



**PATIENT**

Patches Berg

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

9.2 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Chrissy Krell

**HOSPITAL NAME**

Paws & Prairie AC

**REFERRING VET**

Dr. Chrissy Krell

**INVOICE**

37256

**DATE**

4/27/22

**PRESENTING CLINICAL SIGNS**

Acute onset of lethargy, loss of appetite. Chronic treatment of GI diets, R/D. Not eating or drinking for 1-2 days. No vomiting/diarrhea, FELV/FIV 2011 negative. Painful, in and out of the litter box. Meows a lot more lately - usually very quiet.

Abnormal PE/Chem/CBC/UA Results: TP 9.0g/dL, Alb normal, Gob 5.6g/dL, Creat 0.7, BUN 14, K 2.3mmol/L, Cl 111 mmol/L, fPI Normal, Monocytes 1.08K/uL. Rectal - firm, dry stool in distal colon, AG normal/empty.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Cortical infarcts noted on the left kidney, appears stable, no evidence of active inflammation. The left kidney measured 3.76 cm. Infarcts also noted on the right kidney. The right kidney measured 3.85 cm.

**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 0.32 cm. The right adrenal gland measured 0.40 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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.



**PATIENT**

**Gastrointestinal**

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Examination of the **gastrointestinal tract** revealed empty unremarkable stomach with hyperperistaltic small intestine, consistent with irritable bowel.

**SPECIES**

**Pancreas**

Feline

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.

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DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Renal infarcts and mild degenerative renal changes
- Irritable bowel
- Unremarkable abdomen otherwise

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

Supportive care for GI upset should prove effective in this patient. Other causes of anorexia such as orthopedic/spinal pain should be considered, as the abdomen appears to be stable and more or less benign, other than minor hyperperistalsis in the small intestine.

