



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Chloe Smulowitz

**SPECIES**  
Feline

**BREED**  
Persian

**SEX**  
Spayed Female

**AGE**  
14 years

**WEIGHT**  
6.1 lbs

**INTERPRETED BY**  
Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**  
Dr. Bucha

**HOSPITAL NAME**  
Harveys Lake VC

**REFERRING VET**  
Dr. Bucha

**INVOICE**  
30699

**DATE**  
5/24/22

Patient presented 5/3/22 for blood present in the stool. Patient presented 1 yr prior in 6/2021 for the same - scanned history and lab work that was performed 1 year ago for reference. Owner has noted some red blood present in the stool for approximately the past month. Physical Exam 5/3/22: - missing some incisors, moderate calculus present Weight: 6 lbs 3.5 oz BCS: 5 /9 P: 140 R: 25 Patient was given Gabapentin 50mg 1 tablet last night and another 2 hrs prior to appointment this morning. Patient was also given Torbugesic 0.05cc IV (0.5mg - given twice) when needed during the ultrasound.

Abnormal PE/Chem/CBC/UA Results: Lab Work performed 5/3/22 - all results are scanned and attached to case also - also lab results from 6/2021 are scanned and attached to case for comparison. -Chem Panel with T4 and SDMA: GLOB: 5.2 Norm: 2.8 to 5.1 Na: 166 Norm: 150 to 165 All Else WNL -CBC WBC: 33.78 Norm: 2.87 to 17.02 NEU: 26.79 Norm: 2.30 to 10.29 MONO: 1.08 Norm: 0.05 to 0.67 BASO: 0.46 Norm: 0.01 to 0.26 All Else WNL -FpL Snap - Normal -Urinalysis: SG: 1.037 pH: 7.0 All Else WNL -AFast Ultrasound: Total Fluid Score: 0 All unremarkable Renal cysts noted in both kidneys CBC for pathologist review submitted to Idexx: No infectious organisms or overtly malignant cells were noted Complete reports attached to case. Abdominal Ultrasound performed today 5/24/22

**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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Occasional cortical cyst was noted. The right kidney measured 3.09 cm with corticomedullary mineralization. The left kidney measured 3.47 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 0.18 cm. The right adrenal gland measured 0.23 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 was noted.



**PATIENT**

**Liver**

Chloe Smulowitz

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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. A 1.0 cm cystadenomatous type lesion was noted adjacent to the gallbladder. This is not pathological. Other minor cysts were noted. The right lateral liver revealed a 1.0 cm anechoic cyst. 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.

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**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**

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 was mildly dilated. The pancreas measured 3.0 cm.

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**ULTRASONOGRAPHIC FINDINGS**

Minor polycystic renal presentation.

**IMAGING PERFORMED BY**

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Minor polycystic liver presentation.

Age related pancreas with a dilated duct.

Largely geriatric abdomen.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

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The cystic changes are not pathological. They may be secondary or owing to primary polycystic disease. The changes are not clinically significant. The cause of elevated white count is unclear in this patient. No obvious evidence of visceral disease with inflammation. Given the Persian breed status a mild form of polycystic kidney and polycystic liver are likely. Supportive care should prove effective.

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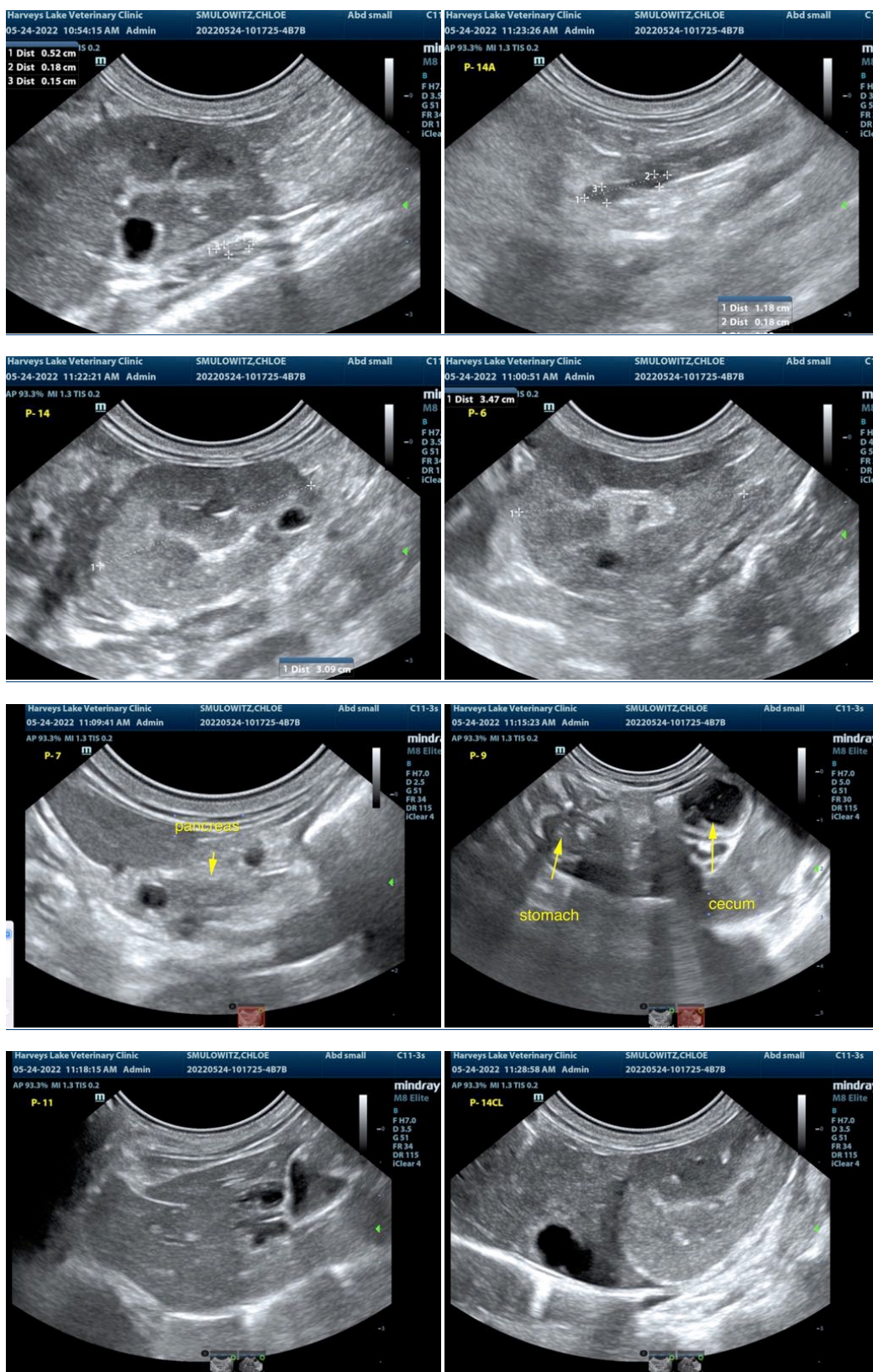
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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