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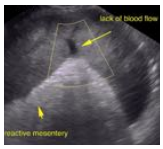

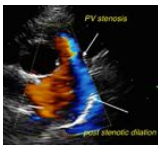

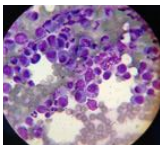
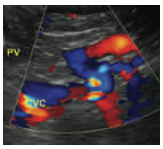

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1-800-838-4268 info@sonopath.com

PATIENT

Midnight Norwicki

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

13 ½ years

WEIGHT

9 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Glen Rock VH

REFERRING VET

Dr. Stekler

INVOICE

96833

DATE

3/14/22

PRESENTING CLINICAL SIGNS

History: Anorexia, moderate stomatitis
Abnormal PE/Chem/CBC/UA Results: CBC WNL, Chem- BUN 36, T4 2.7

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.9 cm. The right kidney measured 4.08 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 0.44 cm. The left adrenal gland measured 0.41 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** was diffusely hyperechoic to the falciform fat with hypoechoic nodules. The largest of which measured 0.78 cm in the left medial liver. FNA of the liver is indicated. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. The common bile duct measured 0.32 cm. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The upper duodenum revealed slight shadowing 0.7 cm structure that is consistent with medications and are non-obstructive.

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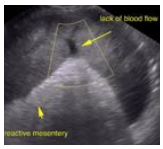
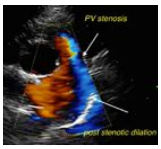
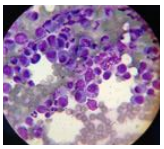
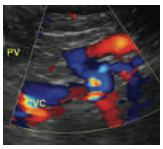

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Pancreas

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. The pancreatic duct is mildly dilated and measured 0.32 cm. 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

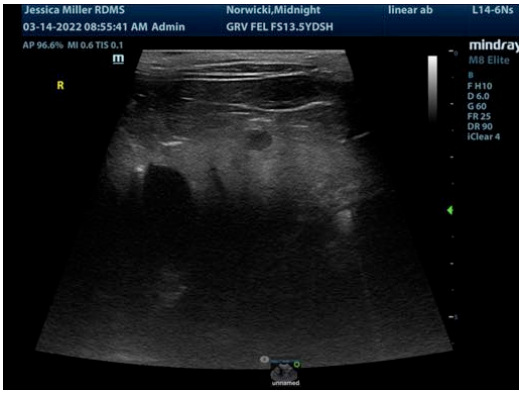
Largely geriatric abdomen with hyperechoic liver and focal, hypoechoic nodular changes.

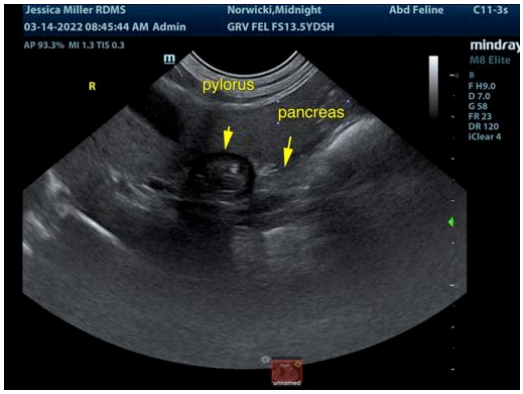
Age related renal changes.

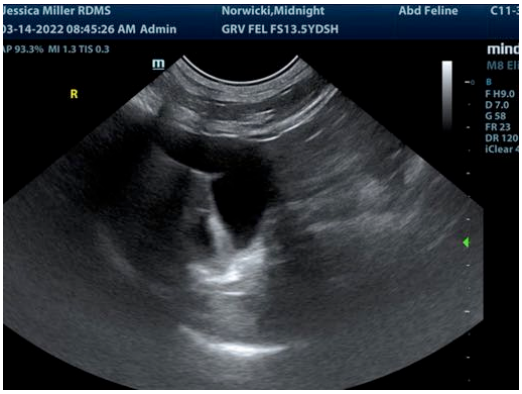
Small shadowing transiting medication or similar material in upper duodenum.