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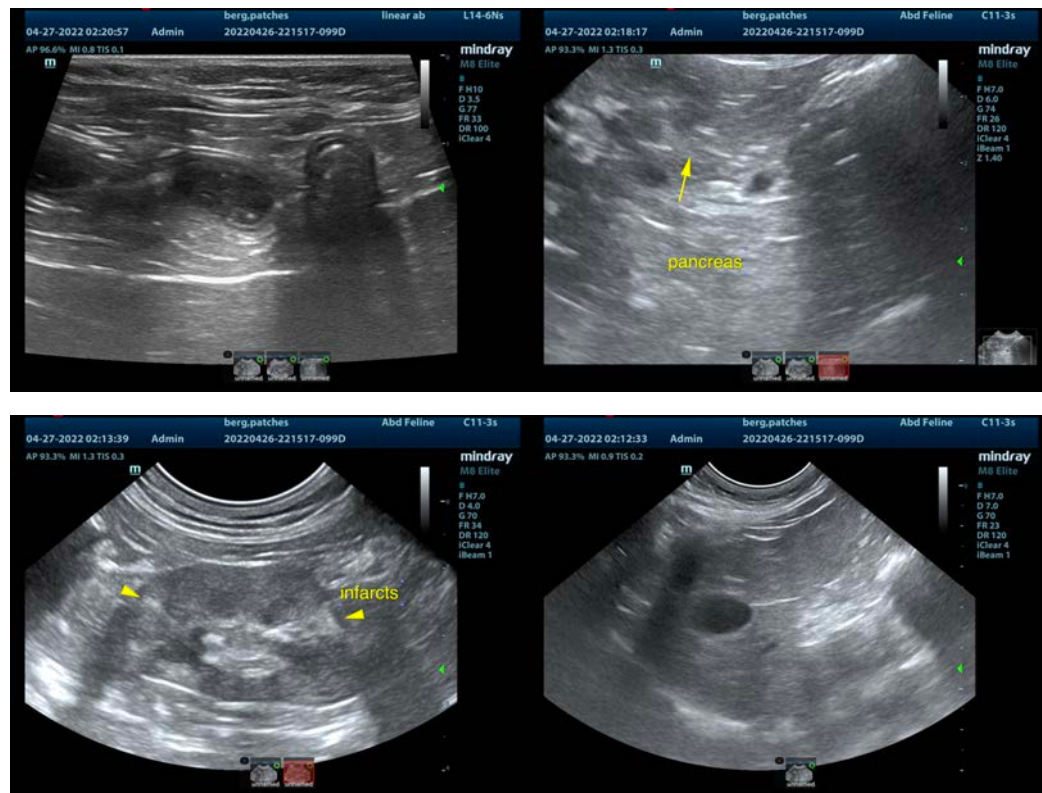
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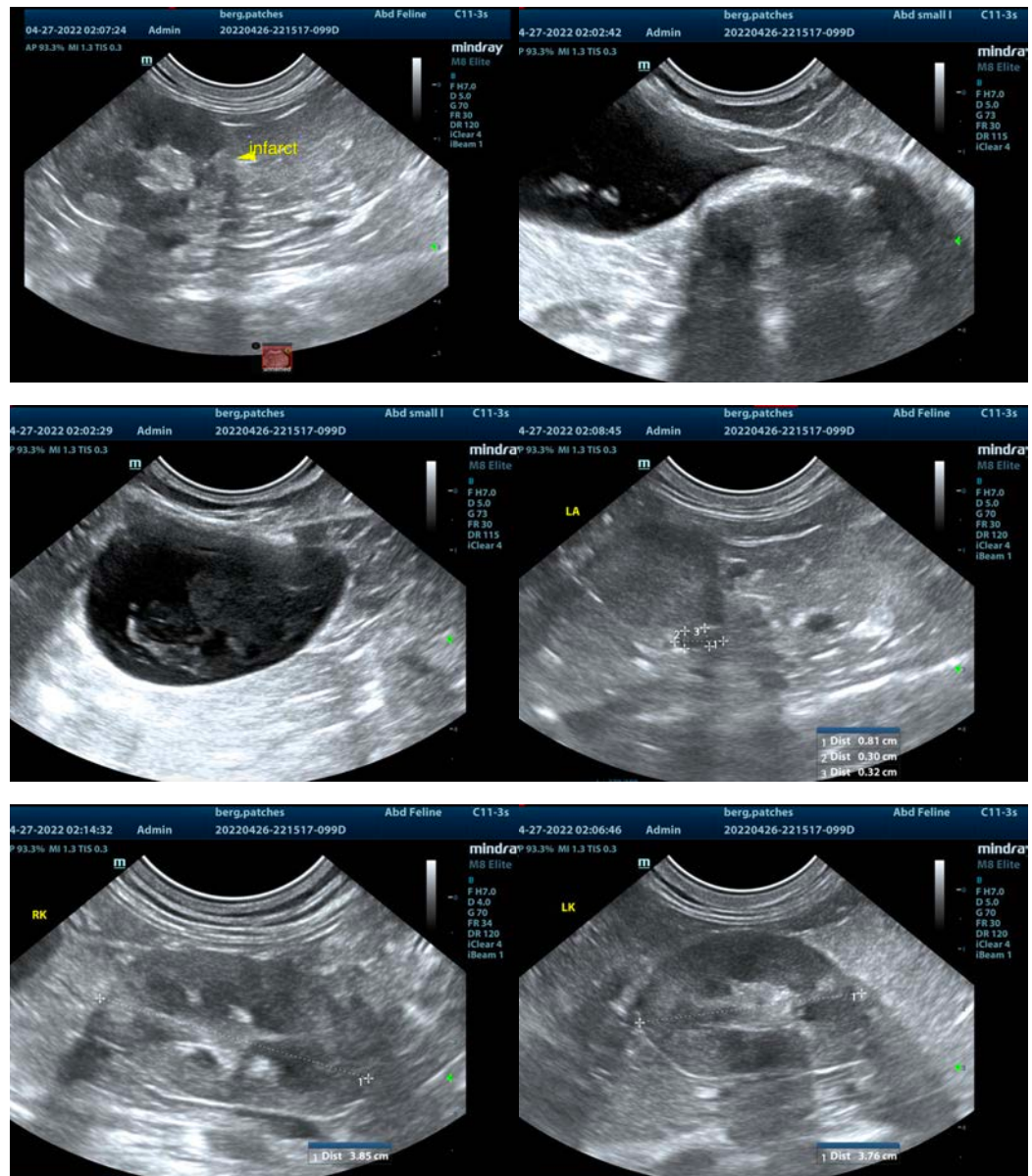
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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