



**PATIENT**

Riddley Thompson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

10.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Harold Mike Beard

**HOSPITAL NAME**

West Prince AH

**REFERRING VET**

Dr. Sharon Stone

**INVOICE**

14578

**DATE**

4/4/22

**PRESENTING CLINICAL SIGNS**

History: Weight loss, PU/PD. RDVM palpated a firm abdominal cranial mass, non-painful.

Abnormal PE/Chem/CBC/UA Results: Radiographs of abdomen = stool with gas in the colon, cranial abd has lack of serosal detail. CBC = normal. Chemistry = hyperglycemia, mild increase in NT-proBNP. UA = glucose in urine.

**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.

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. The left kidney measured 3.3 cm. The right kidney measured 3.3 cm. Blood flow to the kidneys was subjectively subnormal on color flow assessment.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**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** was diffusely hyperechoic to falciform fat. Hepatomegaly also noted. The gallbladder and common bile duct were unremarkable. This change is most consistent with hepatic lipidosis with potential for underlying occult neoplasia. Trace free fluid was noted between the liver lobes.

**Gastrointestinal**

The **stomach** revealed soft partially shadowing material, measuring approximately 1.0 cm. The distal small intestine revealed variable thickening with the beginnings of loss of submucosal integrity. The colon was filled with stool.

**Pancreas**

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

**ULTRASONOGRAPHIC FINDINGS**



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- Variable intestinal thickening
- Hepatic lipidosis liver pattern with trace free fluid noted between the liver lobes
- Hypochoic pancreas with undulating contour
- Age-related renal changes

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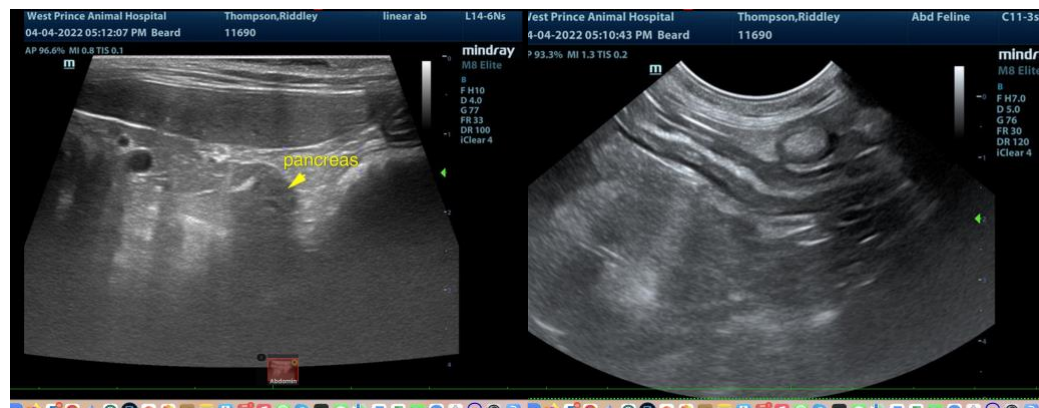
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt neoplastic criteria present. This presentation is most consistent with acute on chronic inflammatory with history of pancreatitis and hepatic lipidosis. No overt masses noted. However, hard stool may be palpable and thickened intestines palpable. If no alkaline phosphatase elevation is present, then the lipidosis pattern is likely not overtly clinical.

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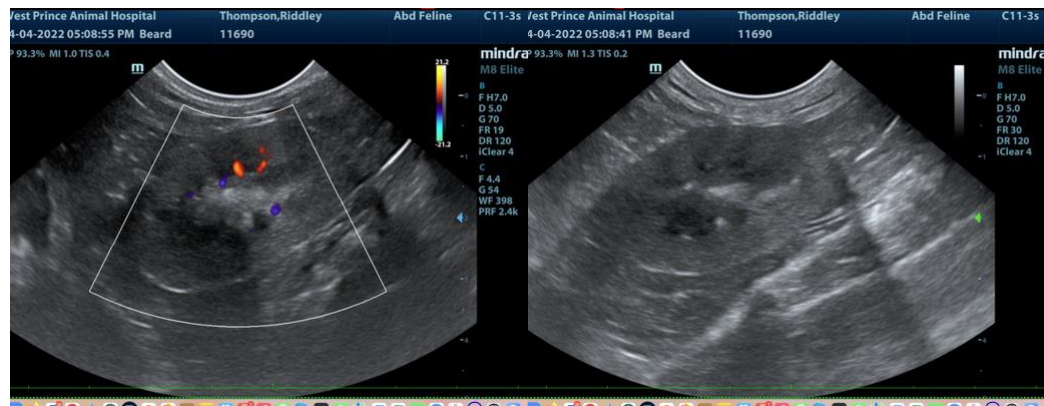
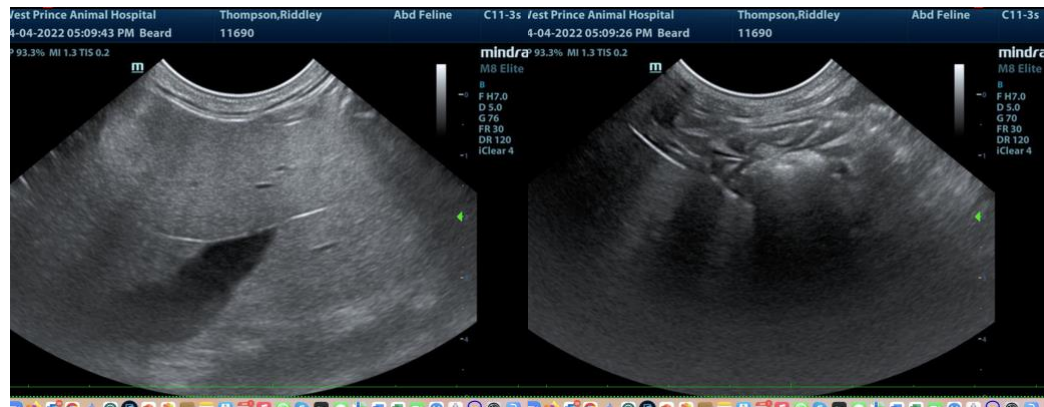
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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