



PATIENT

Betty Betterlife
Brown

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

10 years

WEIGHT

6.88 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

96784

DATE

3/10/22

PRESENTING CLINICAL SIGNS

History: ^ Crea 2.7, Hx renal cyst, intrahepatic cholelithiasis on Pred for GI lymphoma 2.5mg Sid - apparently controlled - remission low urine PH Urine culture - Neg Evaluate for occult pyelonephritis, CRD, infected cyst, Renolith, lymphoma

Abnormal PE/Chem/CBC/UA Results: Labs + AMC AUS attached

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 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 right kidney measured 3.39 cm. A 1.0 cm cyst was noted in the dorsal cortex. This is not pathological. The left kidney measured 3.17 cm.

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 0.22 cm. The left adrenal gland measured 0.28 cm.

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 was noted.

Liver

The **liver** revealed coarse architecture. An anechoic cyst was noted in the left cranial liver and measured 0.97 cm with increased portal markings throughout the liver. Biliary calculi were noted throughout the liver. The gallbladder presented acceptably thin walls with primarily anechoic content. Common bile duct calculus was noted and measured 0.38 cm.



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Gastrointestinal

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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.

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

ULTRASONOGRAPHIC FINDINGS

Chronic cholangitis liver pattern with multiple biliary calculi. No overt obstruction was noted at this time. The cystic changes in the liver are likely secondary to movement of biliary calculi.

Chronic pancreatic changes. Periodic pancreatitis is likely in this patient.

Age related renal changes with left renal cyst, not pathological.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy can be considered for supportive care and attempt to partially dissolve biliary calculi; however, this is highly variable from patient to patient. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. There was no overt evidence of neoplasia.

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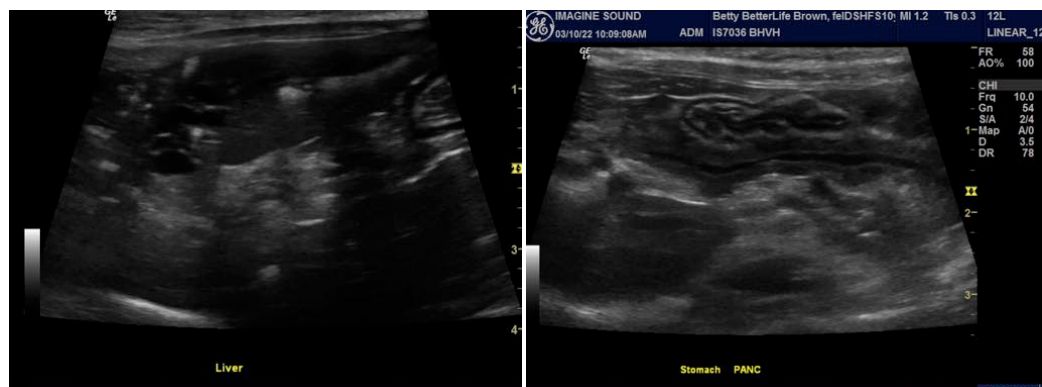
Dr. Thomson

