



PATIENT

Sweeti Risner

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed Female

AGE

19 years

WEIGHT

4.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Kinney

INVOICE

30750

DATE

5/26/22

PRESENTING CLINICAL SIGNS

Sweeti is an almost 19-year old DMH who presented on 5/19/22 to have teeth checked. Periodontal disease and possible early kidney disease were diagnosed Fall 2019. Sweeti had not been seen since. Owners reported not eating for ~2 weeks and they have tried various foods, there was some vomiting a few days prior to visit on 5/19 Physical exam: very depressed/weak, very thin BCS 3/9, dehydrated, very small kidneys on palpation, an area of thickened nodular feeling intestines (or other abdominal structure) palpated-possible lymphnodes? severe dental calculus build up, blood panel collected for adult wellness plus add on fPL, bladder small so unable to collect urine sample. gave cerenia and SQF relevant lab results: elevated moderately SDMA 28, creatinine 4.4, BUN 83, mild elevation in phosphorus 7.0 mild anemia RBC 6.57 (suspect worse because pet was dehydrated), elevated AST 302, fPL 10.5, TT4 8.1

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 thickened, irregular cortices with moderate degenerative changes. There was some loss of corticomedullary definition. The right kidney measured 2.79 cm with a cortical infarct in the caudal pole. The left kidney measured 3.14 cm. Blood flow to the kidneys appeared to be adequate on power Doppler assessment.

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 0.4 cm. The right adrenal gland measured 0.4 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.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. A cystadenoma was noted in the cranial medial liver with occasional cysts elsewhere. There were some nodular changes noted as well as the cysts in the liver. However, given the age of the patient this is likely hyperplastic. Vascular and



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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.

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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. Minor muscularis thickening was noted in the small intestine with reactive mesentery.

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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

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Minor enteritis pattern.

Moderate chronic renal changes with infarcts. The kidneys do not appear end stage. Acute on chronic insult and prerenal azotemia is likely playing a role.

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Cystadenomatous liver changes and minor nodules, not likely pathological.

IMAGING PERFORMED BY

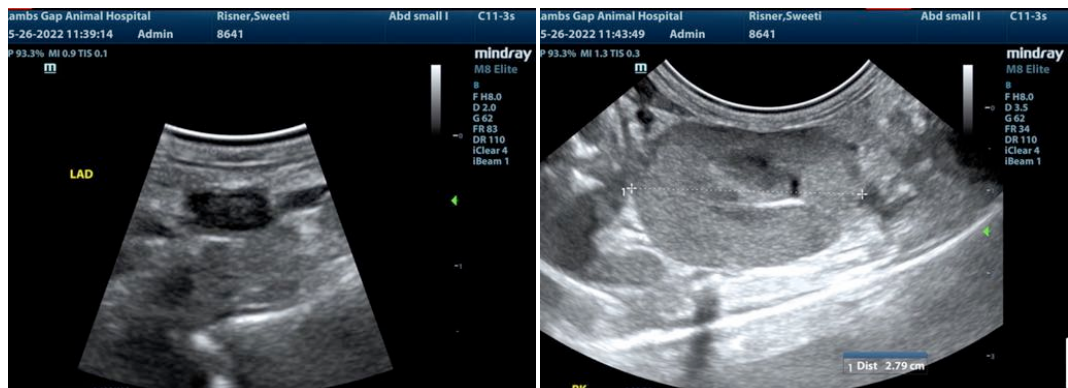
Dr. Todd

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV fluid protocol is warranted. 72-hour IV fluid protocol, blood pressure measurements +/- urine culture is recommended if any inflammatory sediment is present. I recommend reassessment of the azotemia.

