

**DATE**

2/18/22

PRESENTING CLINICAL SIGNS

History: Nebulous GI signs (intermittent vomiting, soft stool). History of mild grade 2 murmur and arrhythmia, cystitis. Intentional weight loss (from 8.5 to 8.25lb).

PATIENT

Cinder Sadowsky

Labs: Dec 8th- CBC/Chem/T4 WNL. urinalysis bacterial cystitis.
 Rads: See attached.

SPECIES

Feline

Current Medications: Clavamox for 2w following dec 8th dx of cystitis.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Torbugesic IV.

BREED

DSH

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

2/16/05

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.

WEIGHT

8.25 Lbs.

The **left kidney** revealed mild degenerative changes, compensatory hypertrophy with thickened cortices, corticomedullary and pelvic mineralization. The left kidney measured 3.82 cm.

The **right kidney** was subnormal in size, measuring 1.5 cm. The right kidney revealed dystrophic mineralization, not likely functional.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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. The right adrenal gland measured 0.41 cm. The left adrenal gland measured 0.47 cm.

HOSPITAL NAME

Hickory VH

SpleenThe **spleen** was mildly enlarged (1.0 cm), uniform.**REFERRING VET**

Dr. McCourt

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate 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.

INVOICE

13999

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. 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. Slight duct dilation was noted. Coarse architecture was noted.

Free Abdomen

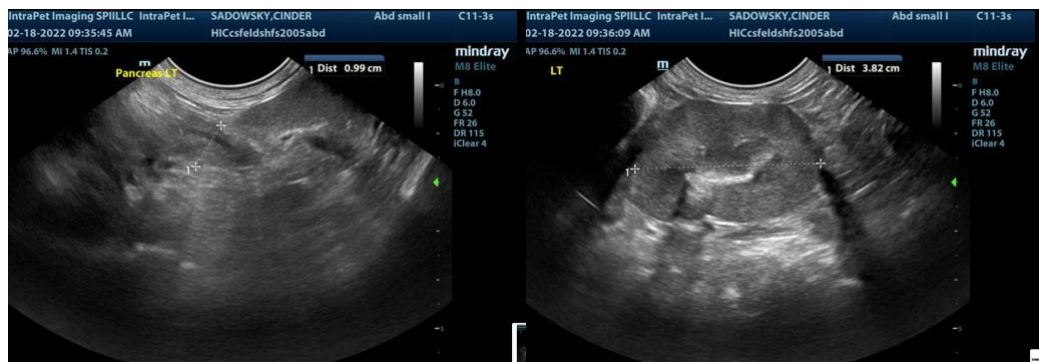
The **mesenteric lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 2.3 cm.

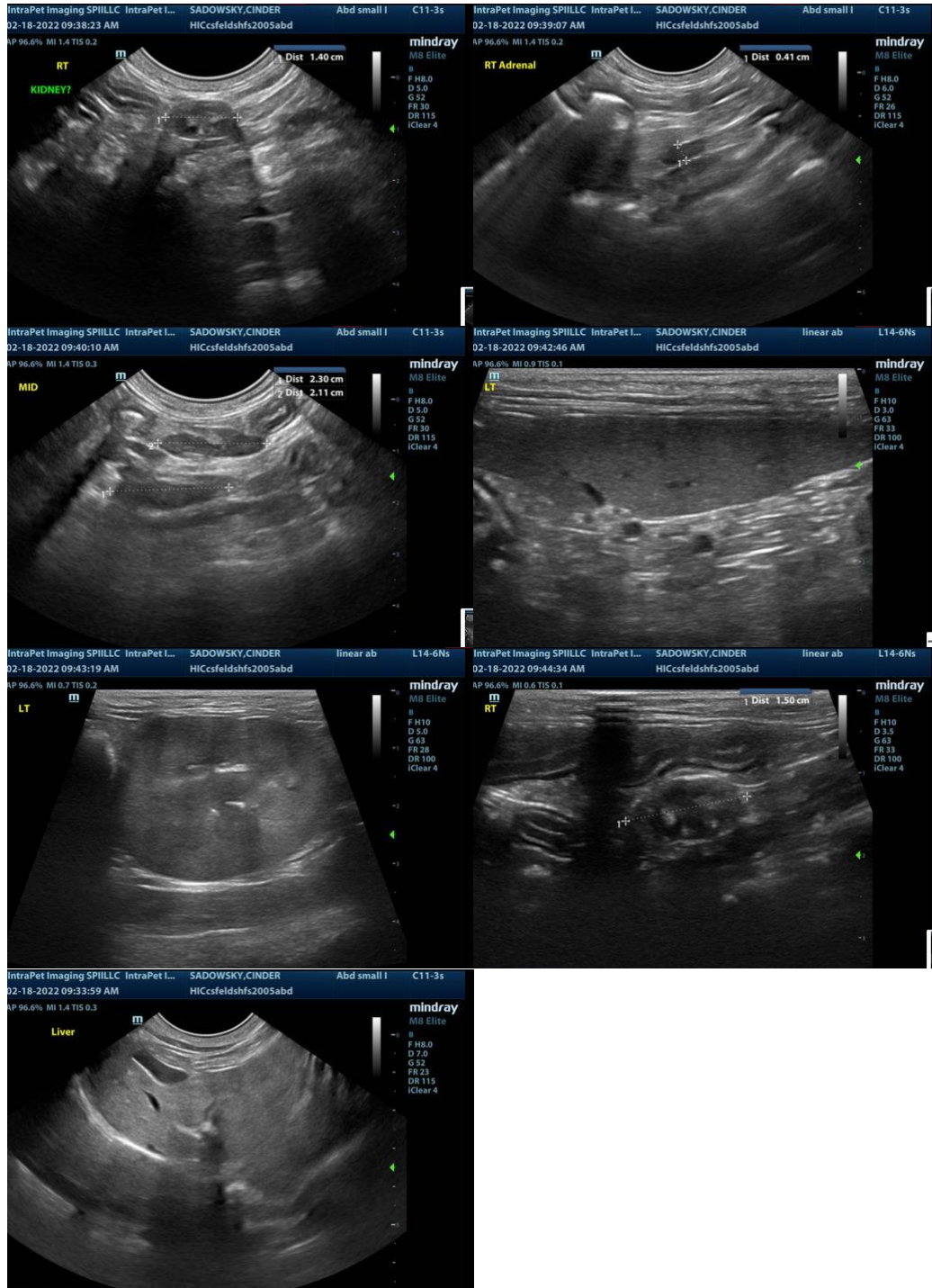
ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen
- Dystrophic right kidney with subnormal size. Mild compensatory hypertrophy and mild degenerative changes in the left kidney.
- Low-grade pancreatitis
- Lymphadenitis
- Structurally benign inflammatory bowel
- Spleen, mildly enlarged

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Likely urinary work up warranted, if not already performed, to assess potential renal dysfunction, however, the left kidney is likely carrying the metabolic load in this patient. The calculi were nonobstructive in the left kidney at the time of the sonogram.





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.

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