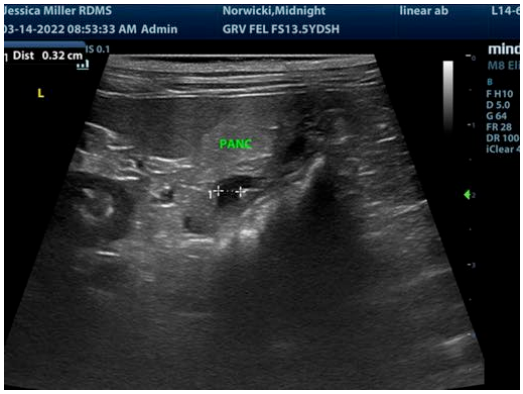
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is concern for emerging hepatic neoplasia given the nodular changes. Ultrasound-guided FNA of the general liver and nodules is recommended. The kidneys do not appear end stage. Prereanl causes of azotemia should be considered.









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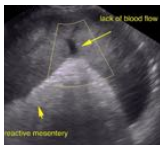
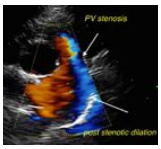
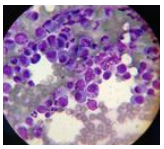
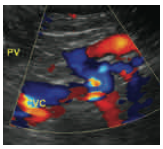

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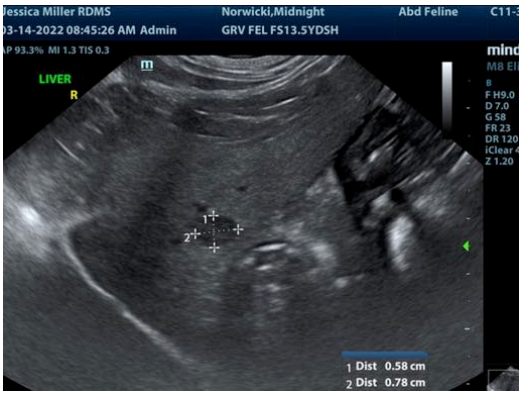

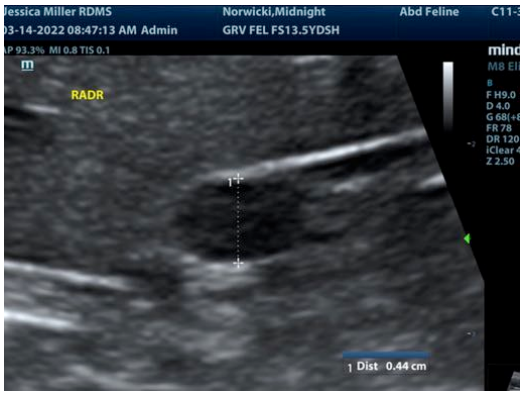

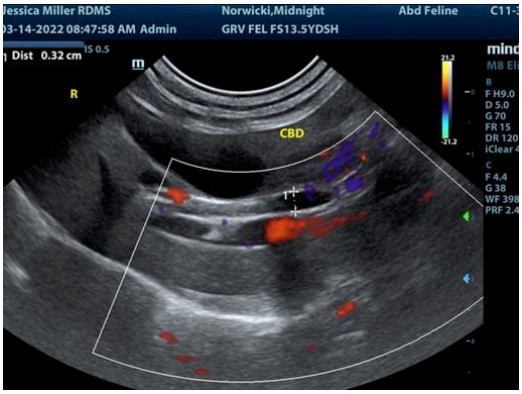

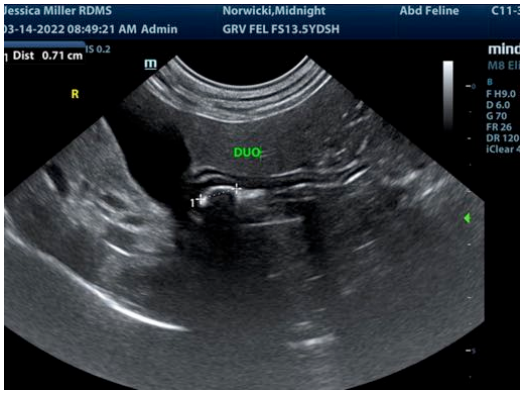

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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