

**PATIENT**

Cassie Rech

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

2008

**WEIGHT**

8.63 Pounds

**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**

36198

**DATE**

3/15/22

**PRESENTING CLINICAL SIGNS**

Weight loss - 2 lbs T4 high normal - 4.0. FT4 elevated No current meds. Evaluate for IBD, pancreatitis, lymphoma, 2\* hyperthyroid TLI/B12/folate - pending  
Abnormal PE/Chem/CBC/UA Results: ALP 68, USG 1.033, 2+ protein

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Cortical infarcts and mineralization noted in both kidneys. The right kidney measured 3.03 cm. The left kidney measured 3.79 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 left adrenal gland measured 0.45 cm. The right adrenal gland measured 0.40 cm.

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

**Liver**

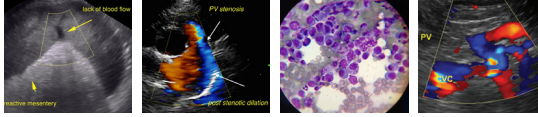
The **gallbladder** wall was slightly echogenic and thickened, yet not overdistended. Mild gallbladder sand present. The common bile duct measured at the upper limits of normal and revealed a 3.0 mm calculus with dilated duct at 5.0 mm and echogenic debris, consistent with mucoduct. Other smaller amounts of sand noted in the common bile duct and cystic duct.

**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 **pancreas** was hypoechoic and irregular with mild duct dilation.



**PATIENT**

Cassie Rech

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

2008

**WEIGHT**

8.63 Pounds

**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**

36198

**DATE**

3/15/22

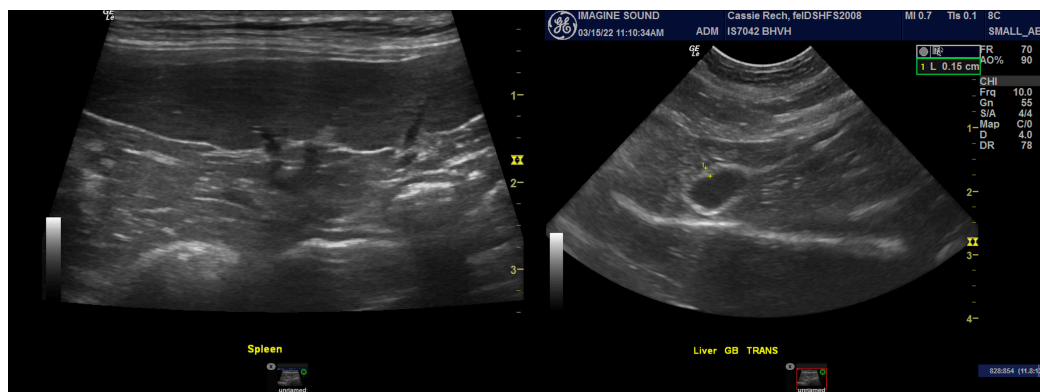
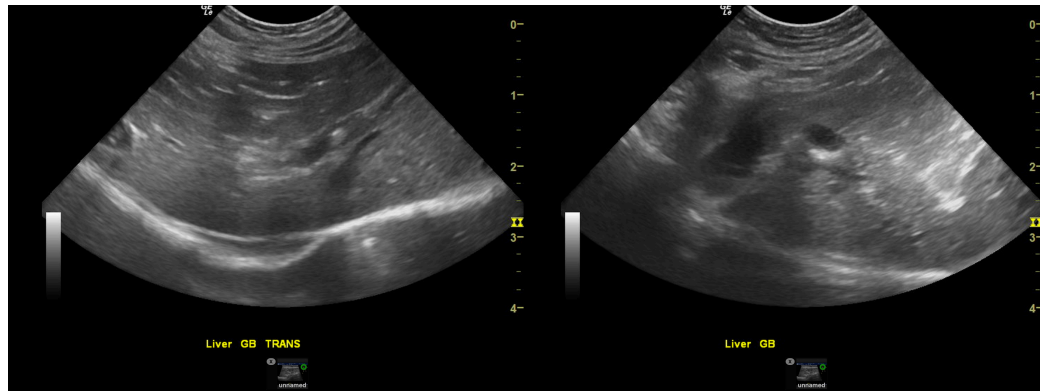
**ULTRASONOGRAPHIC FINDINGS**

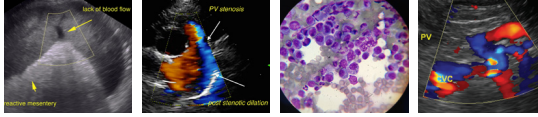
- Common bile duct calculi with early obstructive pattern
- Gallbladder sand, cholangitis liver pattern
- Moderate degenerative renal changes on the right, mild to moderate on the left, multifocal infarcts and mineralization noted in both kidneys
- Enlarged spleen - may be owing to sedation if the patient was sedated at the time of the ultrasound.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of neoplasia. 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. Hyporexia is likely an issue in this patient, given the biliary calculi.

