



PATIENT

George Arther Wesley
Young

SPECIES

Feline

BREED

Himalayan

SEX

Neutered Male

AGE

14 Years

WEIGHT

11.94 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Abbey Jones

HOSPITAL NAME

Schultzville AH

REFERRING VET

Dr. Abbey Jones

INVOICE

22066

DATE

4/17/23

PRESENTING CLINICAL SIGNS

History: Patient has been vomiting more over the past 2 months. He is also having a more picky appetite. Patient has been on Doxycycline for several years given a anemia that was responsive to doxycycline, but if taken off the anemia would return. He has a history of a Felv elisa + but PCR negative.

Abnormal PE/Chem/CBC/UA Results: Grade II/VI dental disease, Grade III/VI systolic murmur Blood work was submitted today for full panel and GI panel when ultrasound was performed. Blood work performed in 1/2023 GHP K3.2, all other values normal, CBC Plat 134k/ul, all other values normal

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** 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. This is a moderate change. The left kidney measured 3.8 cm. The right kidney measured 3.8 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evidence of pathology.

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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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.

Gastrointestinal

The **stomach** revealed a fluid filled lumen and stasis. The small intestine was unremarkable. Hard stool was noted in the colon.



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Pancreas

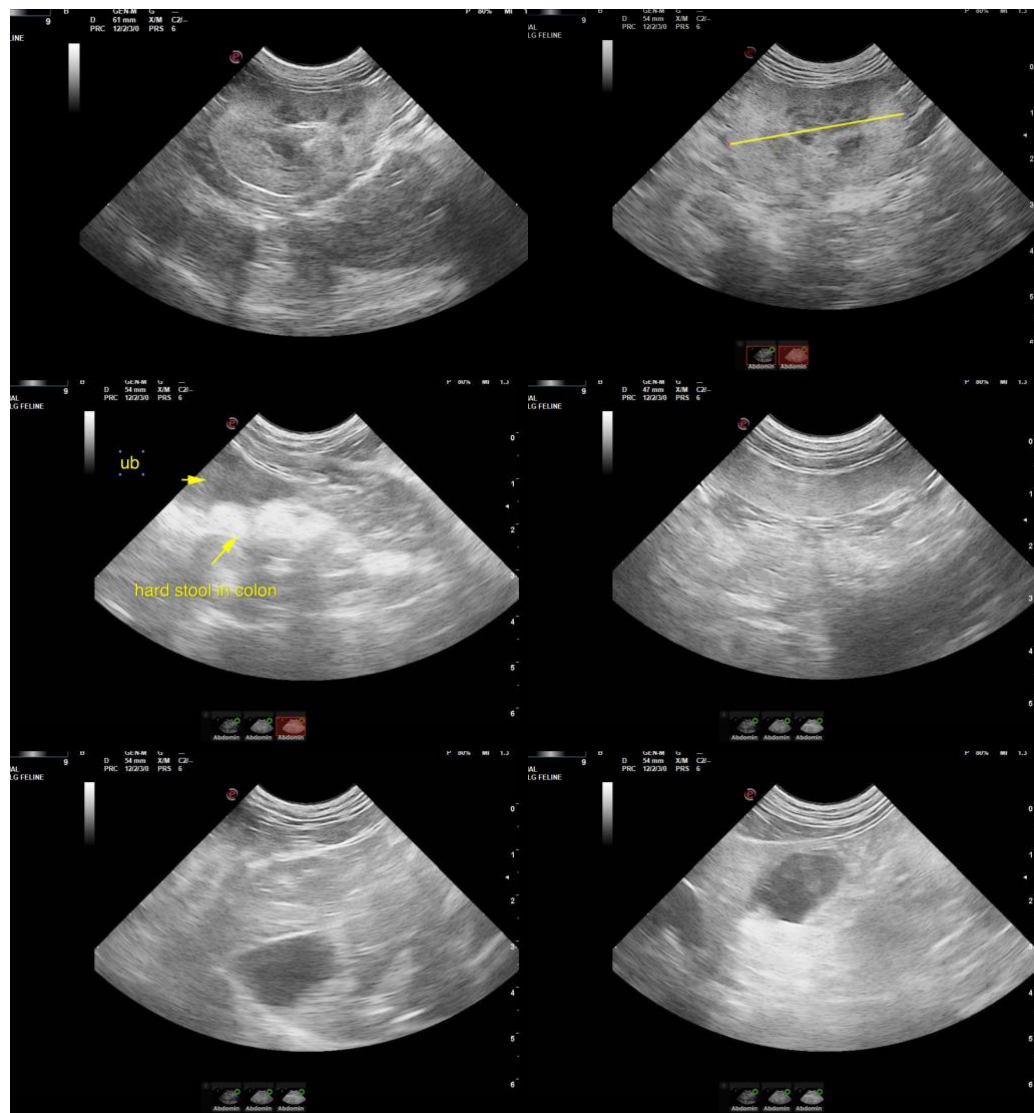
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic interstitial nephrosis renal pattern
- Gastric stasis/gastritis pattern
- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm concerned for long term viability in this patient. BUN creatinine, and urinalysis should be an area of focus, yet structurally the abdomen is unremarkable. Dietary intolerance, occult parasitism or gastritis are all possible.





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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