



PATIENT PRESENTING CLINICAL SIGNS

Tulla Young 3/29 - seen for 1 month of sporadic vomiting, then 3/28 developed lethargy and anorexia. Treated with SQ fluids, Cerenia, Patient improved for until a few days ago - hyporexia returned, acting weak, vomiting O declined repeated bloodwork today

SPECIES Abnormal PE/Chem/CBC/UA Results: 3/29: Elevated HCT 57.9, Elevated HGB 18.5 Neutrophilia (mild), eosinopenia Hyperglycemia (resolved on recheck today) Low phosphorus Hyponatremia, Hypokalemia, Hypochloridemia fPL normal UA = USG 1.048, glucosuria, no ketones, inactive sediment

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Domestic Shorthair

Urinary System

SEX

Spayed Female

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 was noted. Ureteral papillae were normal.

AGE

7 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Cortical infarcts and collapse were noted in the left kidney with moderate dystrophic changes. Infarcts were noted in the left kidney, yet appear stable. The right kidney measured 3.13 cm.

WEIGHT

6.7 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

Adrenal Glands

The left **adrenal gland** was uniform and measured 0.31 cm. The right adrenal gland was mildly enlarged and mildly irregular measuring 0.73 cm.

IMAGING PERFORMED BY

Dr. Gunther

Spleen

HOSPITAL NAME

New Frontier AMC

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. Gunther

Liver

INVOICE

99417

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

DATE

4/20/22



PATIENT

Gastrointestinal

Tulla Young

The **stomach** revealed a minor amount of anechoic fluid. The wall thickness was normal. The small intestines and colon were unremarkable. Intestinal wall thickness measured up to 0.29 cm. Soft stool was noted in the ileum.

SPECIES

Feline

Pancreas

BREED

Domestic Shorthair

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

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Enlarged and irregular right adrenal gland. Differentials include hyperplasia versus emerging carcinoma.

AGE

7 years

Non-specific gastrointestinal upset. Supportive care is warranted.

WEIGHT

6.7 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sodium potassium ratio should be evaluated in this patient. If altered then underlying Conn's syndrome owing to right adrenal carcinoma may be an issue as the right adrenal gland is approximately 30% increased in size. Aldosterone levels is recommended and if elevated then a right adrenalectomy and GI biopsies would be appropriate even though structurally the gastrointestinal tract appears unremarkable. Blood pressure measurements are indicated. Dietary indiscretion, enterotoxins, parasitic disease should all be considered.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gunther