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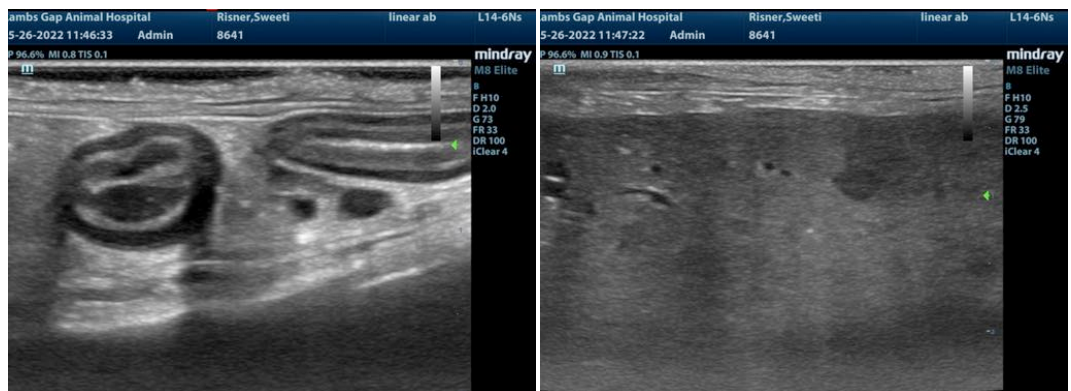
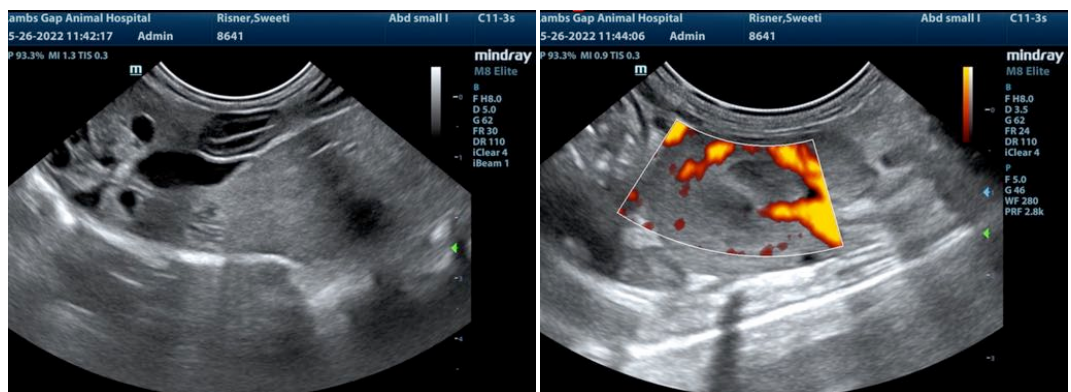
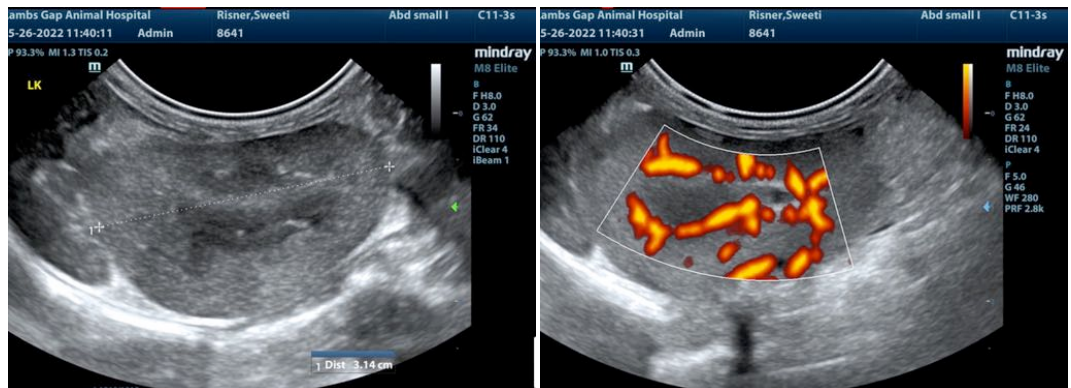
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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info@SonoPath.com

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