



**PATIENT**

Bonnie Whitehead

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

2.9 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Singh

**HOSPITAL NAME**

Balmy Beach PH

**REFERRING VET**

Dr. Singh

**INVOICE**

35930

**DATE**

2/27/22

**PRESENTING CLINICAL SIGNS**

intermittent vomiting which started about a week ago Weight loss Has been inappetant in the last 48 hours.

Abnormal PE/Chem/CBC/UA Results: Urine concentration is 1.014, urine pH 5.0 Mild cystitis on urinalysis SDMA is 20 Rest of the bloodwork was WNL

**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 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. Minor mineralization noted, non-obstructive. The kidneys measured approximately 3.0 cm each. Slight cortical infarct noted in the caudal pole of the right kidney with cortical collapse.

**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** presented slight coarse architecture and minor increased portal markings. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **stomach** itself was unremarkable. The small intestine and colon presented slight thickening without loss of mural detail. No evidence of foreign body or neoplastic criteria.

**Pancreas**

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



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**ULTRASONOGRAPHIC FINDINGS**

- Mild to moderate degenerative renal changes with mineralization and infarcts
- Minor GI thickening

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Inflammatory bowel likely in this patient. Assessment of diet recommend. Empirical treatment and testing for parasites also recommended. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. 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. No evidence of neoplasia.

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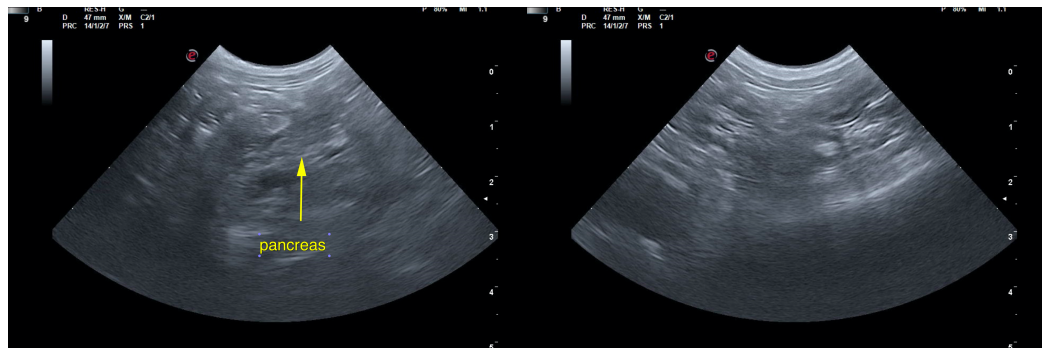
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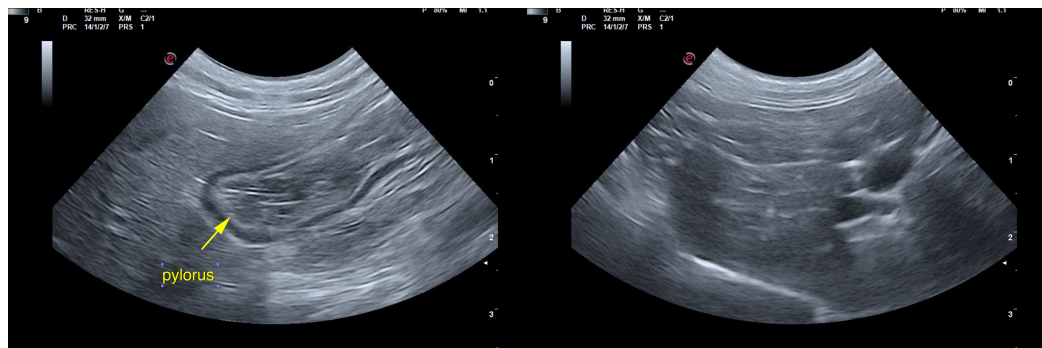
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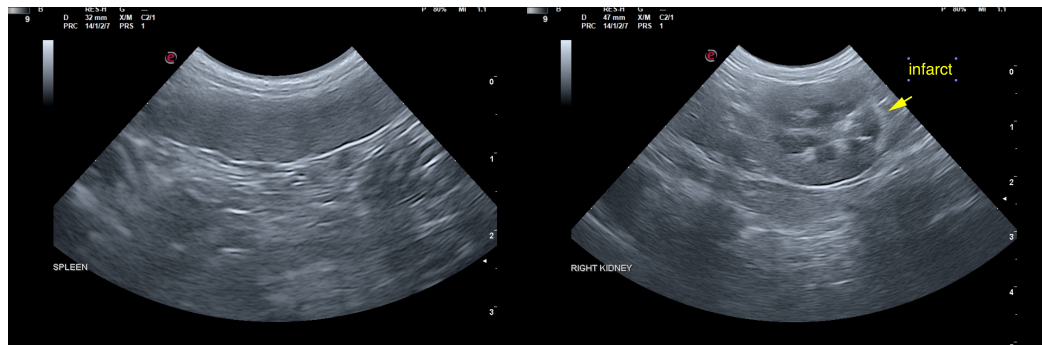
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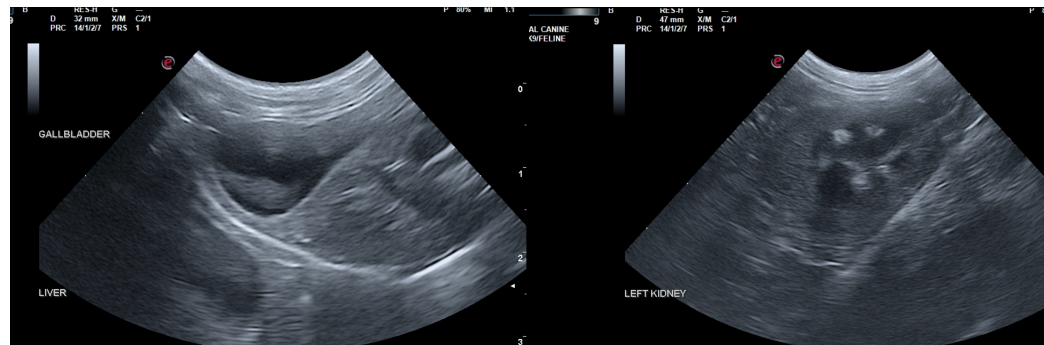
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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