



**PATIENT**

Dobey O'Brien

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

17 Years

**WEIGHT**

10.2 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Gudrun Gunther

**HOSPITAL NAME**

New Frontier AMC

**REFERRING VET**

Gudrun Gunther

**INVOICE**

15799

**DATE**

5/27/22

**PRESENTING CLINICAL SIGNS**

History: Has been managed for years for CKD Lethargy, weight loss, progressive hyporexia  
Abnormal PE/Chem/CBC/UA Results: CKD IRIS stage 3/4 Hypercalcemia neutrophilia

**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 were noted. Ureteral papillae were normal.

The **right kidney** revealed moderate chronic interstitial nephrosis pattern, cortical infarct and loss of corticomedullary definition. Areas of mineralization were noted. The right kidney measured 3.6 cm.

The **left kidney** revealed similar changes to the right, less dramatic. The left kidney measured 3.5 cm.

Blood flow to the kidneys was subnormal on color flow 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 0.41 cm. The right adrenal gland measured 0.42 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 were noted.

**Liver**

The **liver** revealed an isoechoic to hypoechoic nodule, measuring 1.23 cm x 0.75 cm. Multifocal hypoechoic ill-defined nodular changes were noted. Increased portal markings, coarse architecture and remodeling were noted in the liver. The hepatic parenchyma was diffusely hyperechoic. The common bile duct measured the upper limits of normal to slightly enlarged, measuring 0.51 cm. The cystic duct was tortuous.

**Gastrointestinal**

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.

**Pancreas**



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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

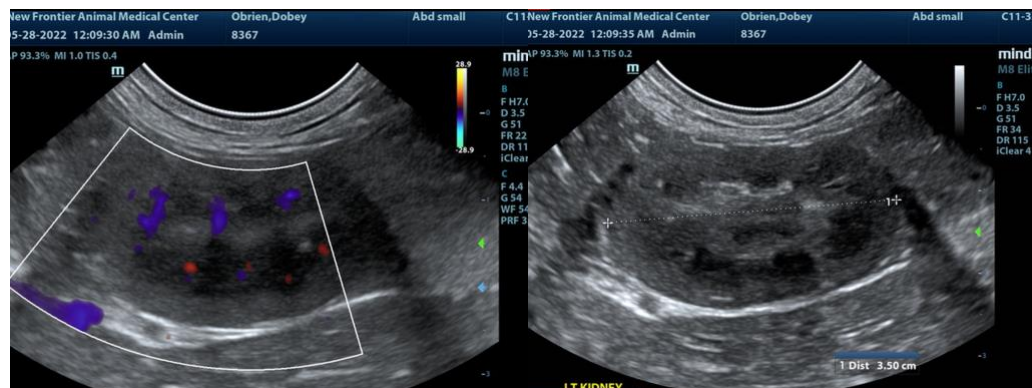
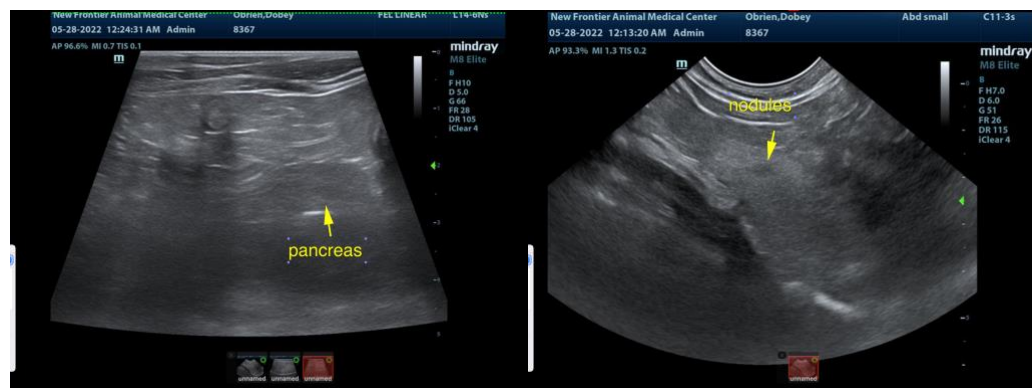
## ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling and nodular changes
- Geriatric common bile duct dilation, possible link to history of cholangitis
- Age-related pancreatic changes
- Moderate degenerative renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA indicated to ensure no obvious round cell neoplasia is present. The kidneys subjectively do not appear end stage. Both prerenal and renal components should be considered.

