



**PATIENT**

Calypso Gee Mifsud

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

15 years

**WEIGHT**

10.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Brooklyn Heights

**REFERRING VET**

Dr. Venezia

**INVOICE**

30212

**DATE**

5/9/22

**PRESENTING CLINICAL SIGNS**

suspected renal lymphoma, IBD on prior ultrasounds. Recently very lethargic, decreased appetite, weight loss. BW - ^WBC Evaluate for progression of IBD/intestinal lymphoma, evaluate kidneys. Labs, Radiographs + previous AUS attached

**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 right **kidney** revealed cortical remodeling, infarcts, irregular contour and minor pyelectasia that measured 0.41 x 0.2 cm. Corticomedullary calculus was noted at the cranial aspect of the right kidney. The right kidney measured 3.0 cm. The left kidney revealed minor pyelectasia that measured 0.26 x 0.21 cm. The left kidney measured 4.06 cm with corticomedullary calculi.

**Adrenal Glands**

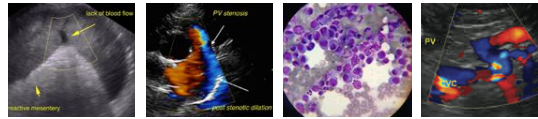
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.47 cm. The left adrenal gland measured 0.47 cm.

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and 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. The common bile duct measured 0.23 cm. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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## Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

## 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 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

## ULTRASONOGRAPHIC FINDINGS

Renal dystrophy, calculi, infarcts and remodeling. There is no evidence of neoplasia.

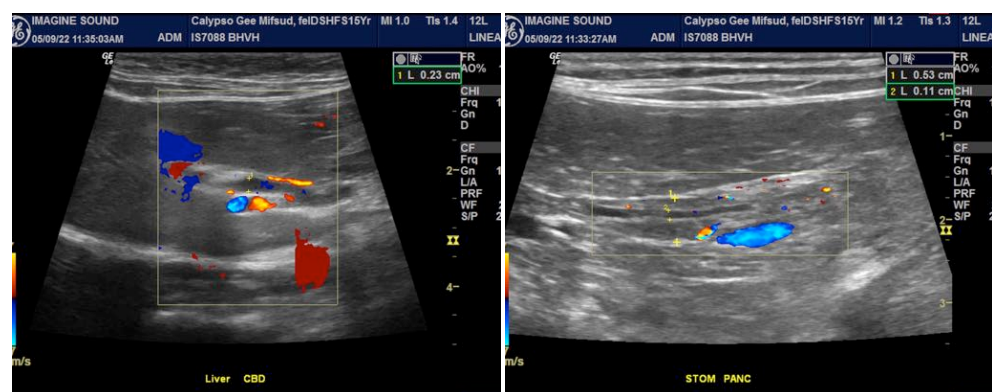
Slight splenic enlargement.

Minor intestinal thickening.

Age related pancreatic changes. Subjectively appears stable.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of neoplasia. The patient is likely passing calculi periodically, yet no obstructive disease is noted at this time. Full urinary work-up is warranted if not already performed. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected.





