



PATIENT

Senator Haynes

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

11.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Cassidy Braverman
CVT

HOSPITAL NAME

Bush AH

REFERRING VET

Dr. Yager

INVOICE

30016

DATE

4/28/22

PRESENTING CLINICAL SIGNS

Presented for oral exam due to discharge from the mouth Has mod periodontal disease Bloodwork showed mild elevation in GGT and monocytosis. Urinalysis showed 1+ bilirubin, and urobilinogen. Cat also has a soft heart murmur

Abnormal PE/Chem/CBC/UA Results: Would like to make sure there is no other underlying pathology to explain the clinical signs and if able to do dentistry. I see some small renal stones, though the renal blood values are normal

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 **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 4.4 cm. The left kidney measured 4.4 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 0.4 cm. The right adrenal gland measured 0.4 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 0.7 cm in width. The splenic lymph node was slightly enlarged at 0.5 cm. This should be monitored. The length to width was maintained.

Liver

The **liver** revealed a tortuous cystic duct with minor over distension of the gallbladder. The changes are largely age related. The liver itself revealed slight coarse architecture with mildly increased portal markings. Occasional, hyperechoic nodule was noted, yet this is not pathological.



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Gastrointestinal

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The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. Some portions of the intestine appear spastic with somewhat nebulous mucosa. These areas should be monitored for potential emerging neoplasia. The mesenteric lymph nodes were slightly enlarged. The length to width ratio was maintained and measured 1.5 x 0.7 cm in width.

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Pancreas

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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ULTRASONOGRAPHIC FINDINGS

Interstitial nephrosis renal pattern.

Mild chronic hepatic changes.

WEIGHT

11.3 lbs

Slight splenic lymphadenopathy.

Age related gastrointestinal changes.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Malassimilation of nutrients may be an issue in this patient or occult neoplasia outside the abdomen. No organ systems within the abdomen meet neoplastic criteria. Screening FNA of the spleen could be considered to ensure a very early round cell neoplasia is not present.

