

PATIENT

Nico Antonio Malin

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

17 years

WEIGHT

10 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Campbell

INVOICE

97878

DATE

3/28/22

PRESENTING CLINICAL SIGNS

History: Nico is a seventeen year old, MN, DSH cat with a history of elevated liver enzymes and remission of diabetes. On exam 1/11/22, Nico was presented for otitis externa and had a full, but non-painful abdominal palpation. CBC was normal, Chemistry showed increased renal enzymes, liver enzymes and fPL. T4 was mildly elevated. See below for results. Abdominal ultrasound and cystocentesis for UA/UPC was advised.

Abnormal PE/Chem/CBC/UA Results: 1/31/22: SDMA=16, Creat=2.0, BUN=64, Phos=4.9 ALT=425, AST=138, ALP=212, GGT=10 fPL=5.8 T4=3.1, FT4=2.3

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. Mild, suspended debris was noted and was coalescing and attached to the ventral bladder wall. 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 4.32 cm. The right kidney measured 4.62 cm. Blood flow to the kidneys were moderately subnormal from a subjective standpoint.

Adrenal Glands

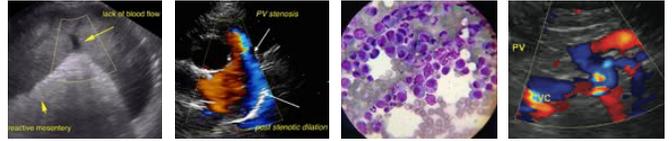
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.45 cm.

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. The spleen measured 1.1 cm in width.

Liver

The **liver** revealed slight, irregular contour with minor coarse architecture. This is consistent with non-specific inflammatory hepatopathy. 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,



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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.

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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.

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Pancreas
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

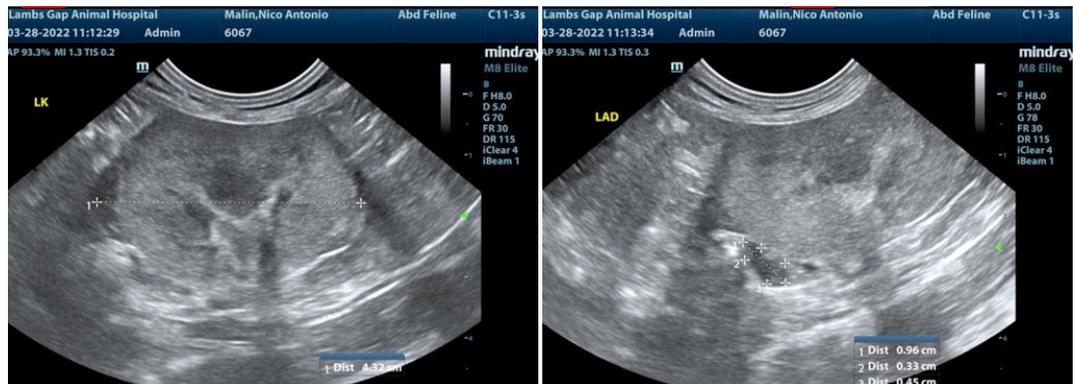
SEX
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ULTRASONOGRAPHIC FINDINGS
Non-specific, chronic interstitial nephrosis pattern, moderate.
WEIGHT
10 lbs
Mild splenic enlargement.
Mild hepatic remodeling.

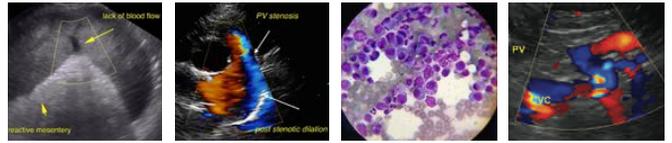
INTERPRETED BY
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
There was no overt evidence of neoplasia. Urine culture and sensitivity is warranted. If any inflammatory sediment is present then 72-hour IV fluid protocol and blood pressure measurements are warranted. Pre renal and renal insult may be causing azotemia in this patient. FNA of the liver would be warranted to assess inflammatory cell type.

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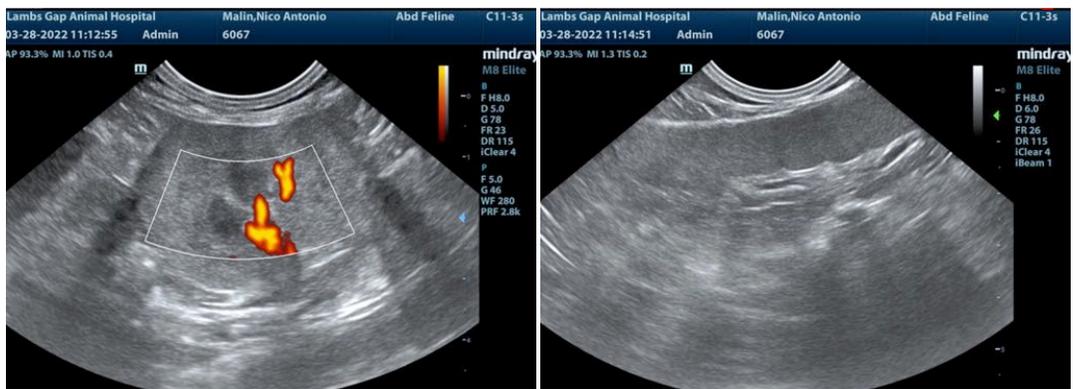
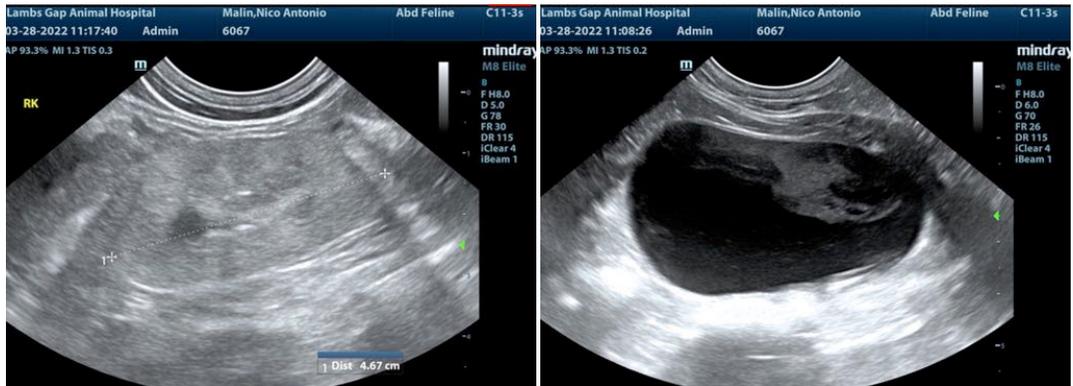
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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