



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Boo Jones  
**SPECIES** Feline  
**BREED** Domestic Longhair  
**SEX** Neutered male  
**AGE** 14 years  
**WEIGHT** 14.4 lbs

Hx of chronically increased renal values and just this week he has vomited a few times, due to size of cat urine was not able to be obtained previously but we did get it today at the time of ultrasound and will be sending out for full UA with culture  
 BUN: 55, Cr: 1.6 (2.4 is high) CBC: WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

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. The right kidney measured 4.25 cm. The left kidney measured 3.89 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 0.7 x 0.4 cm. The right adrenal gland measured 1.1 x 0.5 cm. The right adrenal gland measured 1.1 x 0.5 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 was noted.

**Liver**

The **liver** revealed coarse architecture with increased portal markings. The gallbladder and common bile duct were unremarkable. The patient likely has a history of inflammatory hepatopathy. The gallbladder and common bile duct were unremarkable.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenny Parrish

**HOSPITAL NAME**

Local Mobile VS

**REFERRING VET**

Dr. Parrish

**INVOICE**

30003

**DATE**

4/28/22



**PATIENT**

Boo Jones

**Gastrointestinal**

**SPECIES**

Feline

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Slight reactive mesenteric lymph nodes measuring up to 0.5 cm.

**BREED**

Domestic Longhair

**Pancreas**

The **pancreas** was mildly hypoechoic with slight undulating contour.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Minor intestinal thickening with slight, reactive mesentery lymph nodes.

**AGE**

14 years

Mild hepatic remodeling, consistent with history of inflammatory hepatopathy.

Prominent pancreas.

Age related renal changes.

**WEIGHT**

14.4 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. There was no evidence of neoplasia. Pre-renal disease is likely playing a role with the renal enzyme elevations as the kidneys appear to only have minor degenerative changes.

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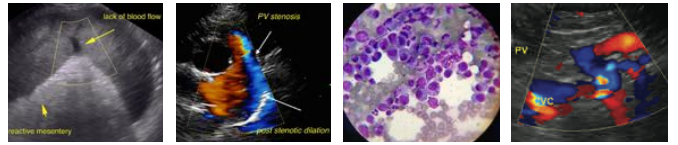


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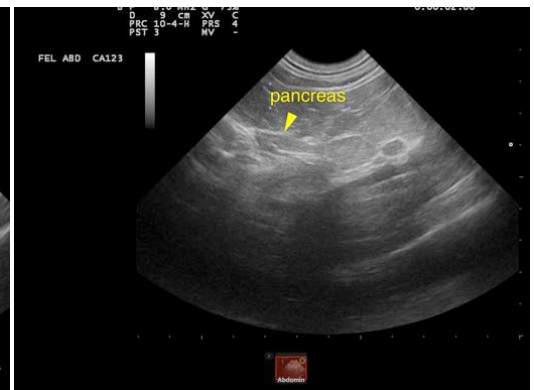
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**PATIENT**

Boo Jones

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.

**SPECIES**

Feline

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.

**BREED**

Domestic Longhair

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

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