



**PATIENT**

Cortana Johnston

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

7.5

**WEIGHT**

3.34 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Laura de Cordon

**HOSPITAL NAME**

Mason Dixon AEH

**REFERRING VET**

Dr. Laura de Cordon

**INVOICE**

19037

**DATE**

12/6/22

**PRESENTING CLINICAL SIGNS**

History: Evaluated by rDVM 12/5 for weakness, staggering, NE 24 hrs, and weight loss. Weight decreased from 11.6 to 7.5# Bloodwork shows elevated liver values, hyperglycemia and isosthenuria.

Abnormal PE/Chem/CBC/UA Results: Liver panel: GLUC: 459 ALT:369 was 330 T-BIL: 11.4 was 8.8 EPOC: Bicarbonate: 13.4 was 10.2 pH: 7.16 was 7.0 Na: 141 was 143 K: 2.1 was 1.9 Ca: 1.02 was 1.03 BUN: 101 was >120 Creat: 3.6 was 3.93 Gluc: 417 T4: WNL PHOS:5.9 Mg: 1.5 L BP: 68 100 BG: 441 384

**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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 kidneys measured 4.5 cm each.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**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** parenchyma was uniformly hyperechoic to falciform fat without disruption of architecture. Hepatomegaly was noted. No masses were noted. 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. A 25-gauge US-guided FNA is warranted if any elevation in SAP or bilirubin is present or if anorexia is present to assess cytological disease (lipidosis or round cell neoplasia). Biopsy is warranted if an elevation in ALT is present to assess hepatic portal infrastructure yet should be done with caution owing to parenchymal fragility in these presentations

**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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## Pancreas

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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.

## BREED

DSH

## ULTRASONOGRAPHIC FINDINGS

- Hepatic lipidosis pattern
- Age-related renal changes

## SEX

Spayed Female

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and 25-gauge FNA is indicated to ensure underlying disease is not an issue, such as occult lymphoma or inflammatory hepatopathy/hepatitis. Lipidosis protocol is warranted until further definition by cytology.

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## REFERRING VET

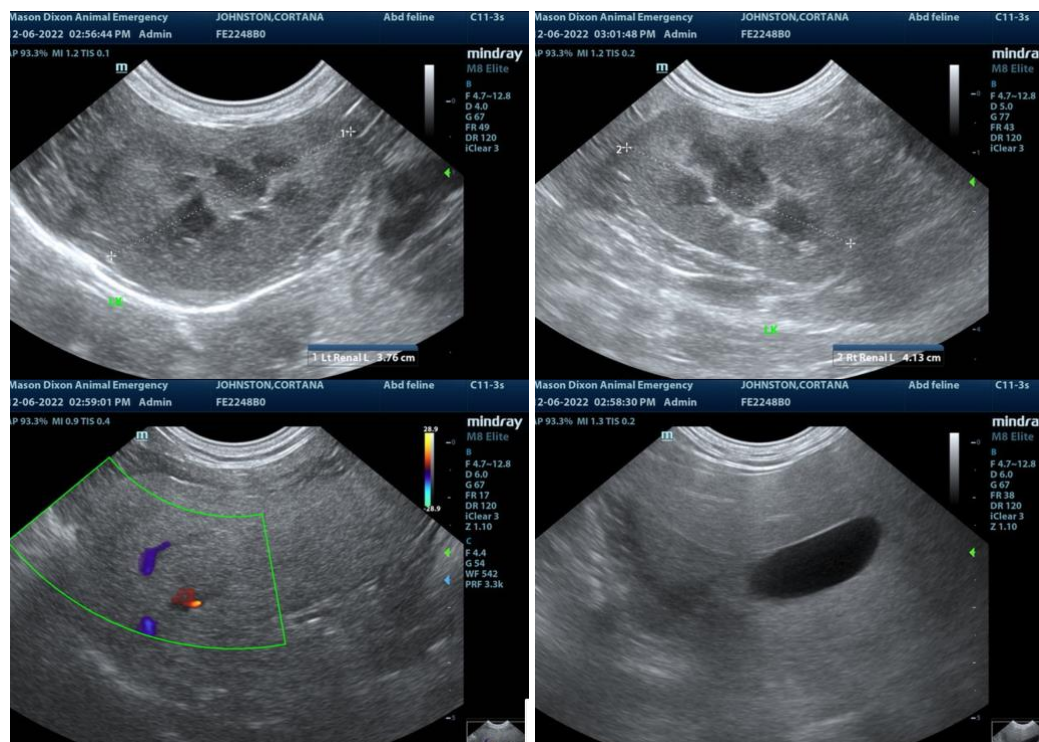
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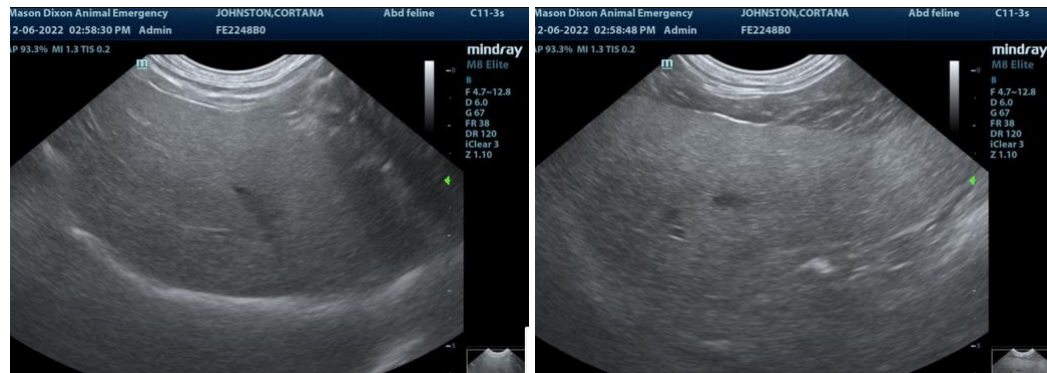
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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