



**PATIENT**

Kurly McCready

**SPECIES**

Feline

**BREED**

Mixed Breed Cat

**SEX**

Spayed Female

**AGE**

18

**WEIGHT**

4.25 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kacie Edwards

**HOSPITAL NAME**

Boren Veterinary  
Medical Teaching  
Hospital- Oklahoma  
University

**REFERRING VET**

Dr. Sypniewski

**INVOICE**

22120

**DATE**

4/21/23

**PRESENTING CLINICAL SIGNS**

History: PERTINENT CLINICAL HISTORY: Lymphoma, hyperthyroidism, anemic- HCT of 12 1) Hyperthyroidism (well managed) 2) Small Lymphocytic Lymphoma; Intestinal (well managed with prednisolone) 3) Anemia of chronic disease 4) Grade 3/6 Heart murmur 5) Decreased appetite 6) Behavioral changes LEADING DIFFERENTIAL/DIAGNOSIS: Immune mediated vs Lymphoma

**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. A dorsal polyp (3.0 mm) was noted in the bladder. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed moderate degenerative changes and cortical infarcts. Ureteral dilation was noted in the right kidney. The right kidney measured 3.69 cm. The left kidney measured 2.91 cm. A hyperechoic medullary rim sign was noted in the left kidney. Blood flow to the kidneys was subnormal.

**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 0.31 cm. The left adrenal gland measured 0.27 cm.

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. The spleen measured 5.0 mm in width.

**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**

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.

**Pancreas**



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The right limb of the **pancreas** was hypoechoic and irregular with undulating contour. 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.

## SPECIES

Feline

## ULTRASONOGRAPHIC FINDINGS

- Infarcted kidneys with moderate degenerative changes, subnormal blood flow and mild strictured right ureter

## BREED

Mixed Breed Cat

- Chronic pancreatic changes

## SEX

Spayed Female

- Urinary bladder dorsal polyp

- Age-related hepatic changes

## AGE

18

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic pancreatic and renal disease are the primary issues in this patient. Hydration status needs to be evaluated given the volume contracted spleen. CBC path review is warranted, as well as assessment of BUN, creatinine, and any inflammatory sediment in the urine. Bone marrow aspirate may be appropriate. No evidence of hemorrhage or overt evidence of neoplasia in the abdomen.

