



**PATIENT PRESENTING CLINICAL SIGNS**

Meafles Nelson wt loss, hx of bladder stones. Intermittent urinary issues  
Abnormal PE/Chem/CBC/UA Results: nsf

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

**BREED**

The **urinary bladder** presented approximately 5.0 mm of sand accumulation, non-obstructive, with a minimal amount of acoustic shadowing. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

DMH

**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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization noted in both kidneys. The left kidney measured 3.14 cm. The right kidney measured 4.77 cm.

**AGE**

13 Years

**Adrenal Glands**

**WEIGHT**

10.2 Pounds

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 0.43 cm. The left adrenal gland measured 0.33 cm.

**Spleen**

**INTERPRETED BY**

Eric Lindquist, DMV

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 were noted.

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden

**Liver**

**HOSPITAL NAME**

Parsippany Troy Hills

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.

**REFERRING VET**

Dr. Dulude

**Gastrointestinal**

**INVOICE**

36296

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.

**DATE**

3/18/22

**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.



**PATIENT**

Meaffles Nelson

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

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

DMH

The bladder sand should pass without significantly difficulty. With minimal acoustic shadowing, I do not feel that surgery is necessary at this time. However, it may be necessary in the future. The cause of weight loss is unclear. There is 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. Medical management based on urinalysis results and recheck sonogram in 4-6 weeks indicated to assess the bladder presentation. Coverage for UTI and diet change would be appropriate.

**AGE**

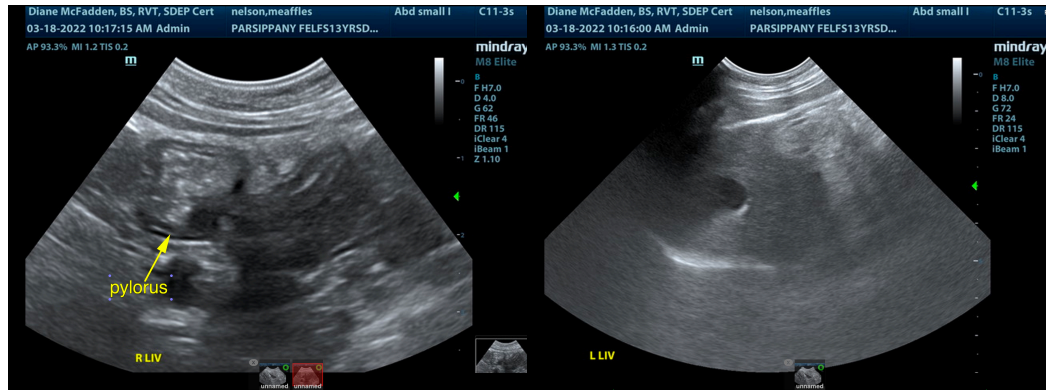
13 Years

**WEIGHT**

10.2 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

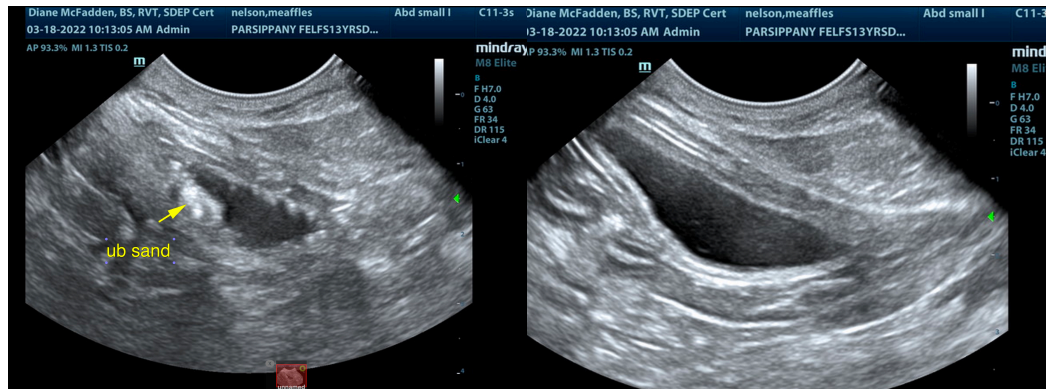


**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Parsippany Troy Hills



**REFERRING VET**

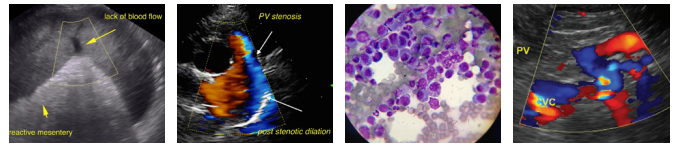
Dr. Dulude

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**PATIENT**

Meaffles Nelson

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

10.2 Pounds

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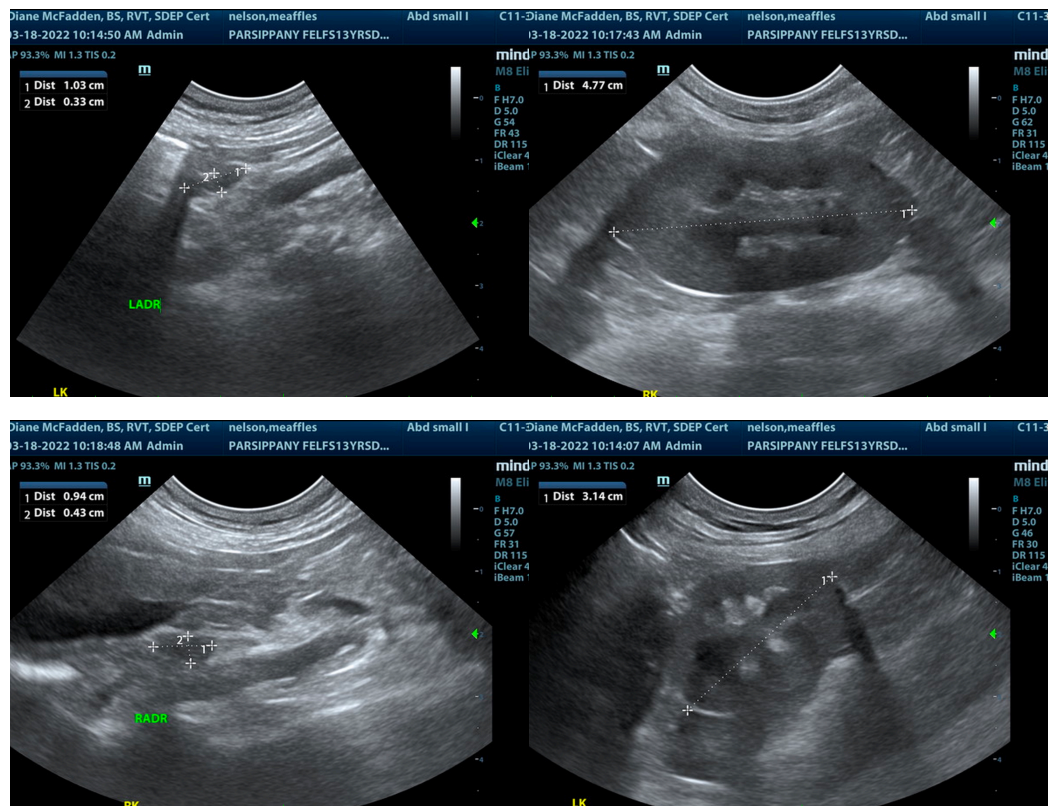
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**DATE**

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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](mailto:info@SonoPath.com)