



**PATIENT**

Sox Price

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male

**AGE**

6.5 Years

**WEIGHT**

7.4 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Laura Cordon

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. Laura Cordon

**INVOICE**

37630

**DATE**

5/12/22

**PRESENTING CLINICAL SIGNS**

anemic, cardiomegaly, 4 week history of weight loss, decreased appetite and lethargy, seen by regular vet of hct 10% , increased ALP  
Abnormal PE/Chem/CBC/UA Results: Pale gums, mildly tense on abdomen. X rays show cardiomegaly

**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 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 infarcts noted in both kidneys. The right kidney measured 3.7 cm. The left kidney measured 4.47 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 0.39 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 were noted.

**Liver**

The **liver** was diffusely hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable. This is most consistent with hepatic lipidosis. Coagulation panel and 25-gauge FNA indicated to ensure no underlying significant disease is present.

**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.

**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**

- Hepatic lipidosis pattern
- Mild to moderate degenerative renal changes with cortical infarcts

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CBC path review warranted. Blood transfusion necessary prior to sampling the liver. Bone marrow aspirate likely indicated. However, other than the hepatic presentation and degenerative renal changes with infarcts, there is no evidence of significant abdominal disease.

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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.

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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.

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

[info@SonoPath.com](mailto:info@SonoPath.com)

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