



PATIENT PRESENTING CLINICAL SIGNS

Miss Kitty Cyr

Was on the z/d and she had diarrhea so we went back to the Ultamino. She ate well, no vomiting, no diarrhea. Owner was out of town for a few days. This week she has slowly been eating less and did vomit a few times this week. Small formed stool. No diarrhea. Owner did give her a dose of Cerenia today and she did eat some z/d today.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: NSF in CBC. Some clumped PLT SDMA = 16. CK = 860 spec fPL = 2.6 T4 is wnl at 2.3 Urinalysis: spgr 1.041, ph = 6.5, 3+ protein, 3+ blood, 2-5 wbc, 1+ epi cells Current Medications Cerenia 16mg 1/4 tab SID

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed Female

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.

AGE

14 Years

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.64 cm. Cortical infarcts noted in the right kidney. The right kidney measured 3.69 cm.

WEIGHT

12.85 Pounds

INTERPRETED BY

Adrenal Glands

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.48 cm. The right adrenal gland measured 0.56 cm.

IMAGING PERFORMED BY

Spleen

Sara Hansen

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

Countryside AC

Liver

REFERRING VET

Dr. Cox

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.

INVOICE

37769

DATE

Gastrointestinal

5/18/22



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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.

Pancreas

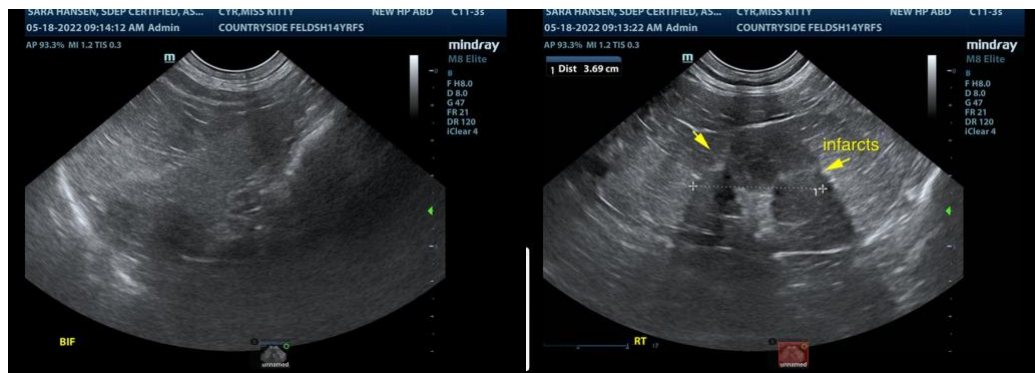
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Renal infarcts and moderate degenerative changes, appears stable

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

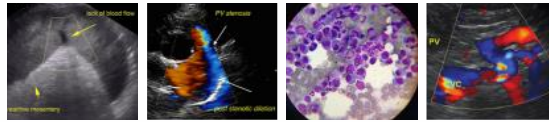
No evidence of significant pathology. The infarcts appeared to have occurred in the past. No evidence of active inflammation present. They appear stable. Supportive care should prove effective.



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.

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



PATIENT info@SonoPath.com

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