



PATIENT

Dovahkiin Gonzalez

SPECIES

Feline

BREED

Savannah

SEX

NM

AGE

9 years

WEIGHT

9.4 pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jacquie Preston

HOSPITAL NAME

All Creatures Animal
Hospital South Hill

REFERRING VET

Dr. Jacquie Preston

INVOICE

10514ag

DATE

05/02/2022

PRESENTING CLINICAL SIGNS

History: P has history of weight loss in spite of ravenous appetite (about 1.5lbs of weight loss). On labwork P had elevated ALT (201) and AST (69). T4 WNL (2.3). P has 2+ proteinuria with well concentrated urine (1.048) Remainder of labwork unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 1 cm. The ureters were not visible which is normal. A minor amount of dependent debris and sand noted, non-obstructive at the time of this sonogram. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The left kidney exhibited cortical infarcts in the dorsal and cranial cortex as well as minor pyelectasia. The right kidney exhibited a cortical infarct at the cranial pole as well as other smaller infarcts.

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 right adrenal gland measured 0.5 cm in width.

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 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.

Gastrointestinal

The stomach revealed fluid filled luminal dilation. The intestine was 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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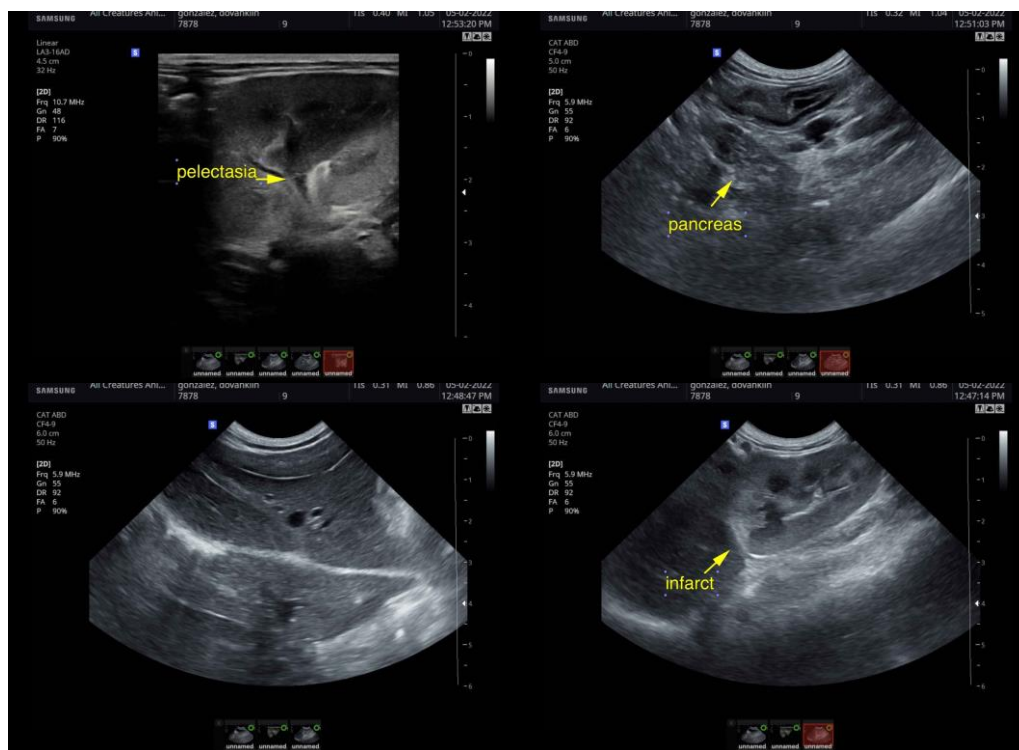
The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Renal infarcts, minor pyelectasia in the left kidney
- Minor pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt cause of visceral disease that would be responsible for the patient's weight loss. Intrinsic renal cortical disease is likely, causing infarcts and proteinuria.





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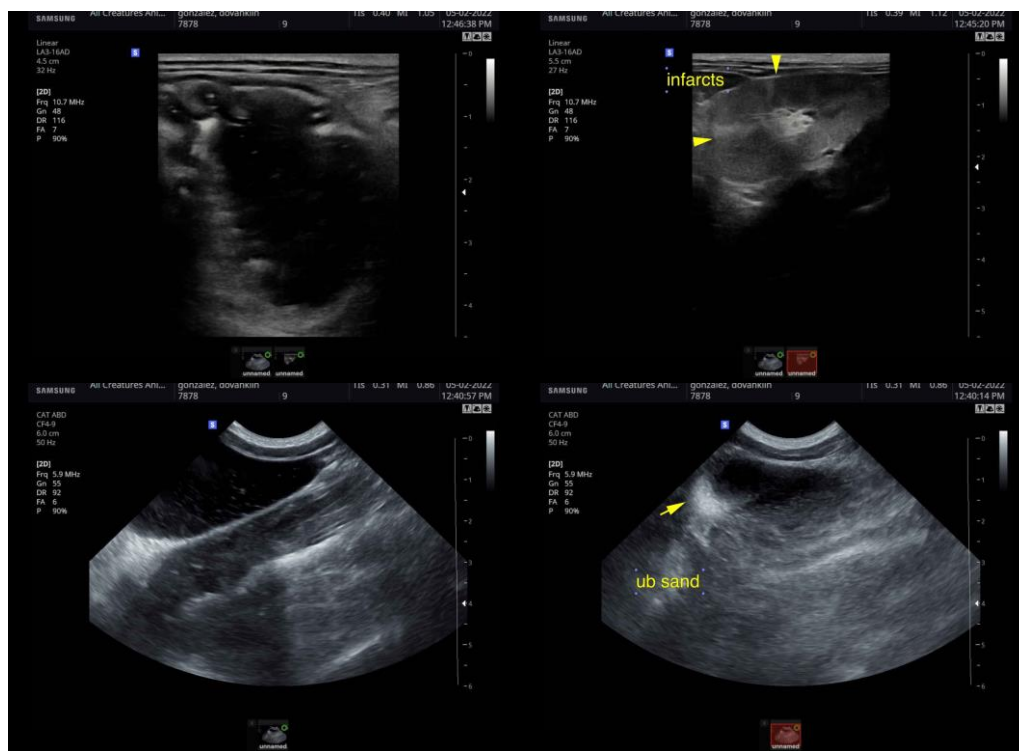
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com