



PATIENT

Kitten Doms

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

18 years

WEIGHT

7.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sager Gellerman

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Sager Gellerman

INVOICE

42358

DATE

12/27/22

PRESENTING CLINICAL SIGNS

History: Here for DECREASED APPETITE AND LACK OF STOOL - Symptoms started yesterday with pet sitter - Pt usually eats science diet dry and whiskies wet food - Pt ate only a little bit yesterday and almost nothing this morning, no bowel since yesterday - Last week pt was already eating less - Pt had some pink tinted spit up between Monday night and today - No other pets at home - Pt drinking a normal amount of water - O traveled Friday and came back this morning Weight loss 0.9 lbs over past 5 days

12/23/22: CBC: WNL (within normal limits) CHEM: SDMA 13, Creat 1.6, BUN 54, Globulins 2.9
ProBNP: 124 pmol/L T4: 3.8 ug/dL UA: USG 1.014, 12/27/22: CBC: WNL CHEM: SDMA 13, Creat 1.5, BUN 51, Globs 4.2 fPL: abnormal

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** 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. The left kidney measured 3.14 cm and the right kidney measured 3.0 cm.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.5 cm and the right adrenal gland 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 clinically significant at this time. An anechoic 1.5 cm cyst was noted in the right medial liver. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder



PATIENT

Kitten Doms

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.

SPECIES

Feline

Gastrointestinal

BREED

Domestic Shorthair

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.

SEX

Spayed female

Pancreas

AGE

18 years

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

WEIGHT

7.7 lbs

ULTRASONOGRAPHIC FINDINGS

Benign liver cysts.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Age related renal and pancreatic changes.

Minor, bilateral adrenal enlargement, consistent with stress adrenal glands.

IMAGING PERFORMED BY

Dr. Sager Gellerman

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no other evidence of significant disease. The cause of the clinical signs is not overtly evident. The kidneys do not appear end stage. Prerenal disease should be considered. Minor pancreatitis is likely given the patient's history; however, other causes of anorexia such as pain related orthopedic disease, thoracic or CNS disease should be considered.

HOSPITAL NAME

Back Bay VC

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.