HOSPITAL NAME

New Frontier AMC

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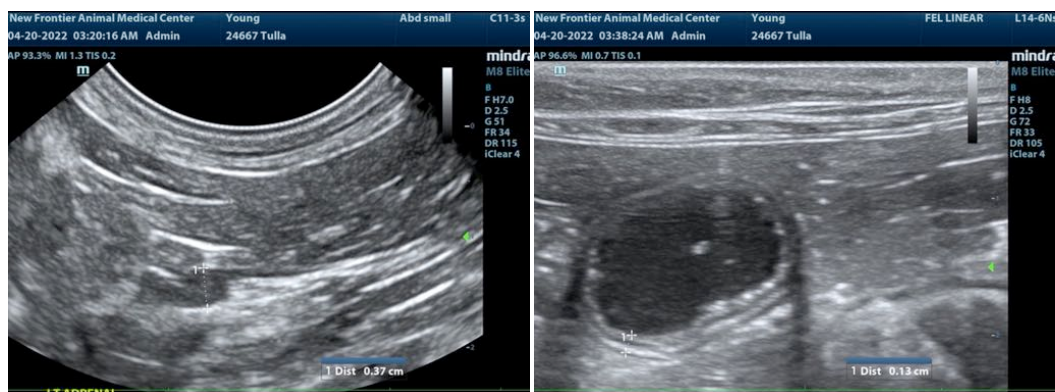
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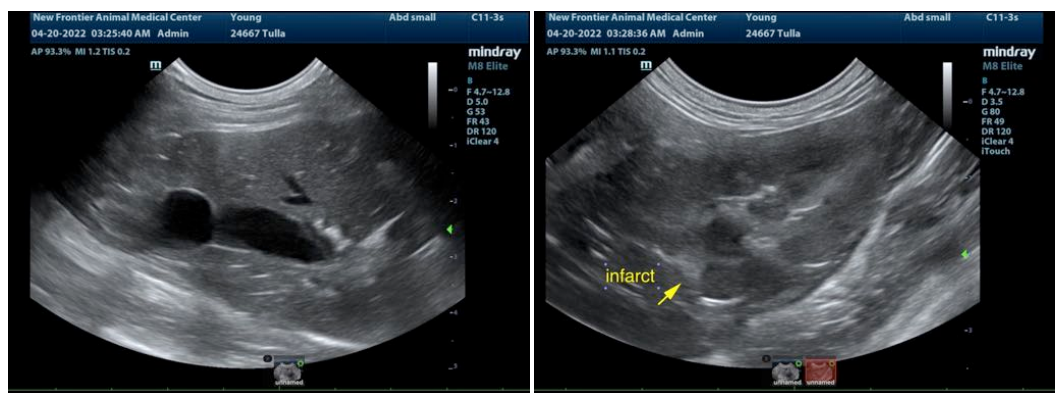
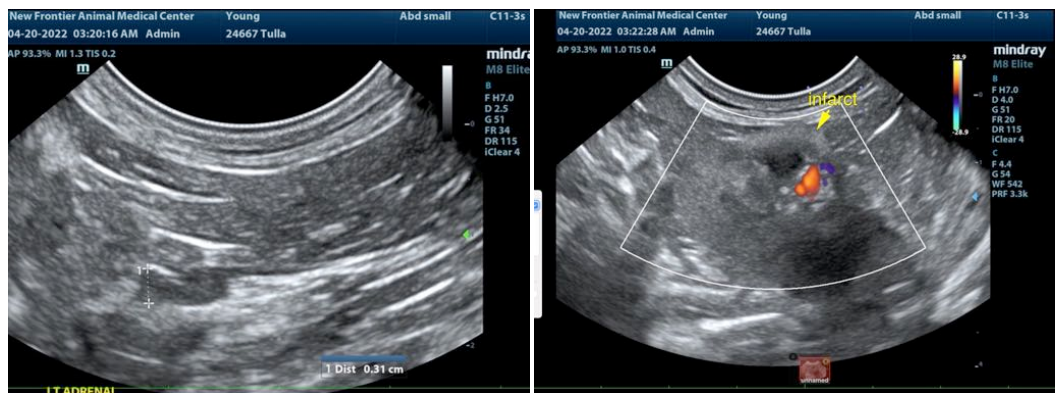
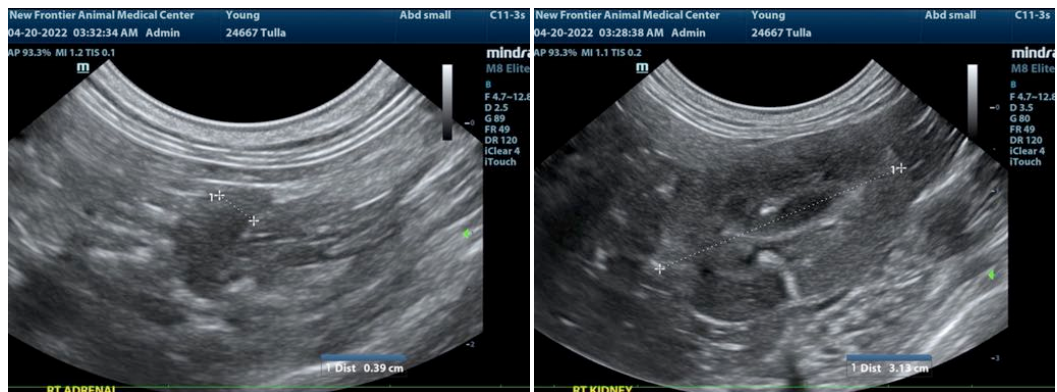
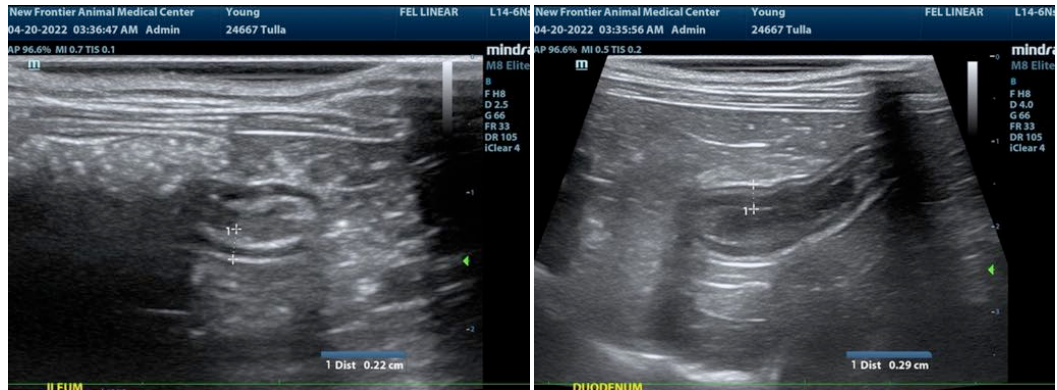
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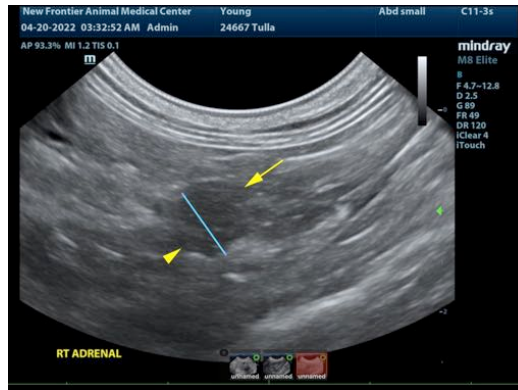
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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