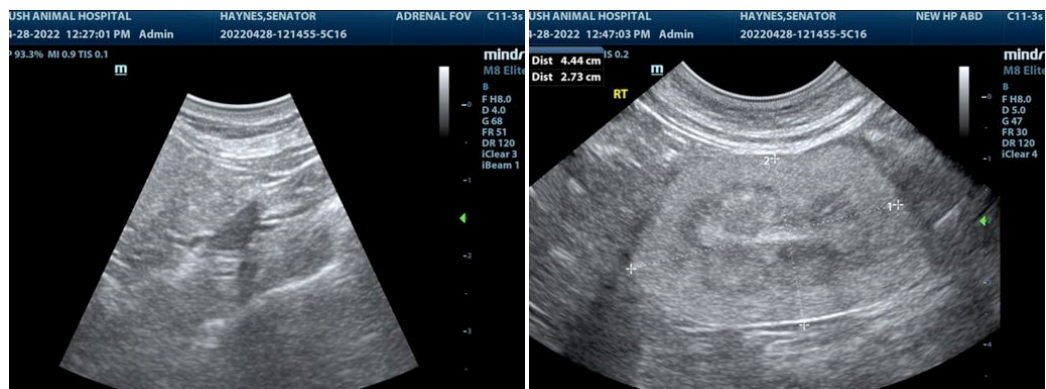
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Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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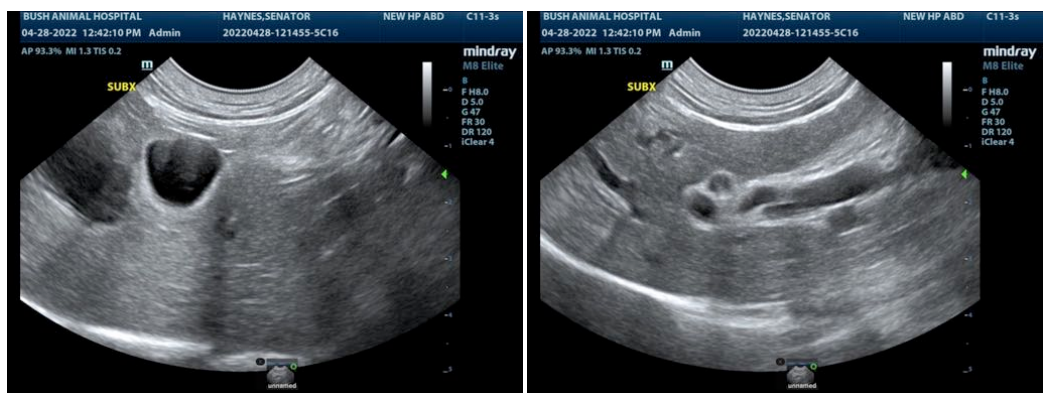
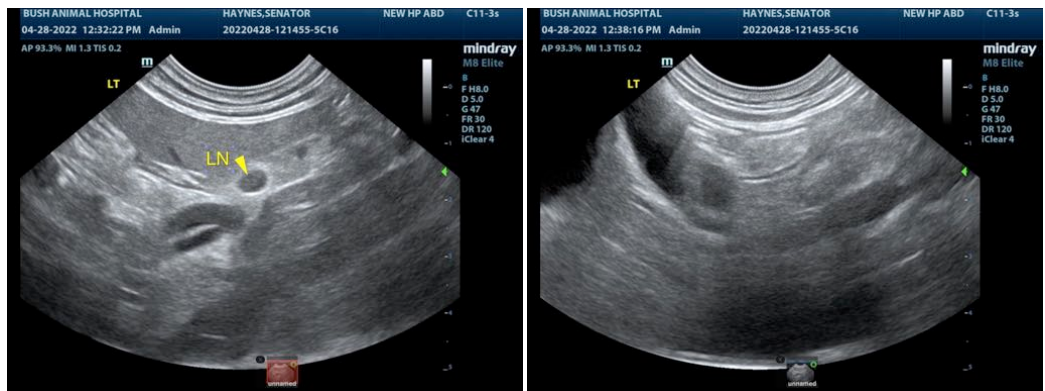
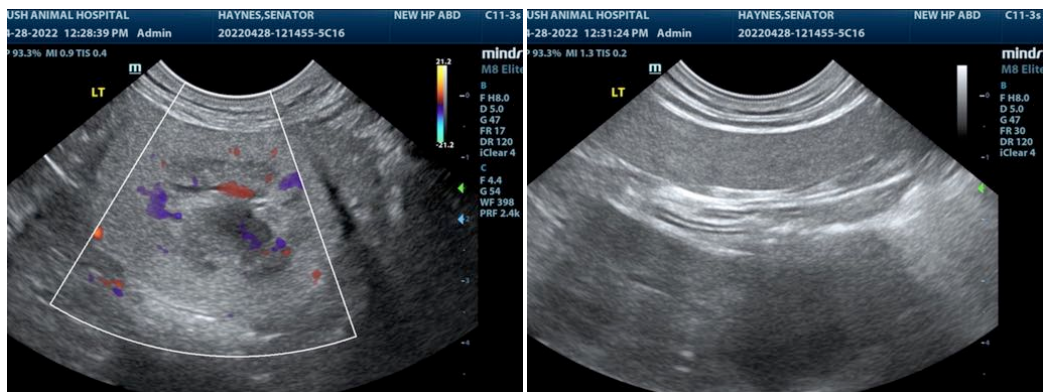
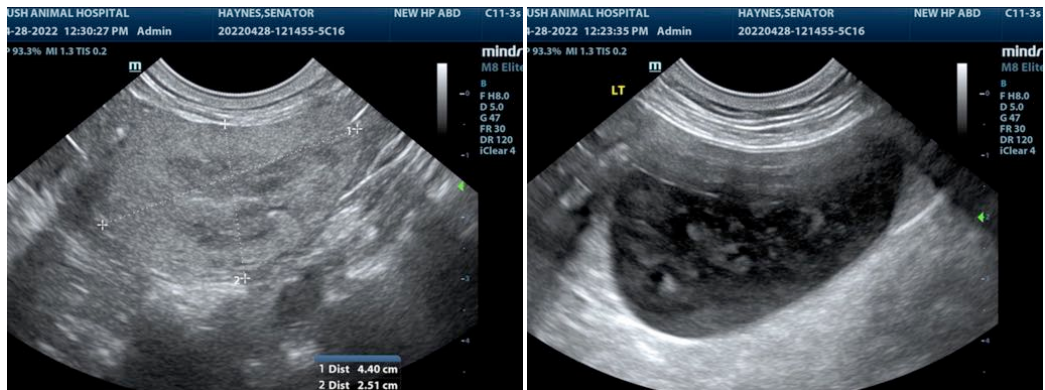