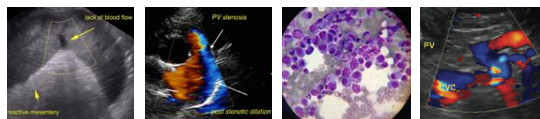
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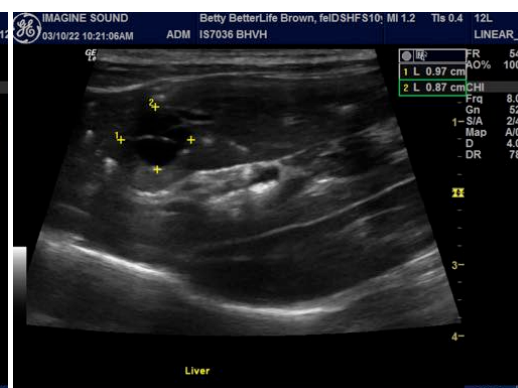
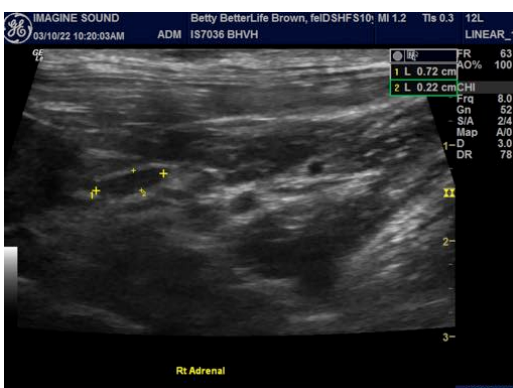
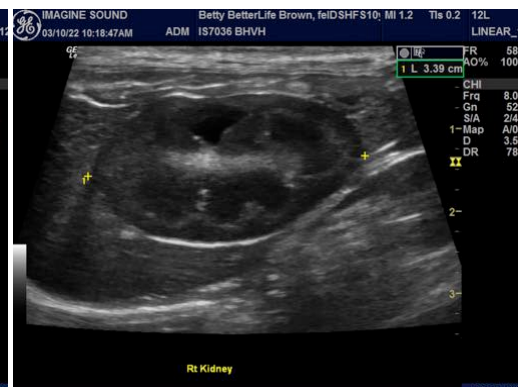
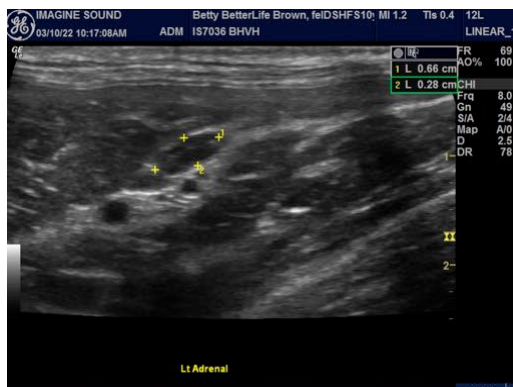
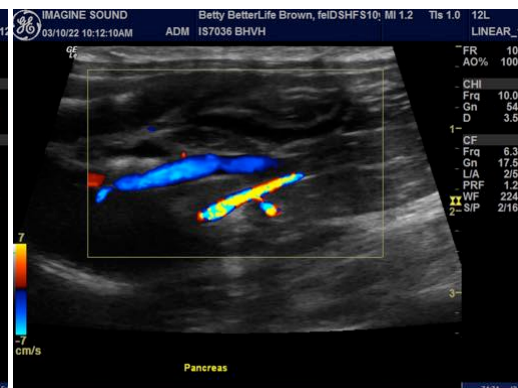
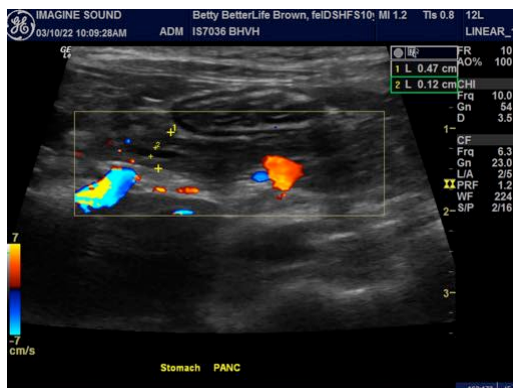
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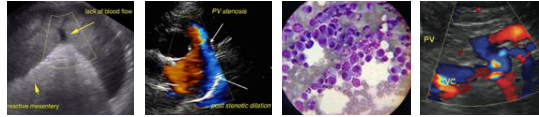
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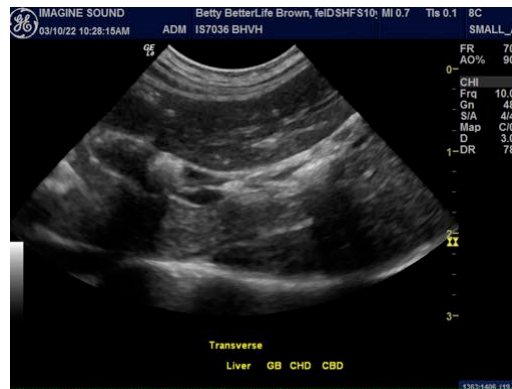
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com