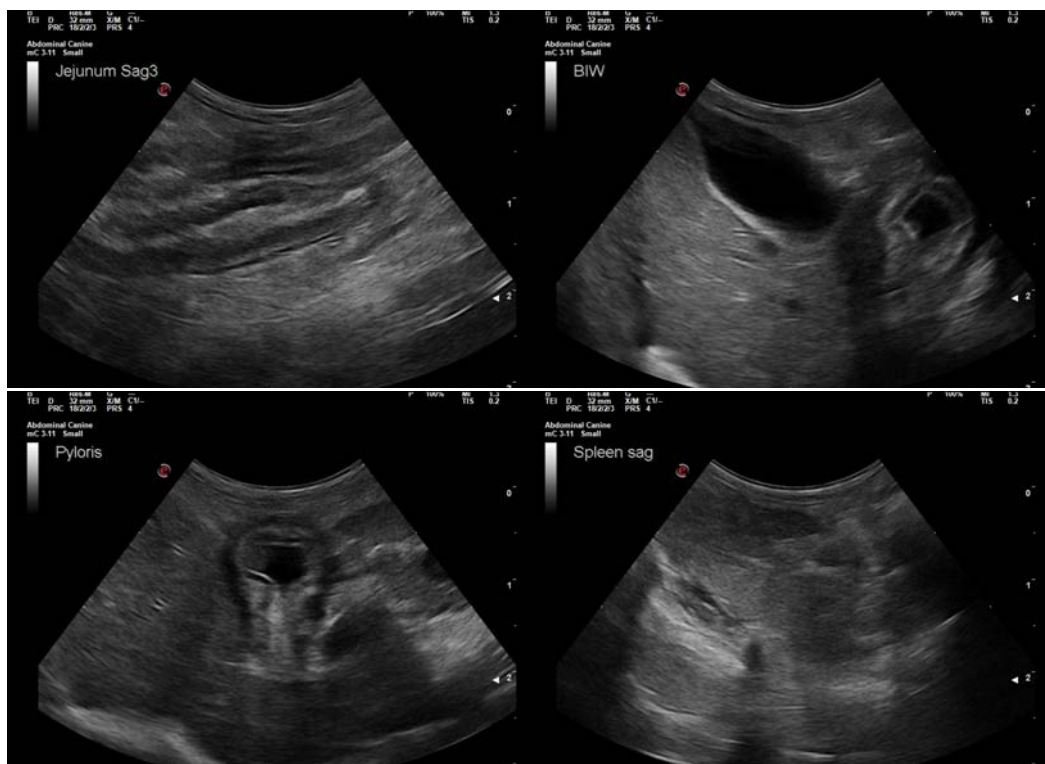
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic interstitial nephrosis renal pattern
- Minor benign intestinal thickening
- Age related pancreatic and hepatic changes
- Stress adrenal glands

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend 72-hour IV fluid protocol. There is no evidence of neoplasia. Malassimilation of nutrients may be an issue. 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. Given the seizure activity, CT of the skull would be ideal.



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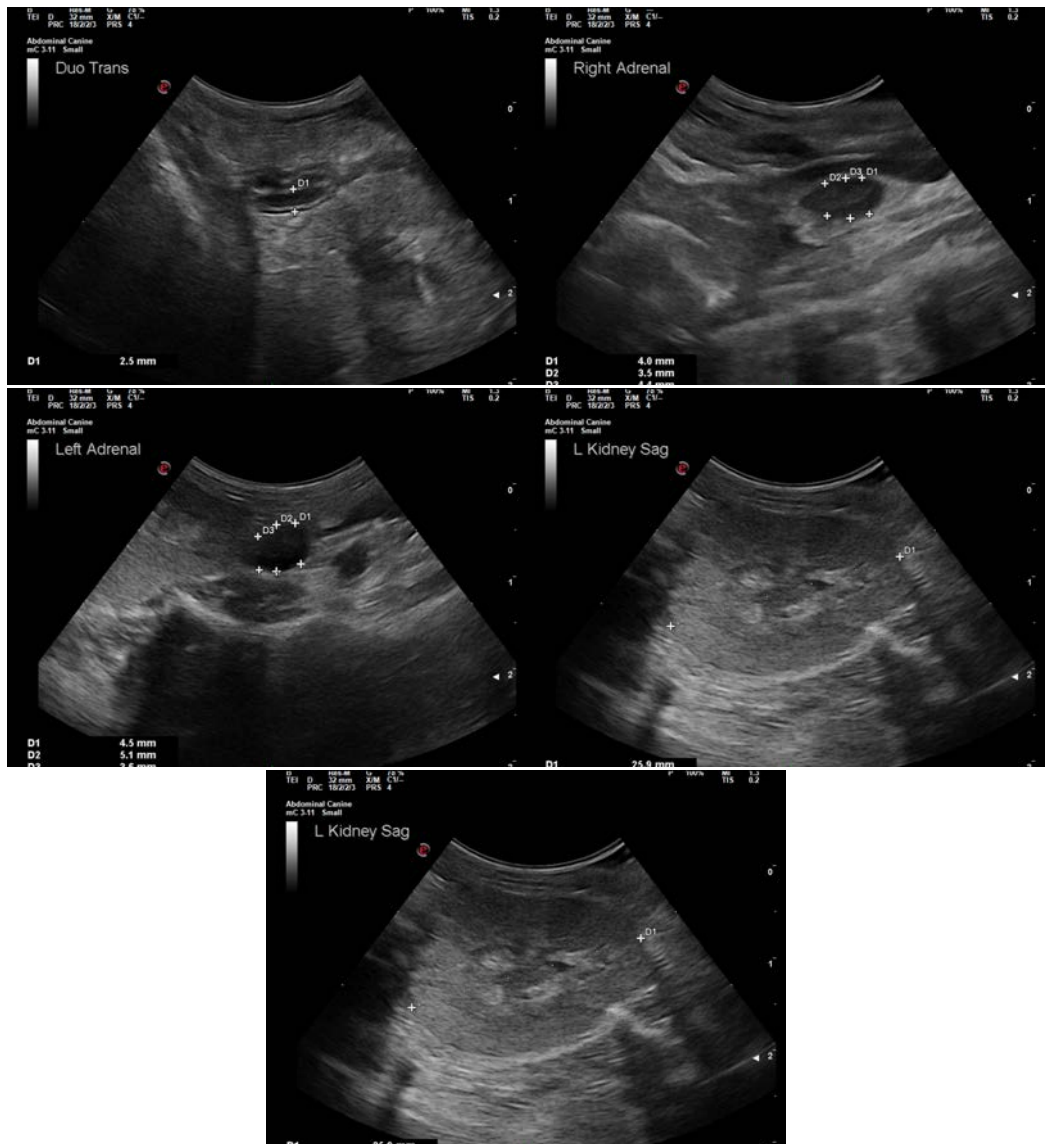
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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