



PATIENT

Cracker Lamboo

PRESENTING CLINICAL SIGNS

History: Patient non clinical increased values on pre dental screening blood work. Body score 4/5
Mild elevation of renal enzymes 1+ protein in urine SG 1034

SPECIES

Feline

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.

BREED

Domestic Shorthair

SEX

Neutered male

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. Cortical remodeling and hyperechoic medullary rim sign was noted. The right kidney measured 4.48 cm. A cortical infarct was noted in the cranial pole of the left kidney. The left kidney measured 3.4 cm.

AGE

15 years

WEIGHT

7.5 kg

Adrenal Glands

Both **adrenal glands** were slightly swollen with normal 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 0.51 cm. The left adrenal gland measured 0.54 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

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 was noted.

HOSPITAL NAME

Beddington Trail AH

REFERRING VET

Dr. Bahadur

Liver

The **liver** revealed mildly increased portal markings. The gallbladder and common bile duct were unremarkable. This is most consistent with a non-specific, minor inflammatory hepatopathy.

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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

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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Occasional, hypoechoic nodular changes were noted. 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.

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Neutered male

ULTRASONOGRAPHIC FINDINGS

Moderate chronic degenerative renal changes, interstitial nephrosis pattern with infarcts and medullary rim kidney.

AGE

15 years

Minor, nodular pancreatic changes, yet appears subjectively benign.

Non-specific minor chronic inflammatory hepatopathy, moderate chronic inflammatory hepatopathy.

WEIGHT

7.5 kg

Slightly swollen adrenal glands, yet an expected change for this age patient.

Geriatric abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver can be considered as long as renal parameters and blood pressure measurements are normal there is no overt contraindication to anesthetic procedure. Renal function should be monitored in this patient long term.

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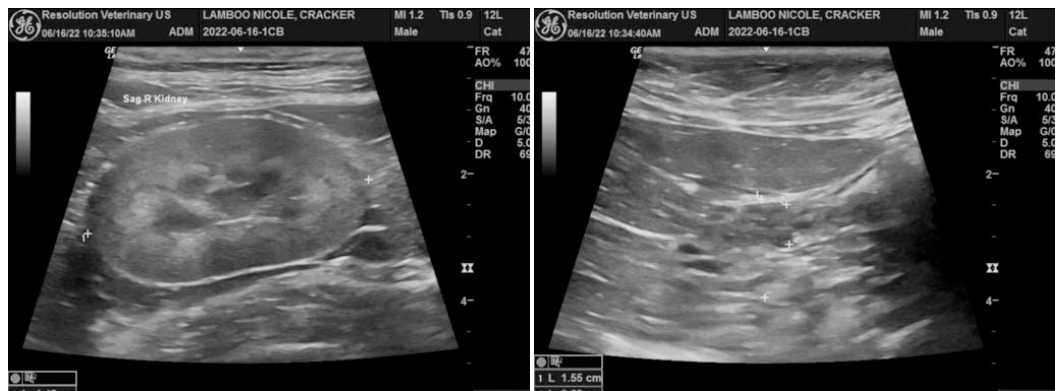
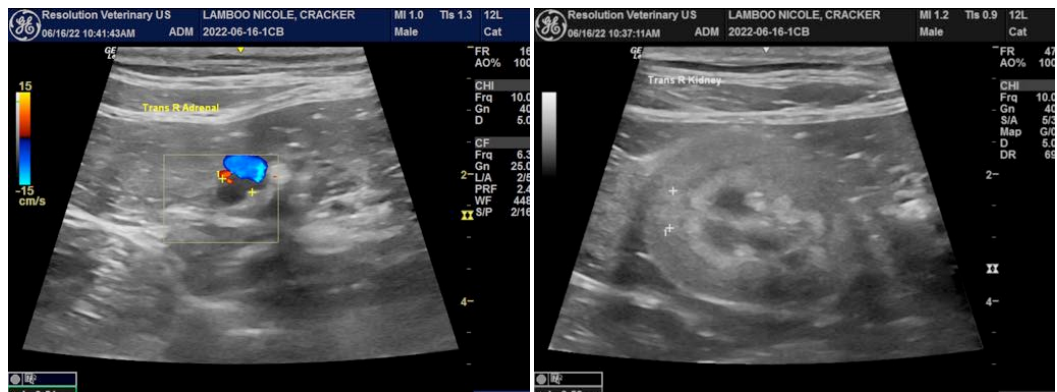
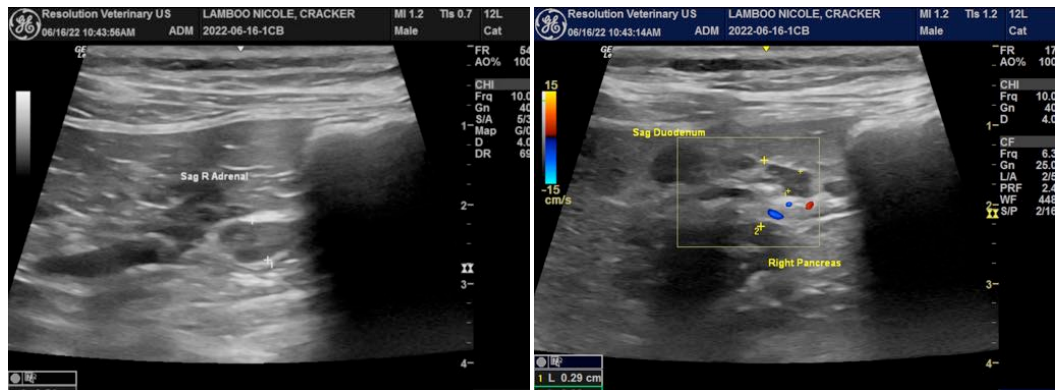
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com