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.





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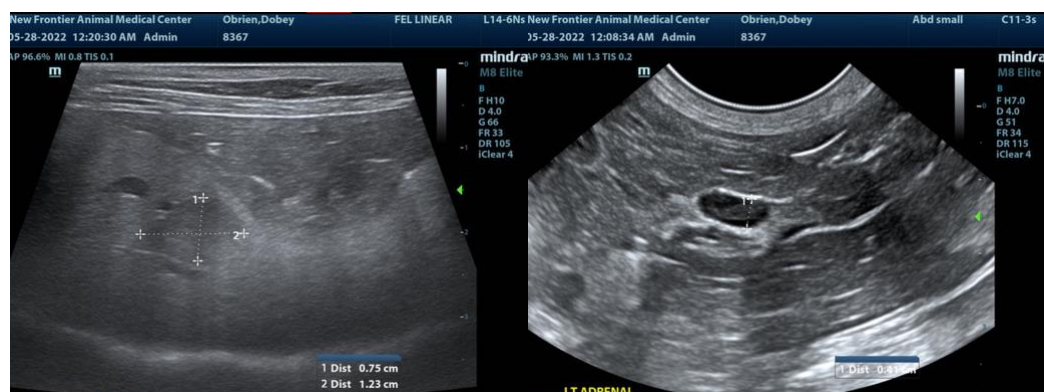
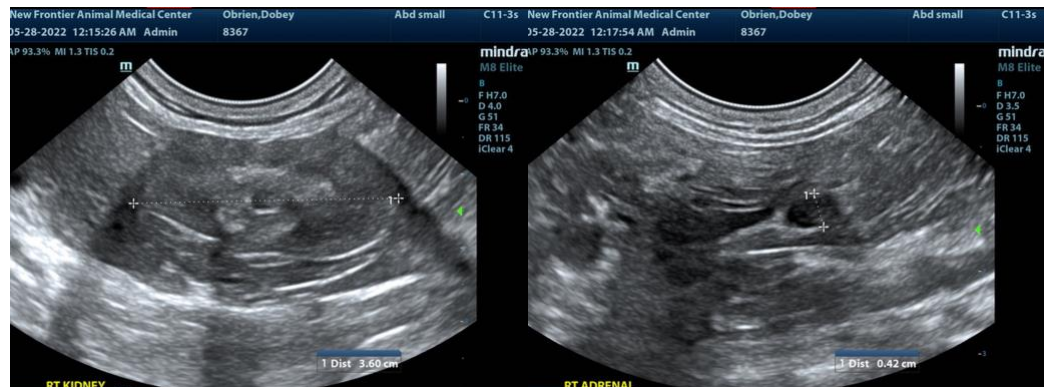
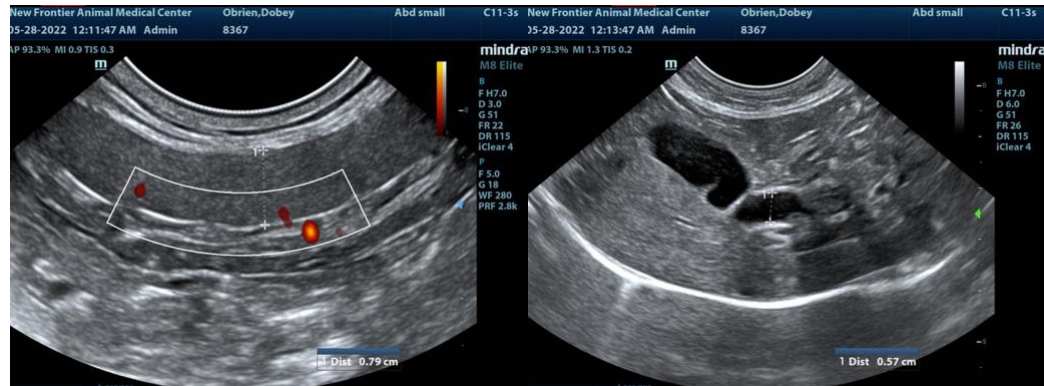
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com