



**PATIENT**

Mystery Manzari

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

2 Years

**WEIGHT**

12 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Cathy Carter

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Jeff Nelson

**INVOICE**

35859

**DATE**

2/24/22

**PRESENTING CLINICAL SIGNS**

Anorexia, lethargy, hiding x 14 days  
Abnormal PE/Chem/CBC/UA Results: Dehydrated, obtunded BW 2/14/22: Albumin 4.0 g/dL BUN 79 mg/dL Creatinine 2.9 mg/dL Calcium 14.1 mg/dL Magnesium 3.1 mEq/L CPK 4720 IU/L FeLV positive Neutrophils 2145/uL USG 1.027 Trace blood 1+ protein

**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 an interstitial nephrosis pattern. Mild overall enlargement. Idiopathic hyperechoic medullary rim sign noted in both kidneys. No pyelectasia, obstructive disease, or evidence of neoplasia. The left kidney measured 4.45 cm. The right kidney measured 4.25 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**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 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 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.

**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. 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.



**PATIENT**

Mystery Manzari

**ULTRASONOGRAPHIC FINDINGS**

- Non-specific chronic interstitial nephrosis renal pattern with medullary rim sign – Chronic insult, degenerative process, dry form FIP all possible.

**SPECIES**

Feline

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Renal FNA could be considered for cursory evaluation. Renal biopsy would be ideal. Prognosis is guarded. Color flow assessment of the renal cortex was subnormal, indicative of chronicity. Non-specific presentation. The remainder of the abdomen was unremarkable.

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

2 Years

**WEIGHT**

12 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Cathy Carter

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

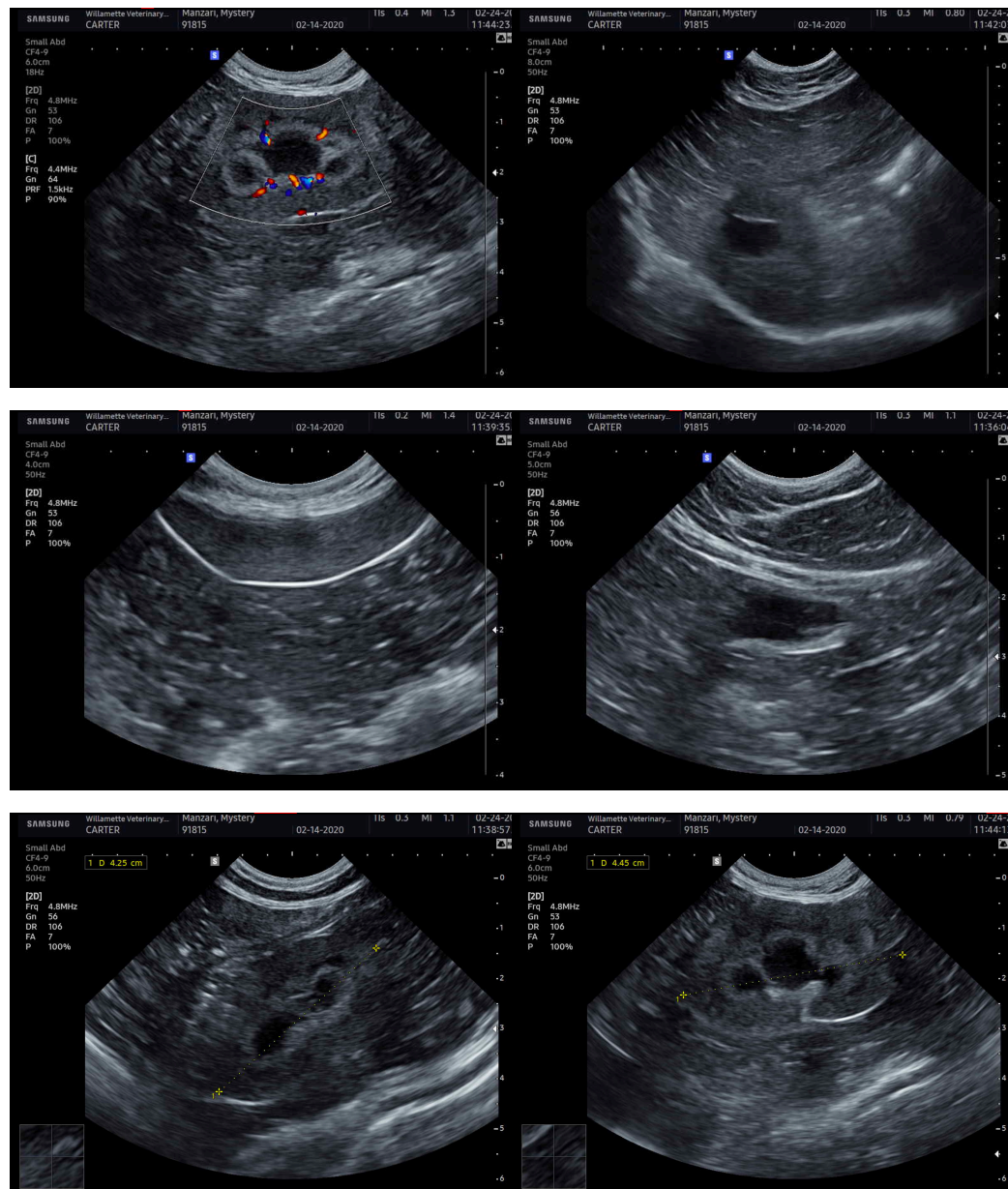
Dr. Jeff Nelson

**INVOICE**

35859

**DATE**

2/24/22





**PATIENT**

Mystery Manzari

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.

**SPECIES**

Feline

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](mailto:info@SonoPath.com)

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

2 Years

**WEIGHT**

12 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Cathy Carter

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Jeff Nelson

**INVOICE**

35859

**DATE**

2/24/22