



**PATIENT PRESENTING CLINICAL SIGNS**

Minnie Nebel hypokalemia- persistent; difficulty with ventroflexion

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Feline Urinary System**

**BREED**

DLH

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

**SEX**

Spayed Female

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 his age patient. Medullary structure differed distinctly from that of the cortex. Pyelectasia noted in both kidneys. The right kidney measured 4.4 cm. The left kidney measured 3.96 cm.

**AGE**

6 Years

**Adrenal Glands**

**WEIGHT**

103 Pounds

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 0.30 cm. The right adrenal gland was clearly visualized and measured 0.38 cm.

**Spleen**

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

Diane McFadden

**Liver**

The right lateral **liver** revealed a hypoechoic 2.55 cm x 1.55 cm nodule. The gallbladder was unremarkable.

**HOSPITAL NAME**

Rockaway AH

**Gastrointestinal**

**REFERRING VET**

Dr. Maniar

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.

**INVOICE**

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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.

**ULTRASONOGRAPHIC FINDINGS**

**DATE**

5/27/22

- Right hepatic nodule
- Minor renal pyelectasia



**PATIENT**

Minnie Nebel

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

103 Pounds

**INTERPRETED BY**

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**HOSPITAL NAME**

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**REFERRING VET**

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**INVOICE**

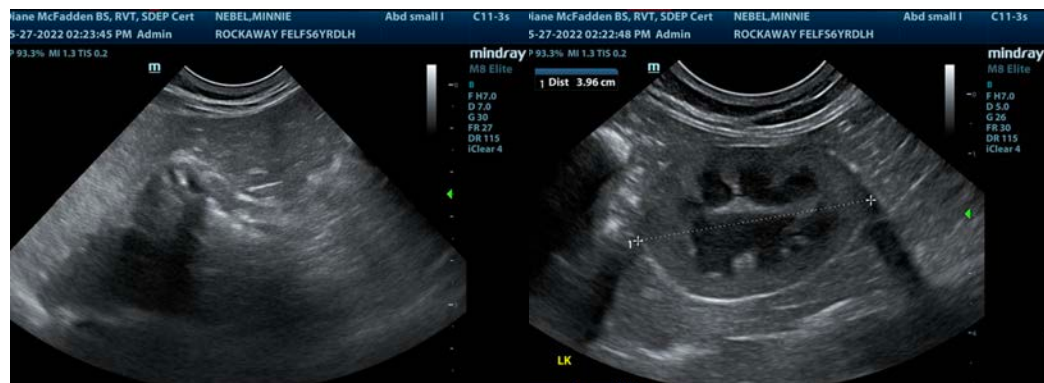
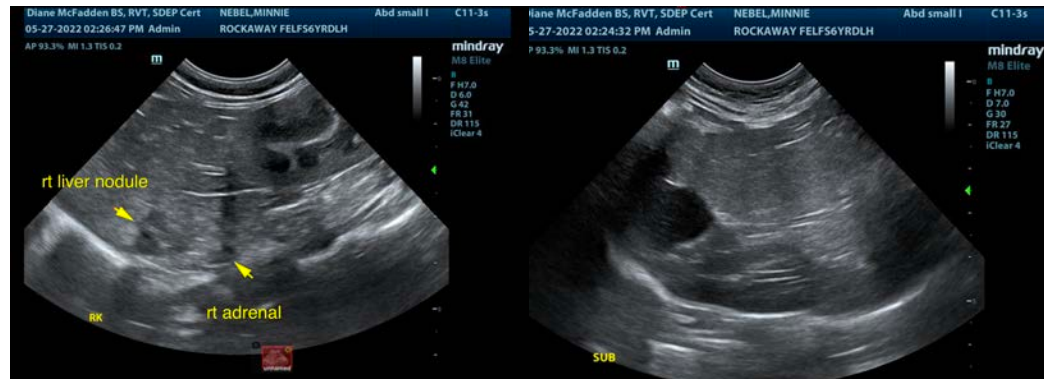
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**DATE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Potassium levels and thiamine levels should be evaluated in this patient, given the ventroflexion. The right liver nodule is in a difficult region to sample. However, recheck sonogram should be performed in one week to assess for any progression with potential of sampling. Full CNS examination also indicated. Myasthenia should also be considered as well as polymyositis, given the causes of hypokalemia.



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](mailto:info@SonoPath.com)