



**PATIENT**

Peaches Fry

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Years 5 Months

**WEIGHT**

3.1 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Mack

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Mack

**INVOICE**

38182

**DATE**

6/1/22

**PRESENTING CLINICAL SIGNS**

Chronic diarrhea for one year. Patient was 4.7lbs on 2/12/21, now is 3.1lbs. Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/SDMA/TT4: Anemia, elevated WBC, SDMA 16, GLOB 5.7, ALT 387, T4 0.8. Panleukopenia: Negative

**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 **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 and no evidence of pelvic dilation was present. The right kidney measured 3.5 cm with slight pinpoint mineralizations noted. The left kidney measured 3.0 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**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** was coarse in architecture with increased portal markings and generalized enlargement. The gallbladder was unremarkable. Tortuous cystic duct and common bile duct noted. Slight free fluid noted between the liver lobes.

**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. Minor retention of ingesta noted in the stomach. No obvious neoplastic patterns were noted and luminal content as unremarkable. Slight mesenteric lymphadenopathy noted.

**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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.



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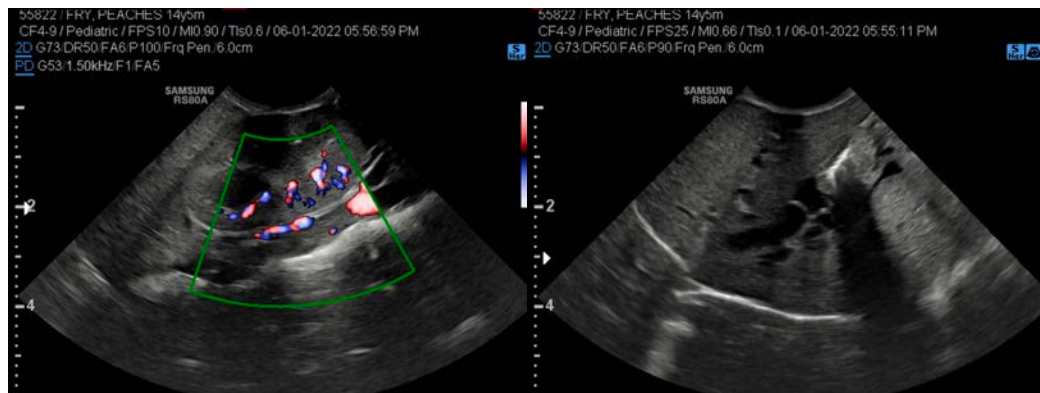
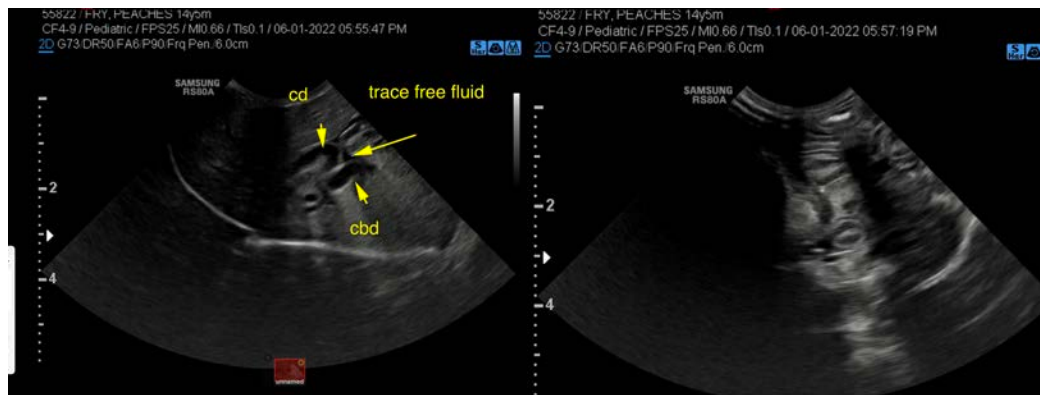
6/1/22

**ULTRASONOGRAPHIC FINDINGS**

- Chronic inflammatory hepatopathy pattern
- Moderate degenerative renal changes
- Slight free fluid of unknown origin

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No obvious evidence of neoplasia. A minimal amount of abdominal fat noted in this patient. The free fluid may be owing to cachexia. FNA of the liver indicated to assess inflammatory cell type, maldigestion, CBC path review, +/- bone marrow aspirate.



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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