



PATIENT PRESENTING CLINICAL SIGNS

Munchie Harpel

History: 12 yo FS Persian 4# No sedation needed. Hx of indolent ocular ulcer and corneal graft. Presented for re-ulceration and URI and was started on ocular abx and oral doxycycline. Patient was already noted to be underweight with mm atrophy but per O appetite was normal. Patient began vomiting on Doxycycline so was discontinued and since then O has noted she has been anorexic. No response to cerenia or mirtazapine. Will tolerate syringe feeding of small amounts of a/d. Recent diarrhea started as well per owner. Bloodwork in the last week showed SDMA 15 (increased) with normal creat 0.9. Albumin was decreased at 2.4 and globulins increased at 6.0. T4 was also 5.9 and patient was recently started on 2.5 mg methimazole. Also lost 1/2 pound within the last week.

SPECIES

Feline

BREED

Persian

SEX

Spayed female

AGE

11 years

WEIGHT

4.6 lbs

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. A minor amount of suspended debris was noted. 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 3.0 cm. The right kidney measured 3.2 cm with pelvic mineralization and slight pyelectasia. Blood flow to the kidneys appeared subjectively subnormal on power Doppler assessment.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.3 cm.

IMAGING PERFORMED BY

Dr. Carpenter

HOSPITAL NAME

Pennridge AH

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.

REFERRING VET

Dr. Depew

INVOICE

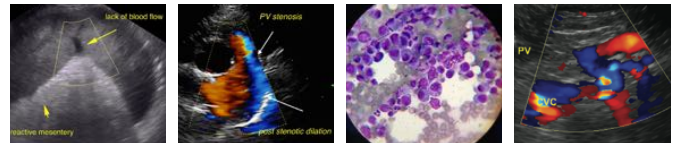
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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic

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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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Pancreas

SEX

Spayed female

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.

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

4.6 lbs

Minor intestinal thickening.

Moderate, chronic interstitial nephrosis renal pattern with non-obstructive, pinpoint nephrolithiasis.

Age related pancreatic changes.

INTERPRETED BY

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DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Dr. Carpenter

The changes are largely expected for this age patient. The low albumin is likely owing to chronic inflammatory bowel if no significant proteinuria is present.

