



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Precious Alton
SPECIES
Feline
History: The last month has really deteriorated and has lost 0.6kg. Doesn't seem to want to eat or drink. Seems painful urinating. Urine is orange in color. Had an episode of blood in vomit. Unsure if spayed. In door only.

BREED
DSH
Abnormal PE/Chem/CBC/UA Results: Quiet and dull. 7% dehydrated. T: 38.2 (normal). Painful on cranial and caudal palpation of abdomen. Mass felt in the caudal abdomen just cranial to the bladder. Weight loss and muscle loss. CBC: mild neutrophilia 27.5 (2.5-14). High normal RBC (dehydration?). Thrombocytopenia- clumping on blood smear. Chemistry: ALP mild elevation 102 (10-90), ALT mild elevation 113 (20-100). Mild hyperglycemia 12 (3.9-8.3). SDMA 13 (N<14). U/A: 14 RBC, 14 WBC, 1+ Cocci, 2+ bilirubin, 4+ glucose??, 3+ protein, USG: 1.060. FELV/FIV negative.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Female *Urinary System*

AGE
14 Years
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.

WEIGHT
3.1
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 3.0 cm. The right kidney measured 3.0 cm. Slight pinpoint mineralizations were noted in the right kidney.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

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

IMAGING PERFORMED BY

Dr. Katie Graves

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.

HOSPITAL NAME

Deer Park PH

REFERRING VET

Dr. Katie Graves

Liver

The visible portion of the **liver** revealed coarse architecture, increased portal markings, consistent with nonspecific mild remodeling. The gallbladder and common bile duct were not visualized.

INVOICE

15209

Gastrointestinal

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. No obvious neoplastic patterns were noted and luminal content as unremarkable.

DATE

5/13/22



PATIENT

Pancreas

Precious Alton

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.

SPECIES

Feline

Free Abdomen

A cystic mesenteric **lymph node** was noted, measuring 4.0 cm. A colic lymph node was mildly enlarged, measuring 1.0 cm, length to width ratio was maintained. Ultrasound guided FNA of the colic node recommended

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Female

- Geriatric abdomen with regional caudal lymphadenopathy
- Minor intestinal thickening
- Hepatic remodeling

AGE

14 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of neoplasia, however, emerging round cell neoplasia cannot be ruled out. 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.

WEIGHT

3.1

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Katie Graves

HOSPITAL NAME

Deer Park PH

REFERRING VET

Dr. Katie Graves

INVOICE

15209

DATE

5/13/22





PATIENT

Precious Alton

SPECIES

Feline

BREED

DSH

SEX

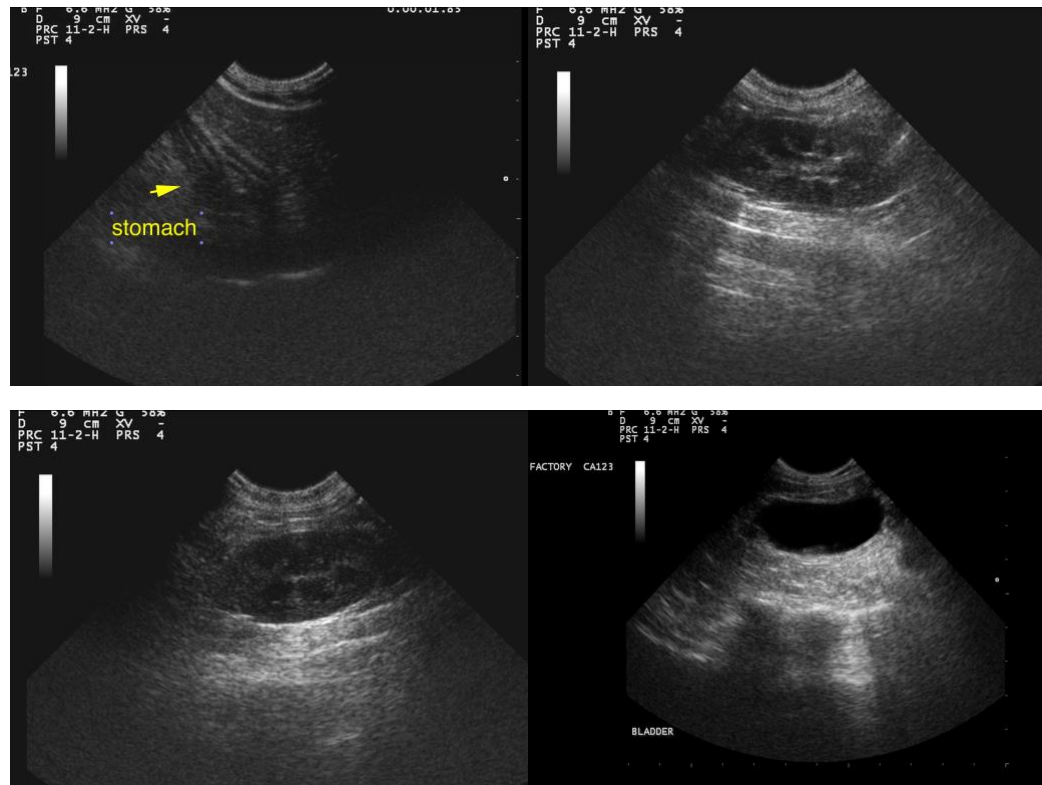
Female

AGE

14 Years

WEIGHT

3.1



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Katie Graves

HOSPITAL NAME

Deer Park PH

REFERRING VET

Dr. Katie Graves

INVOICE

15209

DATE

5/13/22

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