



**PATIENT**

Leland Tirro

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Intact male

**AGE**

4/12 years

**WEIGHT**

16.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Amy Priest

**HOSPITAL NAME**

Long Valley AH

**REFERRING VET**

Dr. Welch

**INVOICE**

42629

**DATE**

2/7/23

**PRESENTING CLINICAL SIGNS**

History: New patient. Presented for urinary accidents recently. BW revealed significantly elevated GGT. Male is intact. Overweight. BCS 8/9  
Abnormal PE/Chem/CBC/UA Results: GGT = 19 Amylase = 2284 Cl = 112, Lymphocytes = 6950 U/A results - pending .

**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** revealed mildly increased cortical echogenicity and remodeling with hyperechoic medullary rim sign. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.7 cm. The left kidney measured 4.8 cm. Blood flow to the kidneys appeared to be subnormal on color flow assessment.

**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** was mildly enlarged and measured 1.2 cm. This may be owing to sedation, reactive state or possible emerging neoplasia. If weight loss is an issue FNA is indicated.

**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.



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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. 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.

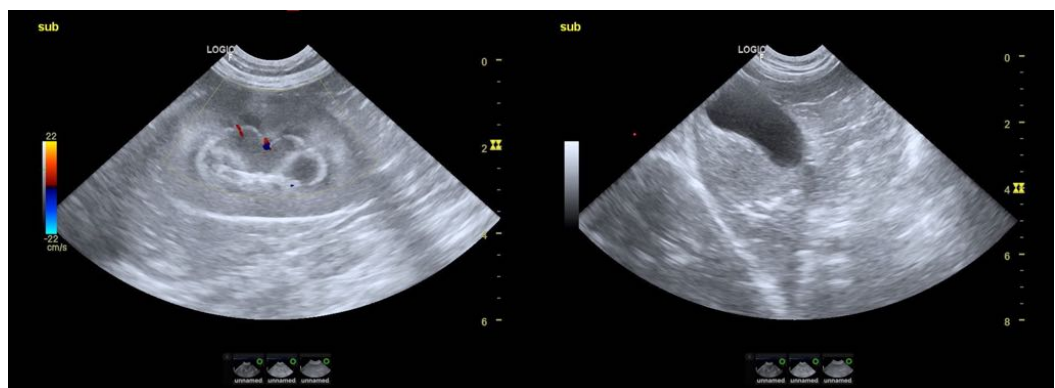
**ULTRASONOGRAPHIC FINDINGS**

Mild to moderate degenerative renal changes with idiopathic medullary rim sign.

Minor, splenic enlargement.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The renal values and urinalysis should be evaluated in this patient for any evidence of inflammatory sediment. If any weight loss is noted then FNA is indicated. The lower urinary tract structurally appears unremarkable.





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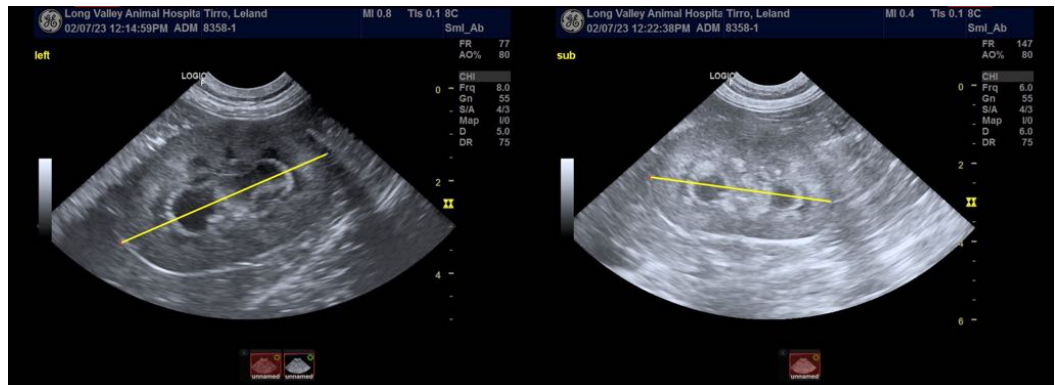
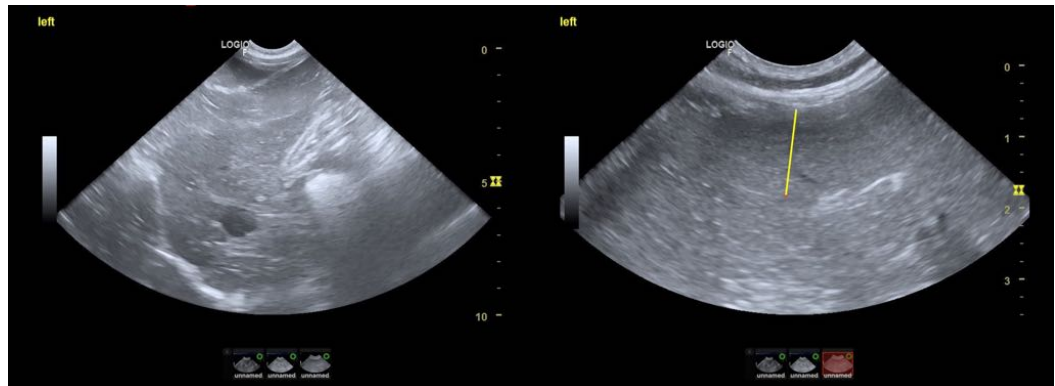
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com