Recommend cholecystotomy and common bile duct lavage in this patient. Subxiphoid palpation recommended to assess for any discomfort associated with the calculus in the common bile duct. This is not overtly obstructive. However, if the patient is having clinical signs or pain, then surgical intervention would be recommended. Ursodiol therapy could be considered. However, given the size of the calculus in the common bile duct, I do not believe that medical management is a viable option to remove the calculus.





**PATIENT**

Cassie Rech

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

2008

**WEIGHT**

8.63 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert IVUS

**IMAGING PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Brooklyn Heights VH

**REFERRING VET**

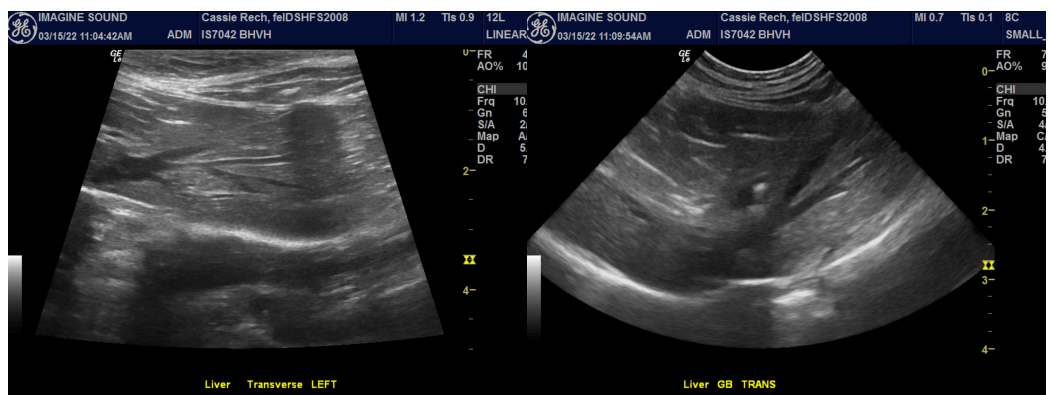
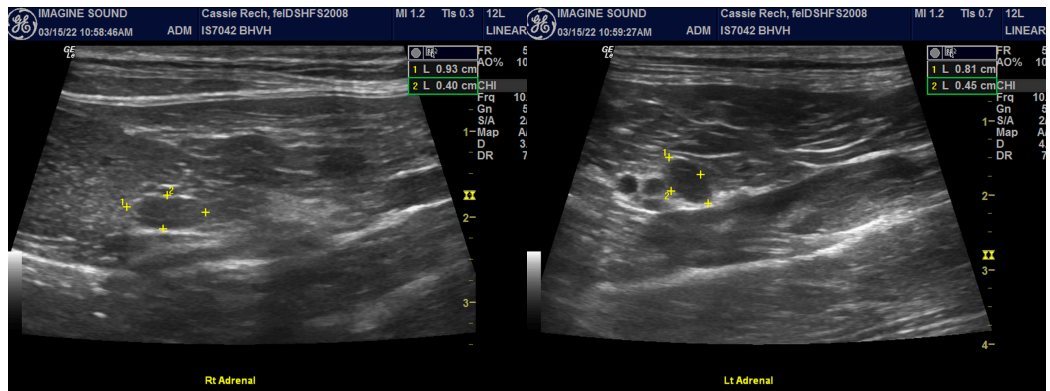
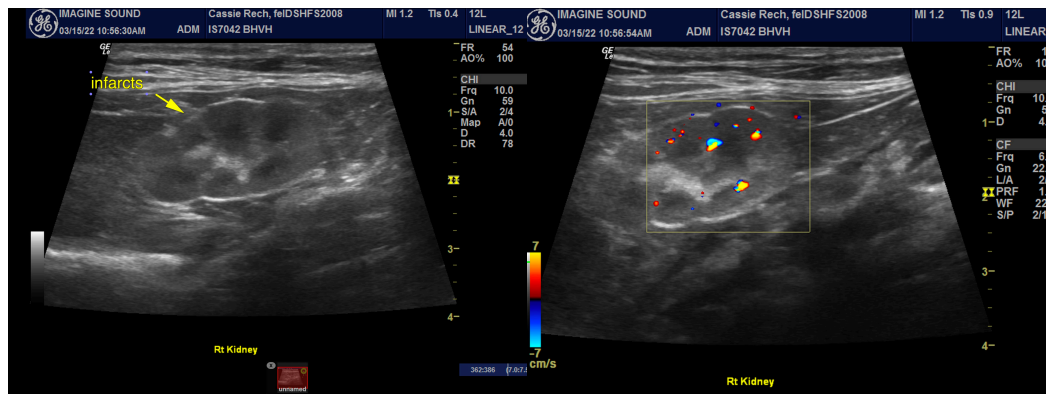
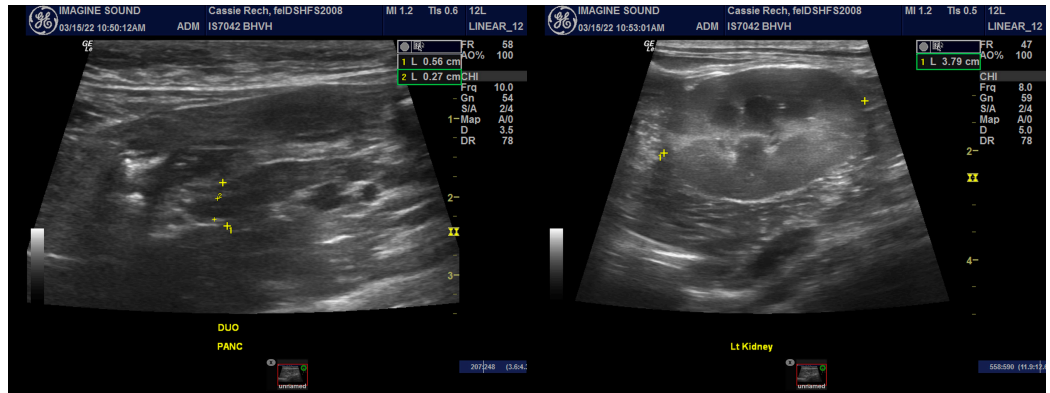
Dr. Thomson

