



**PATIENT**

Nala Paddock

**PRESENTING CLINICAL SIGNS**

V+ clear fluid with some hair x 1 week, today clear fluid pink tinged.  
Abnormal PE/Chem/CBC/UA Results: TP 4.9, Ca 8.3, ALB 1.8, GLU 178, Chol 60

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Shorthair

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.

**SEX**

Spayed Female

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.22 cm. The right kidney measured 3.45 cm.

**AGE**

10 years

**WEIGHT**

6.2 lbs

**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 left adrenal gland measured 0.31 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING**

**PERFORMED BY**

Shari Reffi, CVT

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 was noted.

**HOSPITAL NAME**

Newton VH

**Liver**

**REFERRING VET**

Dr. Chun

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

95906

**DATE**

2/8/22



**PATIENT**

**Gastrointestinal**

Nala Paddock

The **gastrointestinal tract** revealed diffuse hypertrophy of the muscularis layer with inversion of the muscularis to mucosa ratio. The mesenteric lymph nodes were enlarged and measured 2.27 x 0.42 cm.

**SPECIES**

Feline

**Pancreas**

**BREED**

Domestic Shorthair

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

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Diffuse intestinal thickening.

**AGE**

10 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

6.2 lbs

Full thickness intestinal biopsies are warranted. Inflammatory bowel with idiopathic muscularis hypertrophy versus intestinal lymphoma are the differentials. There was no overt neoplastic criteria noted in the intestinal tract; however, the muscularis layer is significantly thickened. The only viable way of obtaining a definitive diagnosis is full thickness surgical biopsies for further definition and management.

**INTERPRETED BY**

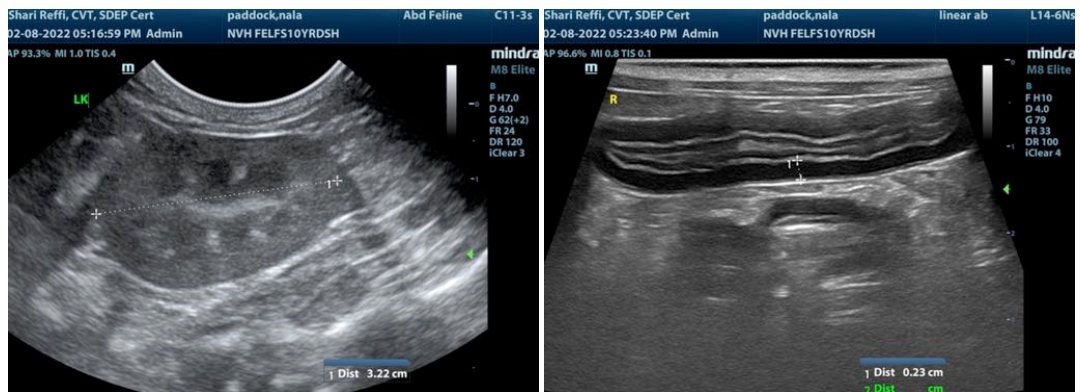
Eric Lindquist, DMV  
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**IMAGING PERFORMED BY**

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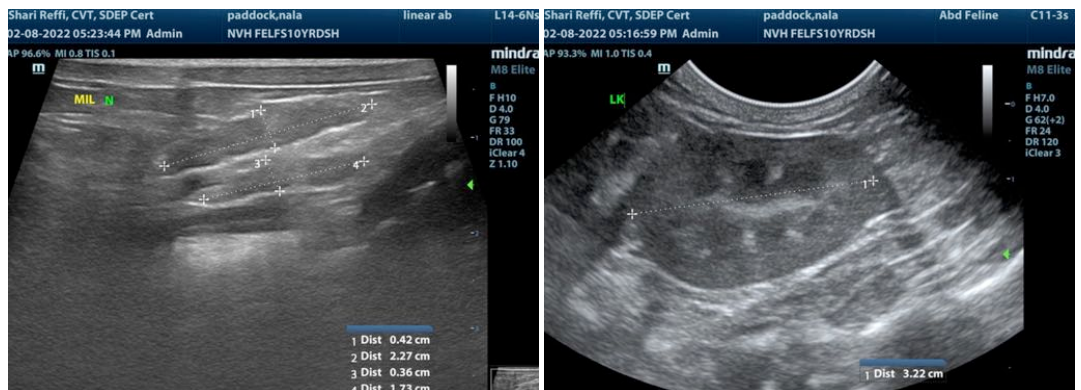
**HOSPITAL NAME**