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## REFERRING VET

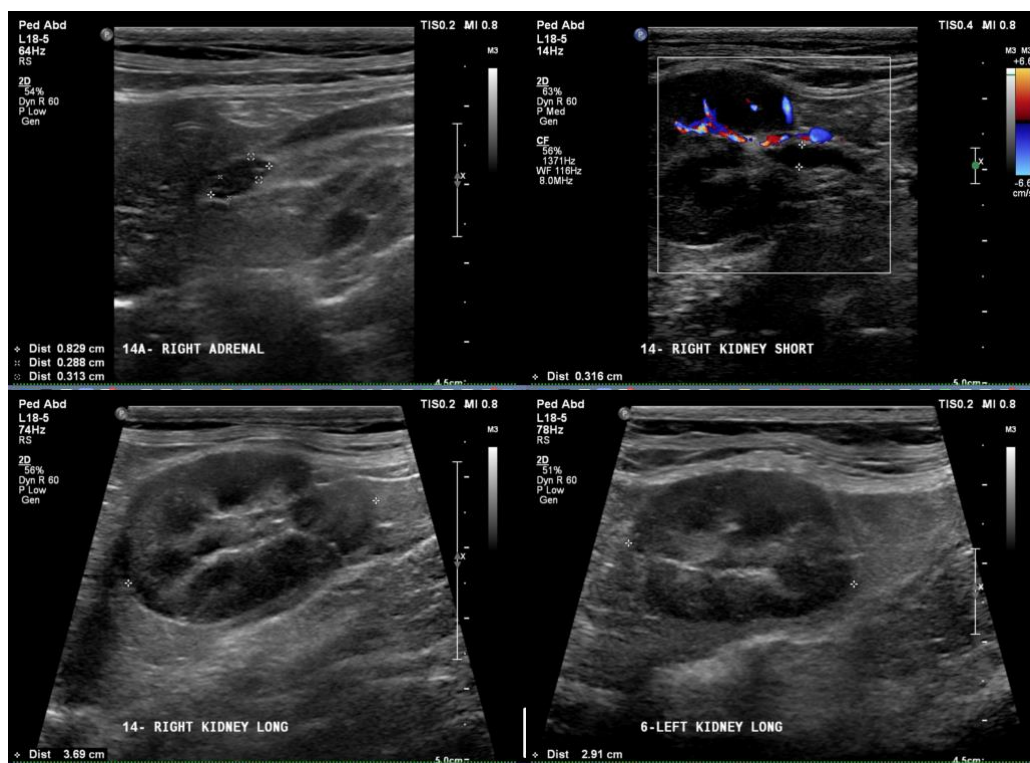
Dr. Sypniewski

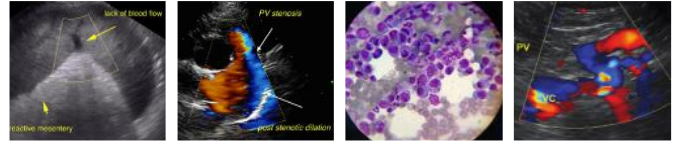
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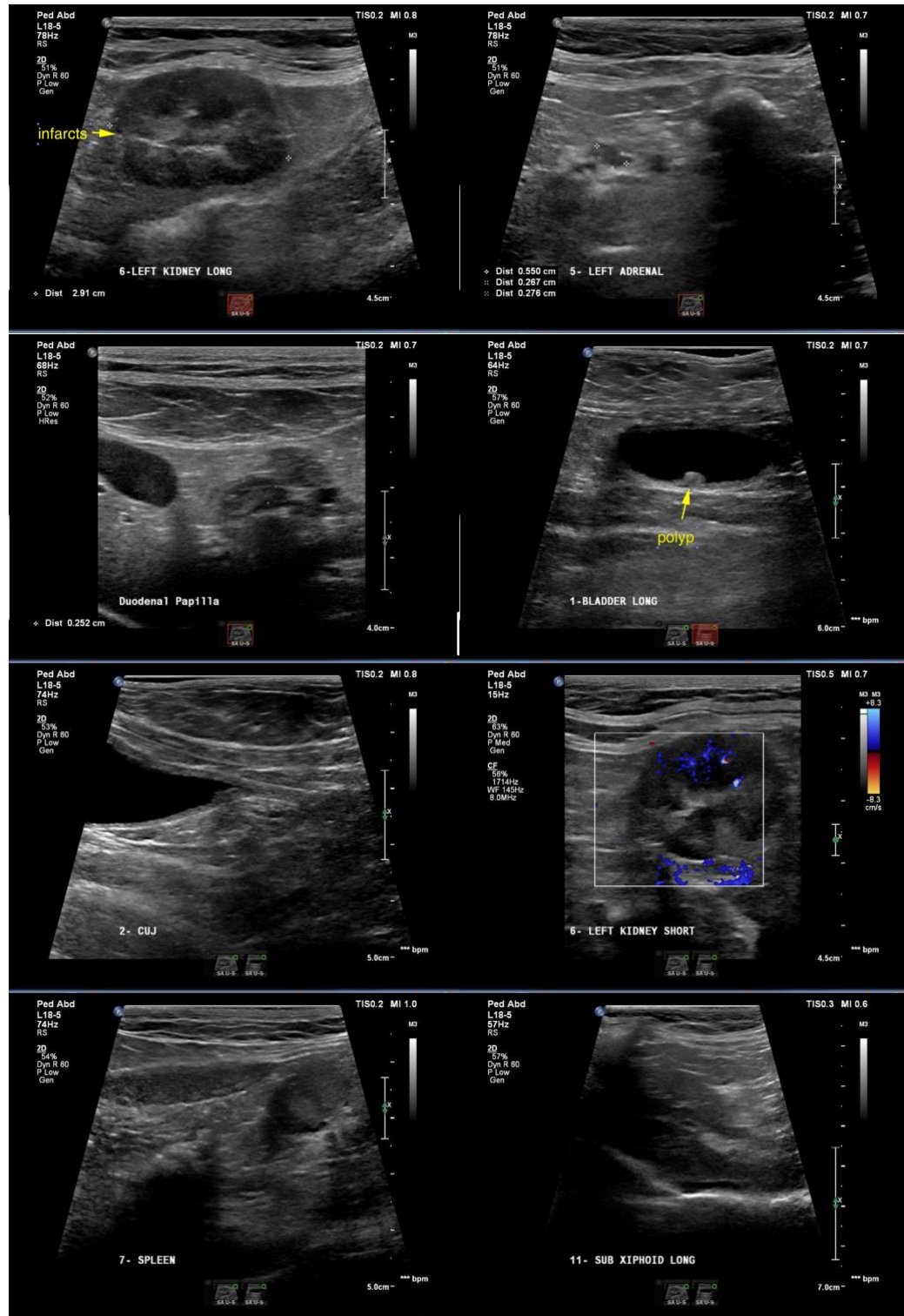
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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