



**PATIENT**

Phineas Allen Fuss

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

12.7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Todd

**HOSPITAL NAME**

Lambs Gap AH

**REFERRING VET**

Dr. Campbell

**INVOICE**

42374

**DATE**

12/27/22

**PRESENTING CLINICAL SIGNS**

History: Phineas is a 12.5 year old MN DLH. An abdominal ultrasound was advised due to ongoing weight loss and lethargy. Bloodwork in October 2022 revealed no significant findings on CBC, chem, T4 or fecal. His fPL was mildly elevated at 4.2 (0-3.5), but it was 3.3 on 11/16/22. No vomiting or diarrhea noted. Blood pressure was measured on 11/16/22 and showed a MAP of 120mmHg. Phineas has a chronic Grade II/VI systolic murmur. A proBNP value measured in July 2022 was WNL. An echocardiogram was also recommended, but owner has elected to pursue one diagnostic at a time due to cost concerns. His owner uses Mirataz approximately twice weekly to help his appetite, and she has been giving cobalamin SQ monthly. Owner has also been giving Cerenia 8mg every 24-72 hours.

**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. Areas of mineralization were noted in both kidneys, yet were non-obstructive at the time of the sonogram. The left kidney measured 3.5 cm with a cortical infarct in the dorsal cortex. The right kidney measured 4.17 cm.

**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.

**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 submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with



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primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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**Gastrointestinal**

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. The mesenteric lymph nodes were reactive and measured 1.53 cm.

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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.

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**ULTRASONOGRAPHIC FINDINGS**

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Renal mineralization. Mild to moderate degenerative changes with infarcts.

Slight mesenteric lymphadenopathy.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA, cytology, culture +/- PCR of the mesenteric lymph nodes would be ideal in this patient. The pattern is reactive; however, I cannot rule out an emerging round cell event. The patient may be passing renal calculi periodically as well.

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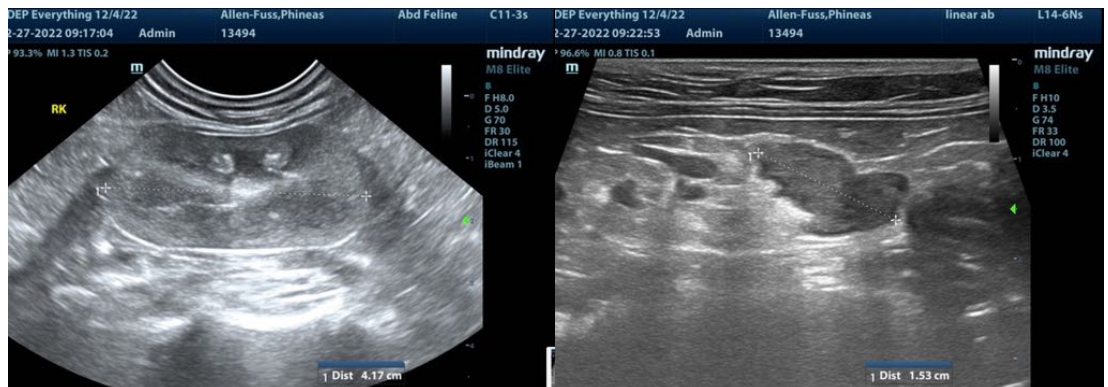
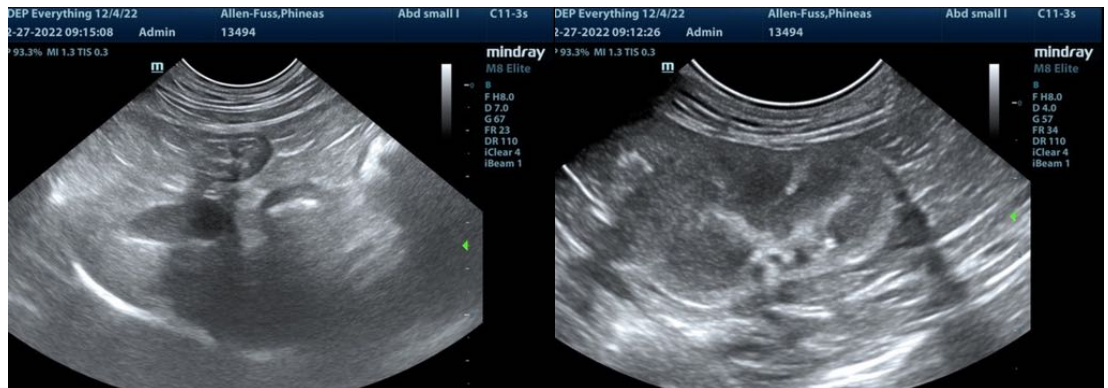
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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