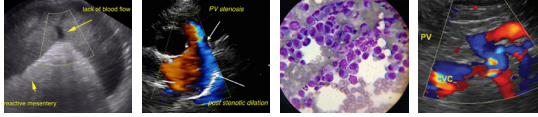
**INVOICE**

36198

**DATE**

3/15/22





**PATIENT**

Cassie Rech

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

2008

**WEIGHT**

8.63 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert IVUSS

**IMAGING PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Brooklyn Heights VH

**REFERRING VET**

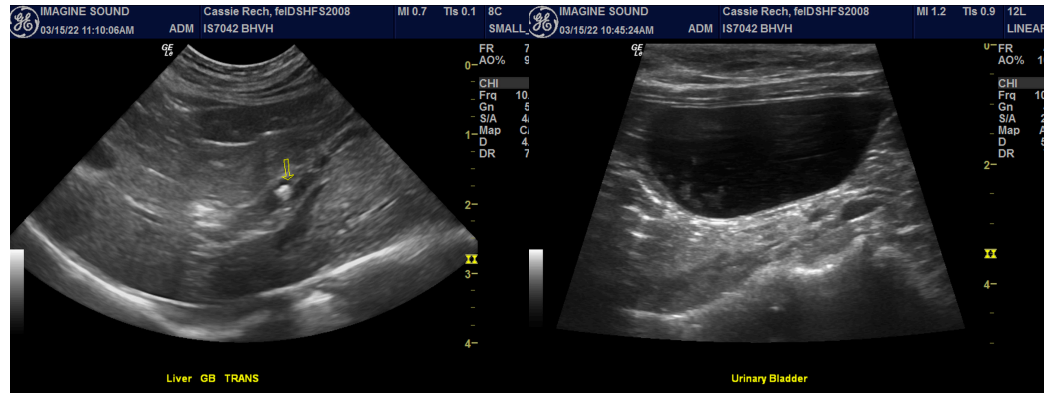
Dr. Thomson

**INVOICE**

36198

**DATE**

3/15/22



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](mailto:info@SonoPath.com)