



**PATIENT**

Hershey Sproviero

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

13.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Foster Animal Hospital

**REFERRING VET**

Dr. Aziz

**INVOICE**

37478

**DATE**

5/6/22

**PRESENTING CLINICAL SIGNS**

Significant weight loss, went to ER for decreased appetite and was diagnosed with feline asthma. Current meds: Pred. R/O IBD vs. lymphoma. Abnormal PE/Chem/CBC/UA Results: Low B12 < 150.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 4.08 cm. The left kidney measured 4.11 cm. Slight calculus noted in the renal pelvis of the left kidney at 3.0 mm. Minor cortical striations noted in both kidneys, this can be an indicator of an emerging round cell neoplasia/lymphoma. Blood flow to the kidneys appeared to be subnormal 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 right adrenal gland measured 0.56 cm.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen measured 1.03 cm. 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** presented slight coarse architecture and increased portal markings. Mild hyperechogenicity compared to the spleen. The gallbladder and common bile duct were unremarkable.

**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. Reactive mesenteric lymph nodes noted, example measured 1.47 cm x 0.70 cm.



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**Pancreas**

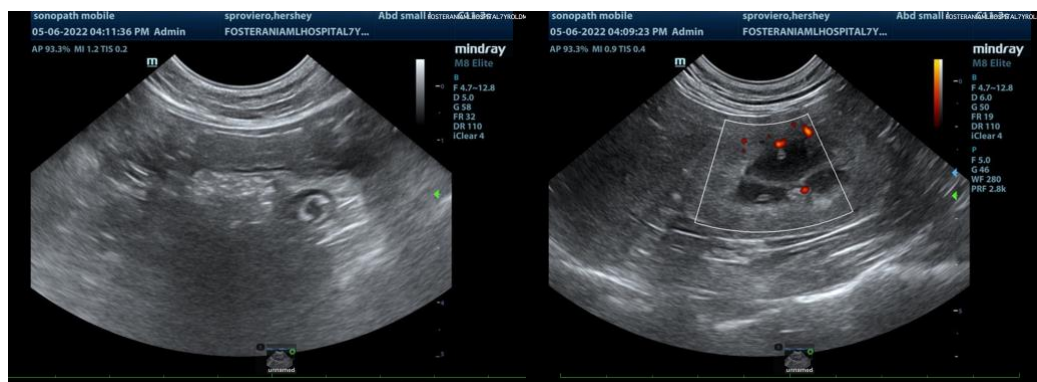
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic interstitial nephrosis renal pattern
- Hepatic remodeling – history of cholangitis likely.
- Minor reactive mesenteric lymph nodes
- Urinary bladder debris – possible UTI.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urinary workup warranted. No neoplastic criteria met in any of the organs. 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. If clinical signs persist, renal FNA would be indicated. However, the pattern is currently most consistent with interstitial nephrosis.





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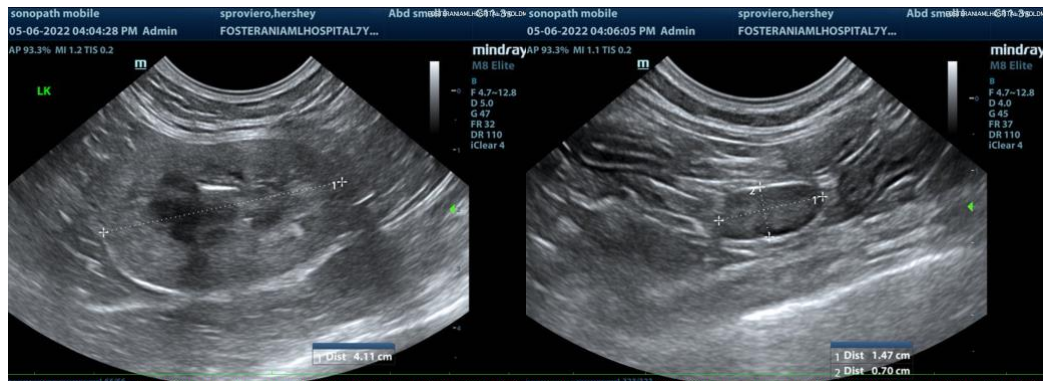
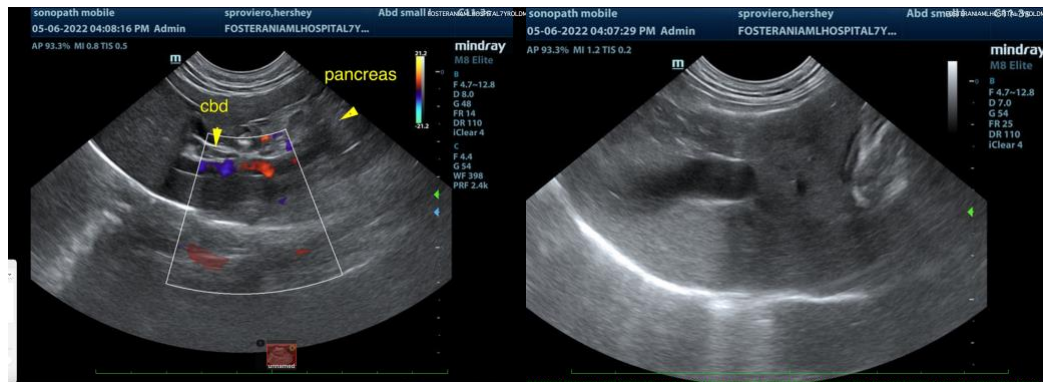
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Feline

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)

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