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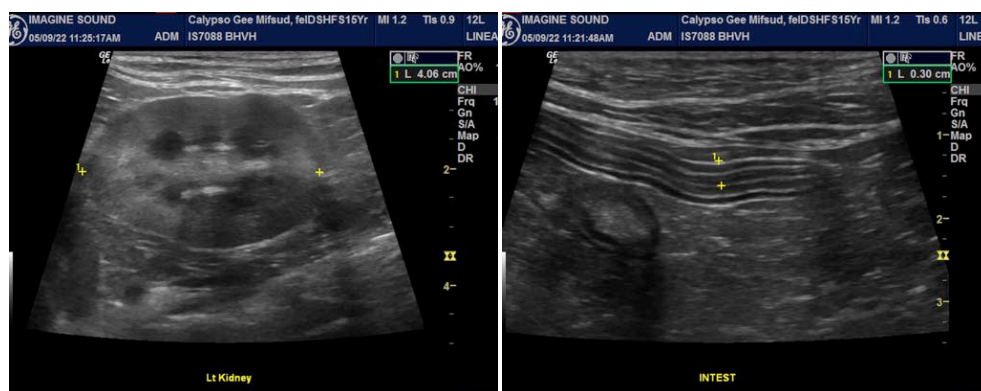
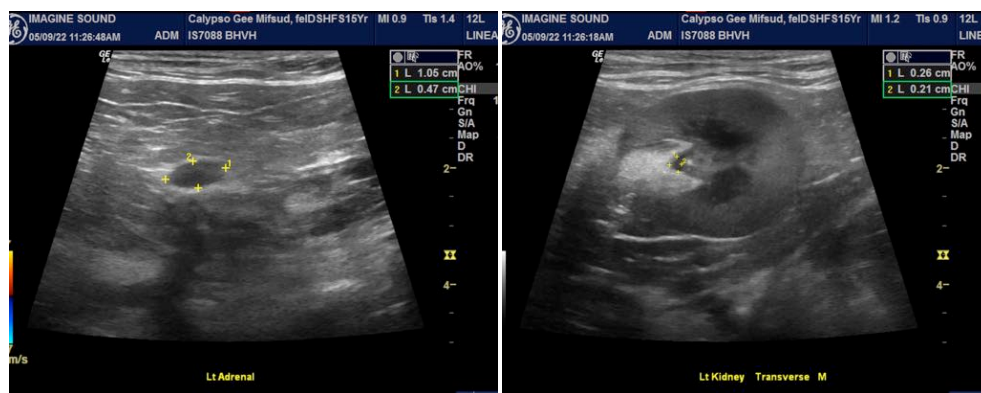
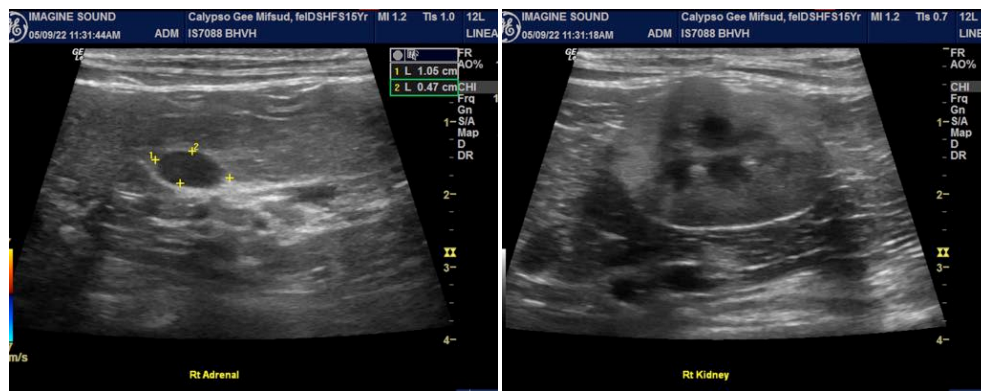
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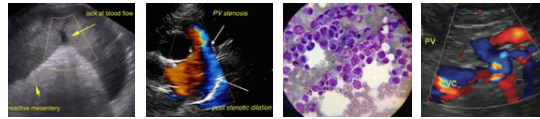
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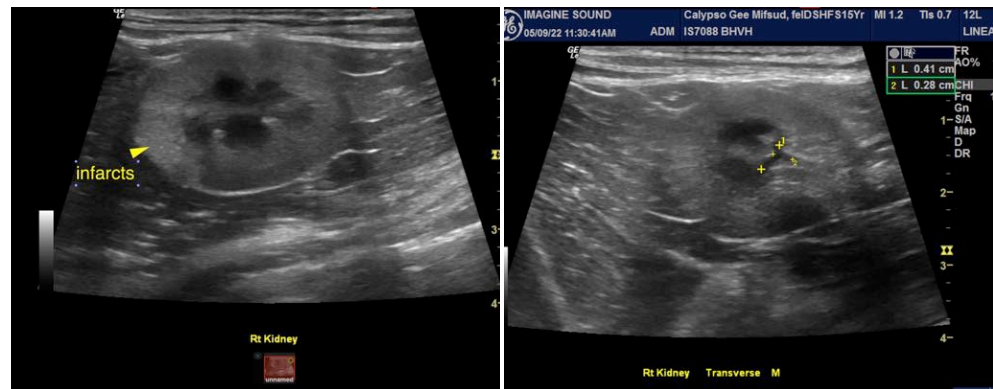
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com