



**PATIENT** PRESENTING CLINICAL SIGNS

Chucky Mayo History: Presented for vocalizing while having a BM

**SPECIES** Abnormal PE/Chem/CBC/UA Results: 15, Glob: 5.4, T4: 3.9, HCT: 28, RBC: 7, WBC: 26, Neut: 16.4, Lym: 4, Mono: 2.57

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DSH 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.

**SEX**

Neutered Male The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 irregularity, infarcts and mineralization noted. The left kidney measured 4.65 cm. The right kidney measured 4.34 cm.

**AGE**

20 Years

**WEIGHT**

7.56 Pounds

*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 0.55 cm. The left adrenal gland measured 0.62 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

*Spleen*

The **spleen** was moderately enlarged, measuring 1.3 cm, uniform.

**IMAGING PERFORMED BY**

A. Rodriguez

*Liver*

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.

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

A. Rodriguez

*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. Transit of chyme in the small intestine appeared to be normal.

**INVOICE**

14984

**DATE**

4/30/22

*Pancreas*



## PATIENT

Chucky Mayo

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

20 Years

## WEIGHT

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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.

### Free Abdomen

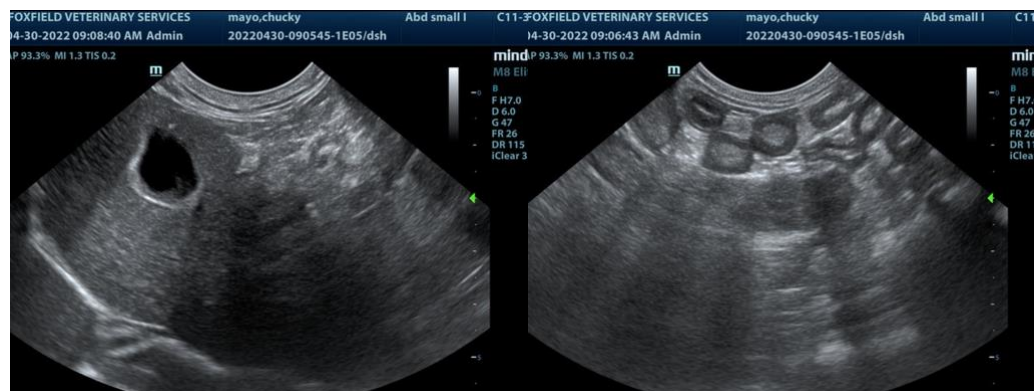
The mesenteric **lymph nodes** were mildly enlarged, reactive, measuring up to 1.5 cm x 1.0 cm.

### ULTRASONOGRAPHIC FINDINGS

- Chronic interstitial nephrosis pattern with mineralization and infarcts
- Minor mesenteric lymphadenopathy
- Enlarged spleen
- Age-related pancreatic changes

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of neoplasia. I recommend FNA of the mesenteric lymph nodes and spleen in this patient to assess for underlying neoplasia. The kidneys appear near end-stage. Renal values should be monitored carefully. Orthopedic disease should be ruled out, especially in the lumbosacral area given the patient history. Guarded prognosis.





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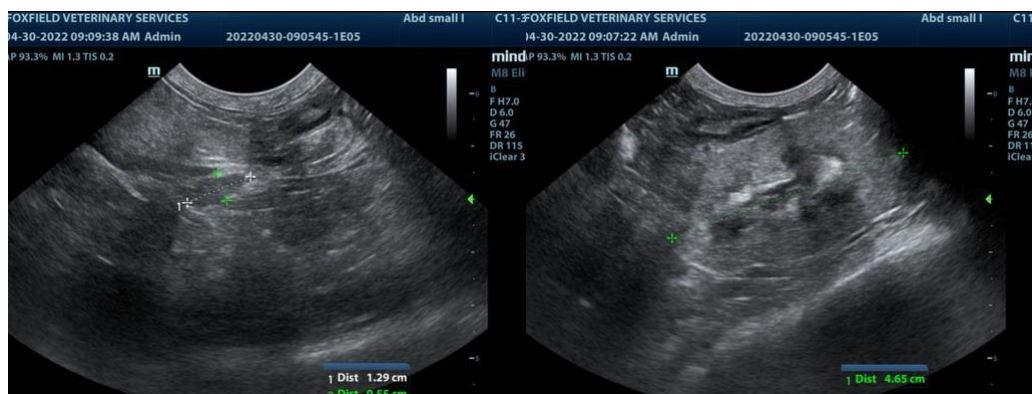
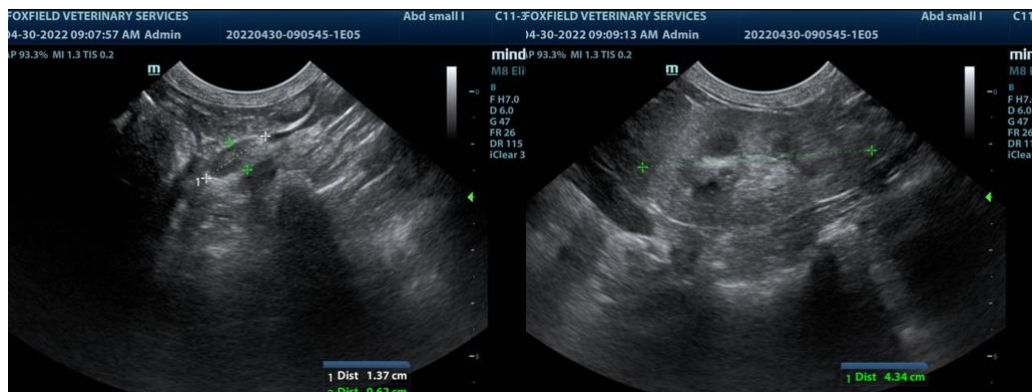
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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