



PATIENT

Midnight Kennedy

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

12.06 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Elmhurst Animal
Emergency Hospital

REFERRING VET

Dr. Suci

INVOICE

36984

DATE

4/19/22

PRESENTING CLINICAL SIGNS

owner noticed in the last 3 days nasal discharge coming out from the left nostril, there is no sneezing or coughing. He vomited several times in the last 3 days, last time this morning (foam, yellow). Owner thinks he didn't eat much in the last 3 days (dry DM and wet Friskies or Fancy Feast). There are two other cats in the house, getting along well, all indoors. No coughing, sneezing or diarrhea. Midnight has a history of allergies, controlled with Depo Medrol injections (last time given a while ago).
Abnormal PE/Chem/CBC/UA Results: CBC: normal WBC CHEM: high albumin (3.6) high globulin (5.8) high cholesterol (234) EPOC: high hematocrit (56%) CXR: mild cardiomegaly, no lung patterns AXR: normal liver, empty stomach, normal kidneys, no GI foreign material or gas pattern, no obvious masses, formed feces in the descending colon.

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 **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. The left kidney measured 3.56 cm. The right kidney measured 3.87 cm. Cortical infarct noted in the dorsal cortex, appears to be stable. No evidence of active inflammation.

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 right adrenal gland measured 0.30 cm.

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** was uniform with slight coarse architecture. The gallbladder and common bile duct were unremarkable.

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

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

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ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen
- Stable left renal infarct and mild to moderate degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

No evidence of significant visceral disease. However, the cortisone treatment may be suppressing a more significant presentation.

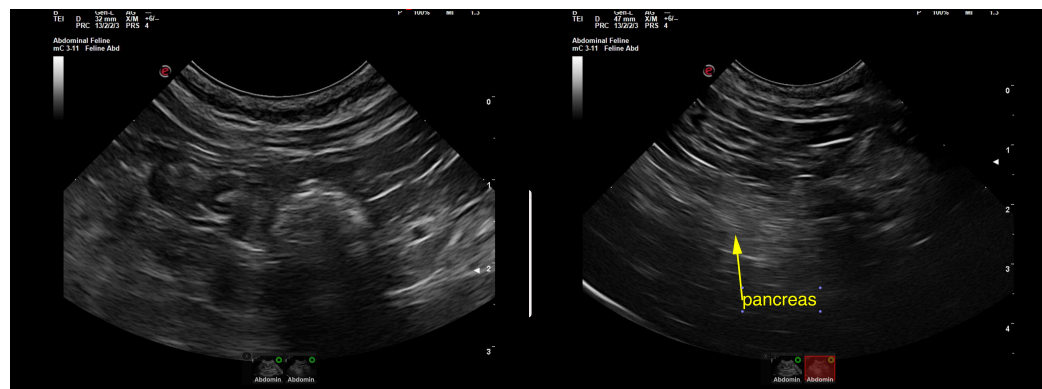
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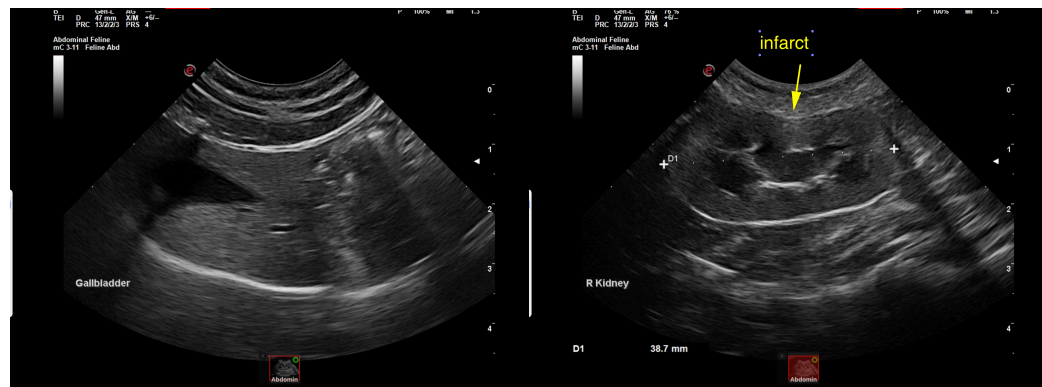
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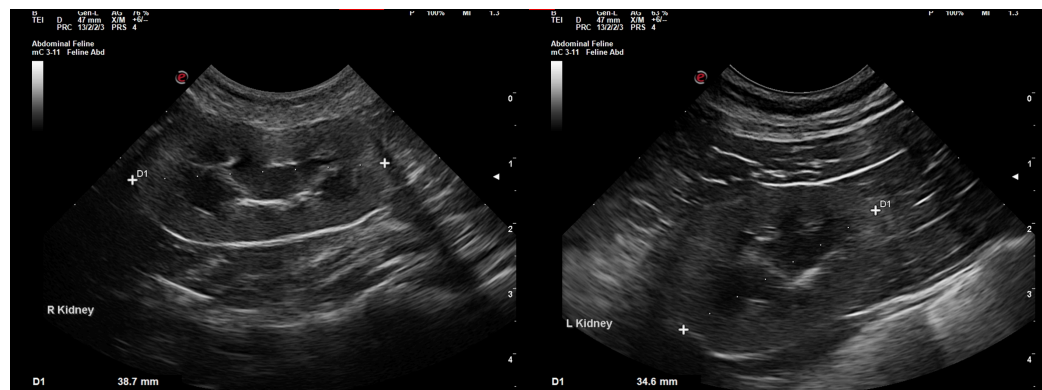
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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