



**PATIENT**

Gracie Calderone

**SPECIES**

Feline

**BREED**

Russian Blue

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

3.7 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Matthew Olcha

**HOSPITAL NAME**

East Meadow VC

**REFERRING VET**

Matthew Olcha

**INVOICE**

22435

**DATE**

5/10/23

**PRESENTING CLINICAL SIGNS**

History: Presented for referral for AUS. P has a poor appetite with intermittent vomiting for the past couple weeks. Patient is on daily prednisolone for suspected allergic skin disease; pruritus reported to be well controlled on prednisolone.

Abnormal PE/Chem/CBC/UA Results: Last bloodwork performed in Dec of 2022 showed mild non-regenerative anemia (HCT 24.6%) and AST of 75. CBC/Chemistry/T4/UA was recommended today.

**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 **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 3.0 cm.

The **right kidney** was irregular in contour with cortical collapse and mild enhanced pericapsular inflammatory pattern. Capsular expansion was noted at the dorsal cortex. 25-gauge FNA is warranted to assess for hyperplastic nodule vs emerging round cell neoplasia or carcinoma.

**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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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.

**Gastrointestinal**



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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.

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## Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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.

## SEX

Spayed Female

## ULTRASONOGRAPHIC FINDINGS

- Irregular right kidney, concern for infarcts and hyperplasia vs emerging neoplasia
- Age-related abdominal changes elsewhere

## AGE

14 Years

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA is indicated. CB path review is warranted given the anemia. Prednisone may be suppressing a more significant presentation, such as renal lymphoma.

## WEIGHT

3.7 kg

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## IMAGING PERFORMED BY

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## REFERRING VET

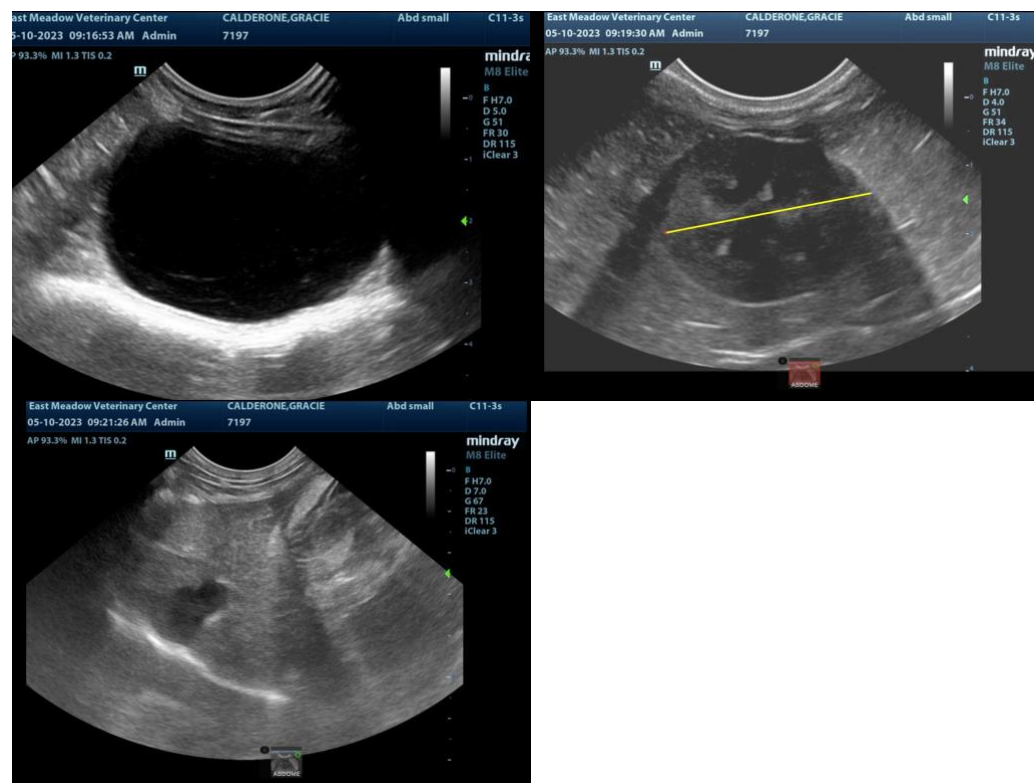
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

**SPECIES**

Feline

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

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