REFERRING VET

Dr. Sager Gellerman

INVOICE

42358

DATE

12/27/22



PATIENT

Kitten Doms

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

18 years

WEIGHT

7.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Sager Gellerman

HOSPITAL NAME

Back Bay VC

REFERRING VET

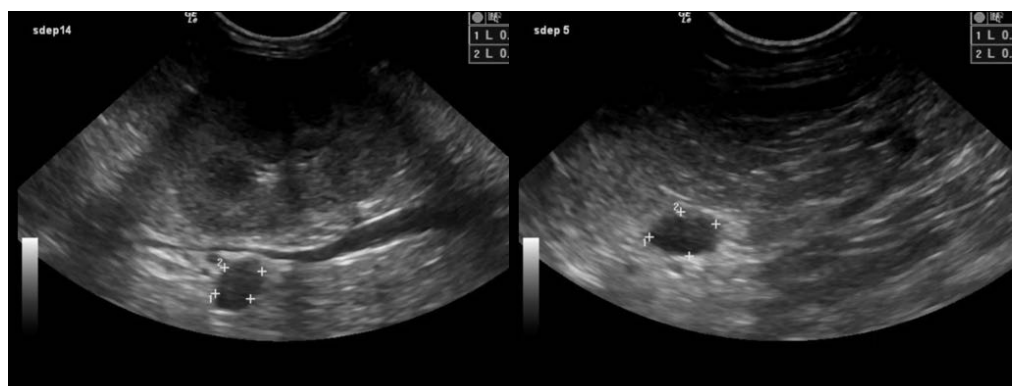
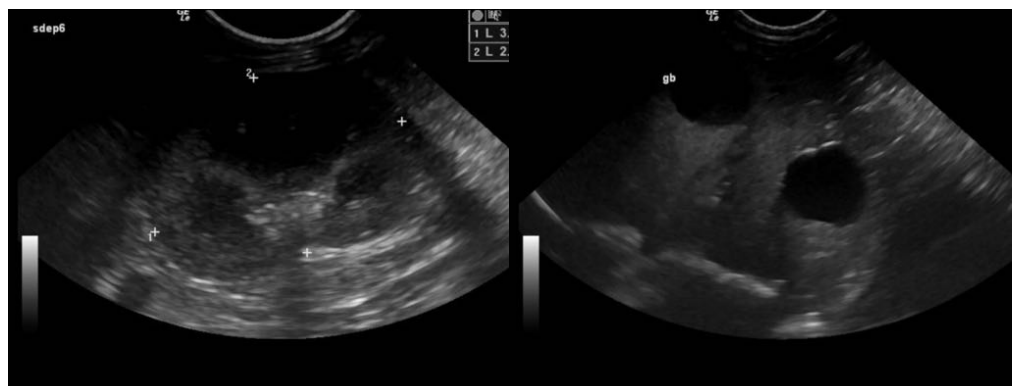
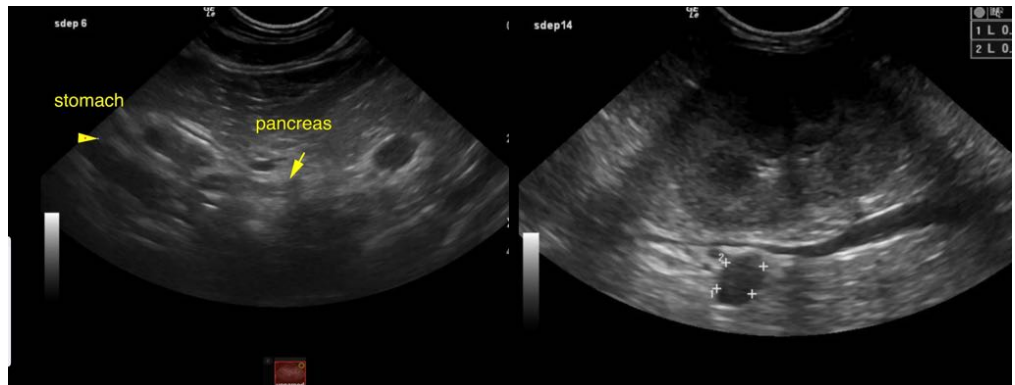
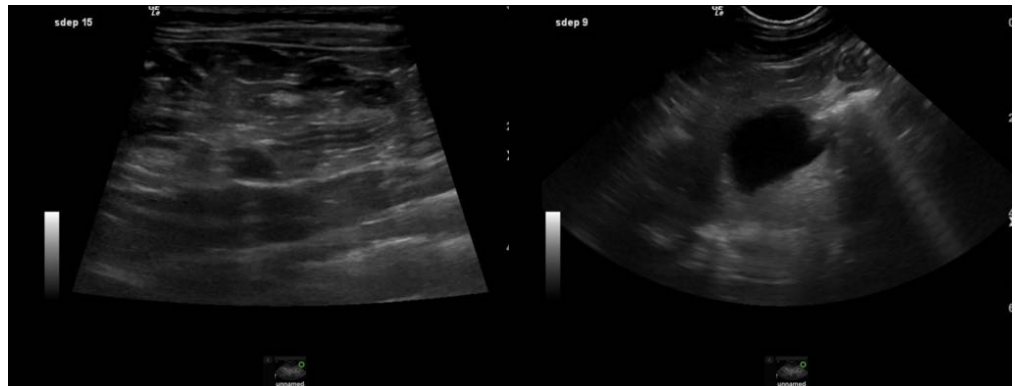
Dr. Sager Gellerman

INVOICE

42358

DATE

12/27/22





PATIENT

Kitten Doms

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

18 years

WEIGHT

7.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Sager Gellerman

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Sager Gellerman

INVOICE

42358

DATE

12/27/22

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
info@SonoPath.com