



PATIENT

Cairo Malick

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15.5 Years

WEIGHT

8.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Jennifer Todd

HOSPITAL NAME

Lamb's Gap AH

REFERRING VET

Dr. Cynthia Kinney

INVOICE

22927

DATE

6/16/23

PRESENTING CLINICAL SIGNS

History: Cairo has a history of CKD, hypertension and hyperthyroid-all currently stable. He also has persistent anemia which goes up and down. An AUS was recommended due to persistent anemia and elevated kidney values . PCV today was 29% Meds: Semintra, aluminum hydroxide, cetirizine prn, one dose of Darbepoetin 0.1ml SQ 5-26-23

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 **left kidney** revealed minor degenerative changes and mild increased cortical echogenicity. This is consistent with interstitial nephrosis yet the left kidney appears to only have minor changes, whereas the right has moderate degenerative changes. The left kidney measured 3.55 cm. Blood flow to the left kidney appeared to be fairly adequate.

The **right kidney** was subnormal in size with increased cortical echogenicity, fibrosis and irregular contour. Loss of corticomedullary definition was noted. The right kidney measured 2.78 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.45 cm.

The region of the **right adrenal gland** revealed no evident pathology.

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** 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. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio.



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The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

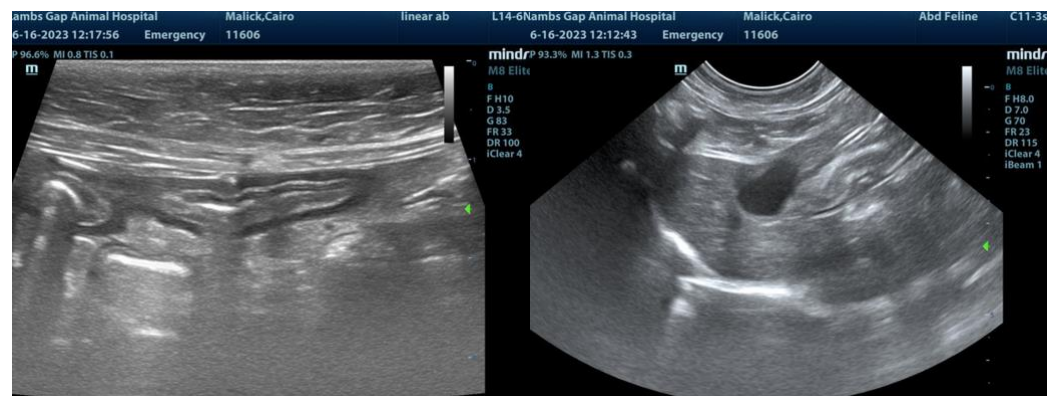
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic degenerative renal changes in the right kidney/minor in the left
- Minor intestinal thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of anemia is unclear. CBC path review +/- bone marrow aspirates may be appropriate in this patient.





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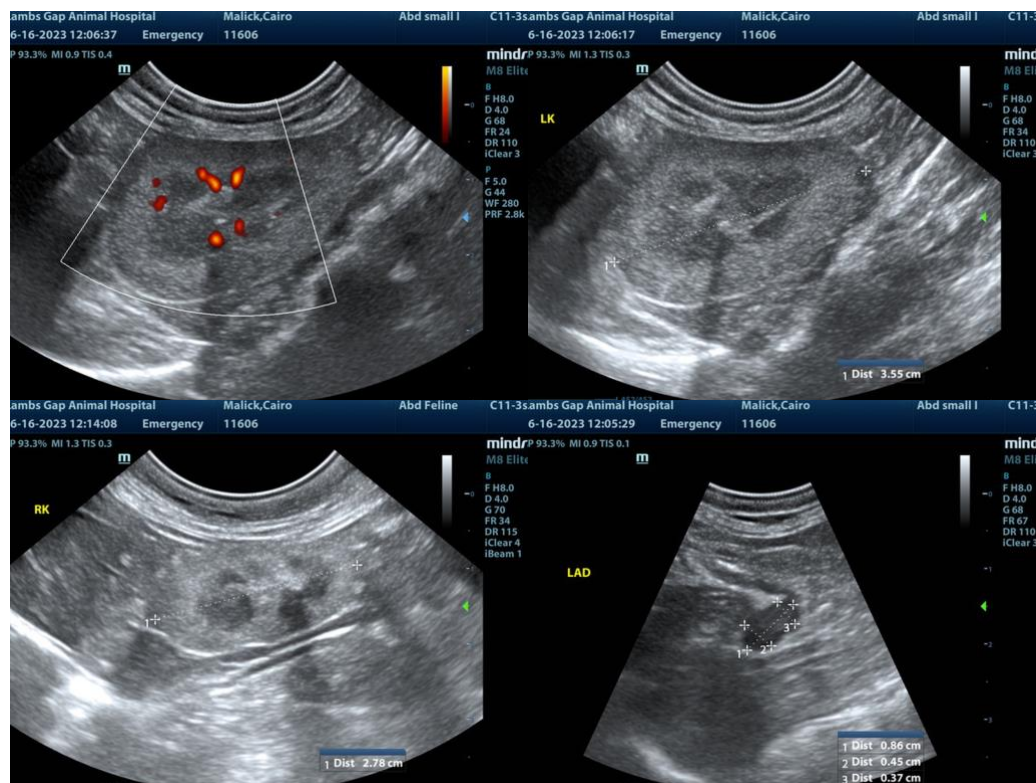
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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