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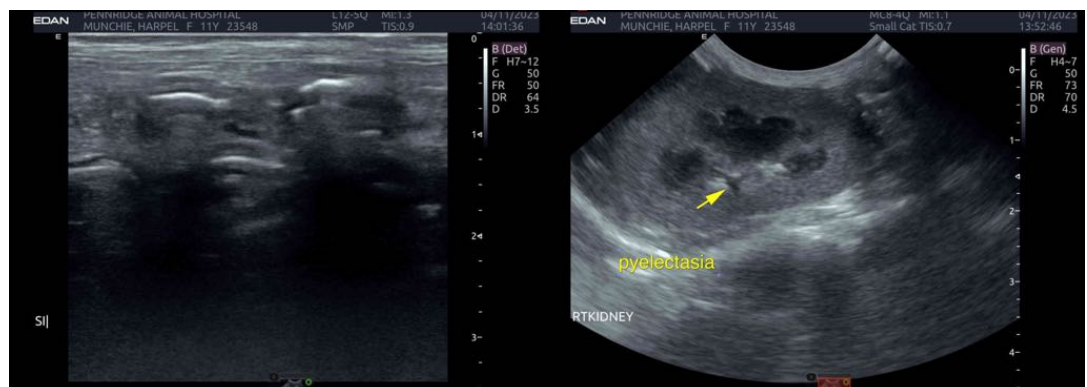
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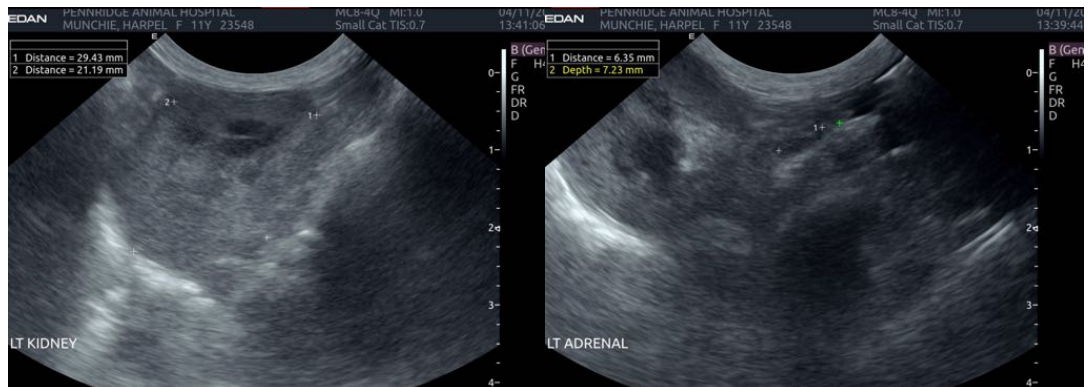
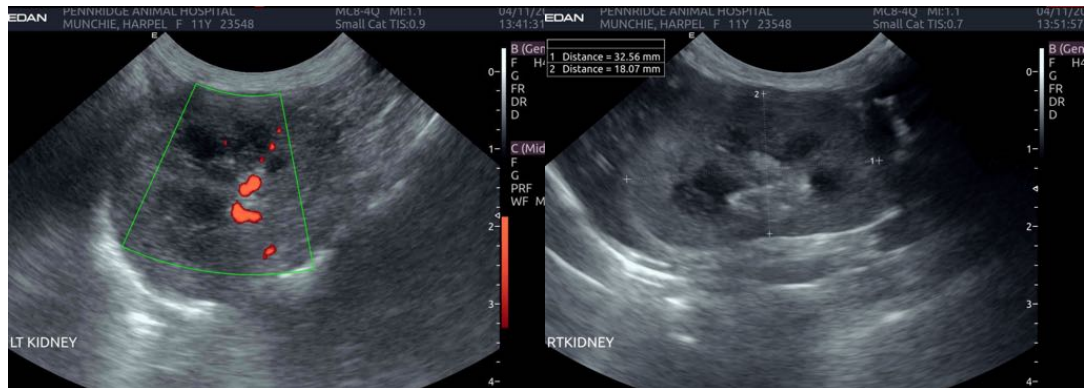
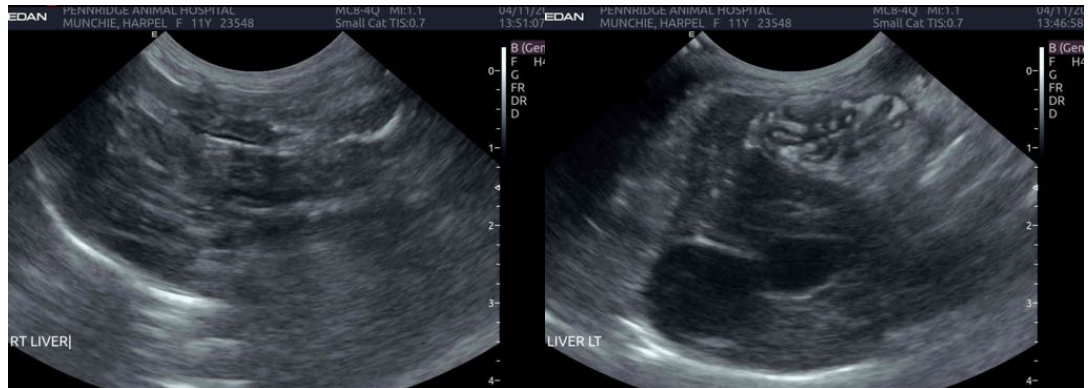
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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