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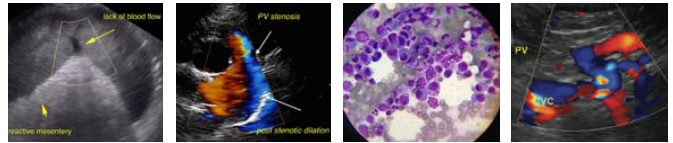
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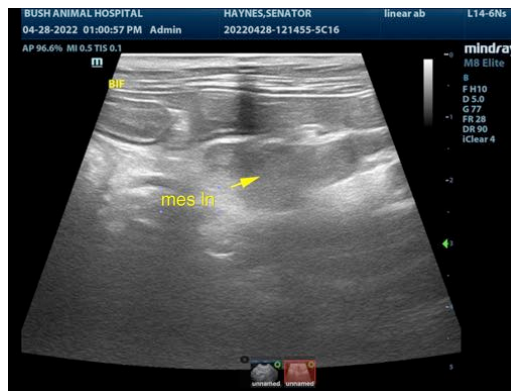
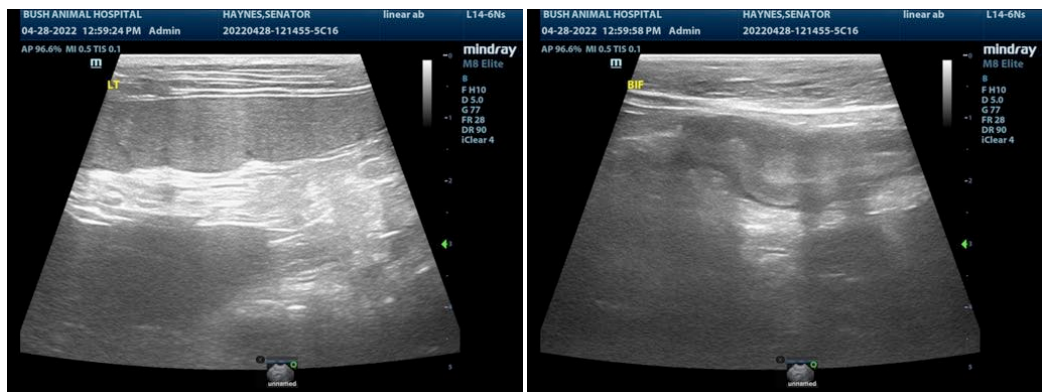
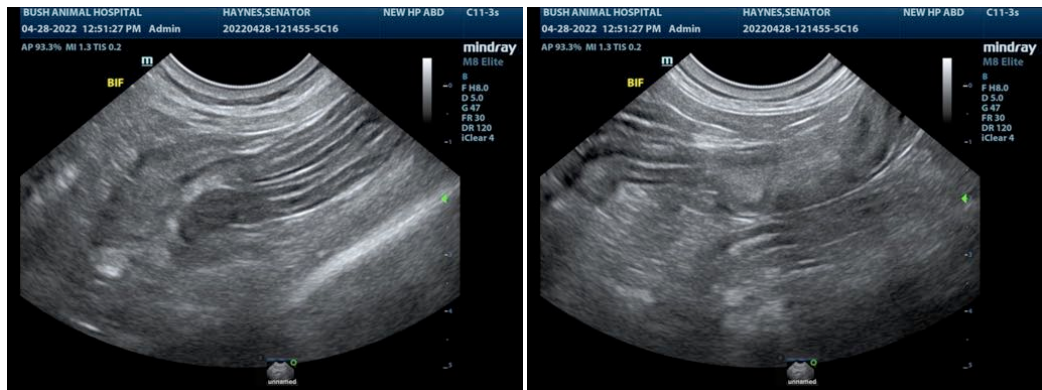
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com