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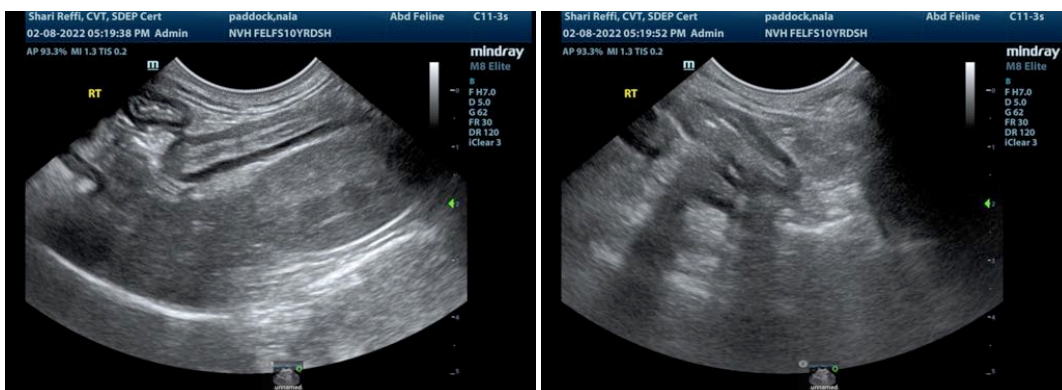
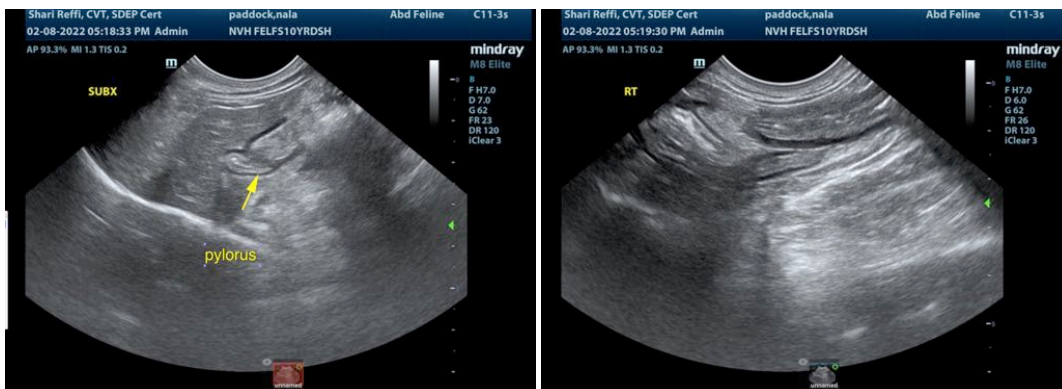
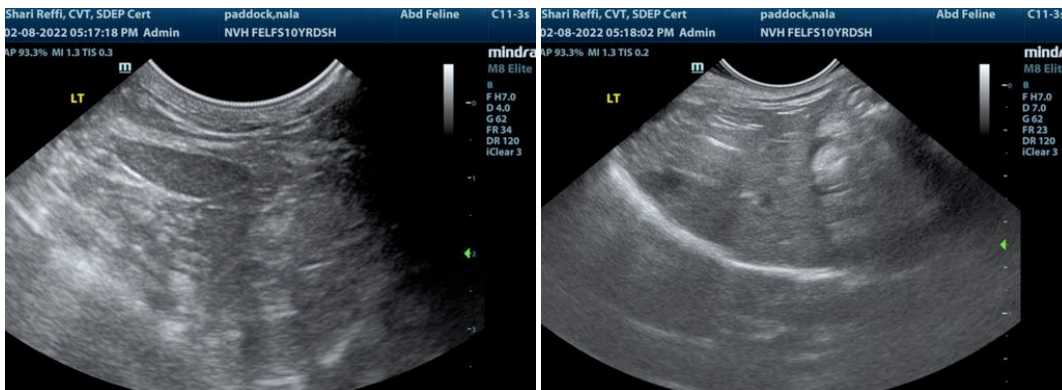
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Nala Paddock

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.

**BREED**

Domestic Shorthair

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
Info@SonoPath.com

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**AGE**

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