



**PATIENT**

Little Man Pardue

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

15 years

**WEIGHT**

12.9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Kiffney

**HOSPITAL NAME**

Northshore VH

**REFERRING VET**

Dr. Kiffney

**INVOICE**

31230

**DATE**

6/24/22

**PRESENTING CLINICAL SIGNS**

**History:** Little man presented for an annual but actually has been intermittently lethargic and ADR for the past few months. They were wondering whether the change initially had to do with their other cat Moma passing in January but it has persisted. Little Man has intermittent lethargy and is intermittently reclusive when social behavior is his normal. He vomited dry food twice in the past few weeks and has had some diarrhea this week.

**Abnormal PE/Chem/CBC/UA Results:** Physical exam and problem list from 6/23/22 is as follows: T: 100.3 P: 220 R: 60 Mucous membranes PALE, moist, CRT difficult to determine. On recheck later that afternoon he was still pale but slightly more pink than before. Still unable to obtain CRT. BP 240 consistently on tail normal exam findings: left popliteal node 1.5x larger than right tachycardia, gallop rhythm appreciated right parasternal. No murmurs. Normal lung sounds all lung fields. abdominal palpation doughy, colon full, possible caudal liver palpable ventrally? Pale mucous membranes Other problems: anorexia, intermittent diarrhea, this week intermittent vomiting, occasional last few weeks Hx ckd, stable and on renal diets

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 **kidneys** revealed largely normal 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.0 cm. The right kidney was subnormal in size and measured 2.5 cm with moderate, chronic degenerative changes.

**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 0.42 cm. The left adrenal gland measured 0.47 cm.

**Spleen**

The **spleen** was mildly enlarged with hyperechoic lipogranulomatous type nodules. The spleen measured 1.2 cm in width.

**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



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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.

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**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity.. Small intestine thickening was also noted. The ileocecal junction appeared to be free of evident pathology.

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**Pancreas**

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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.

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**ULTRASONOGRAPHIC FINDINGS**

Moderate right renal degenerative changes.

**WEIGHT**

12.9 lbs

Minor left renal degenerative changes.

Splenomegaly.

**INTERPRETED BY**

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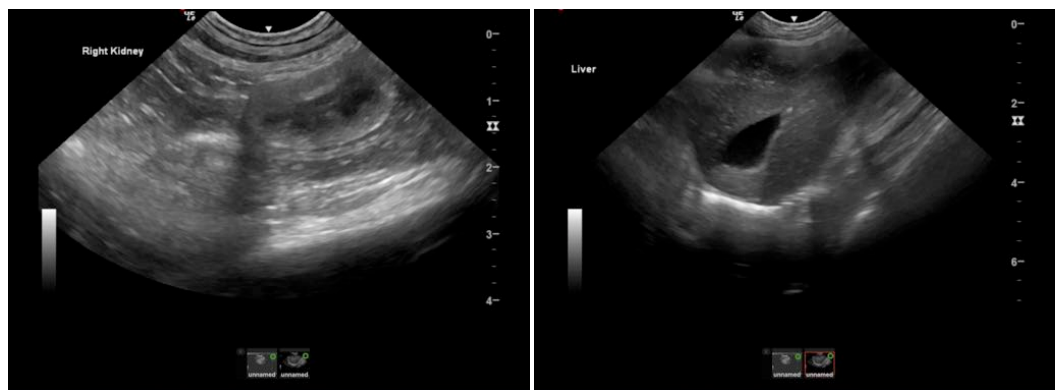
IBD GI pattern. No evidence of neoplastic criteria.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenomegaly merits a 25-gauge FNA. Differentials are splenitis versus round cell neoplasia.

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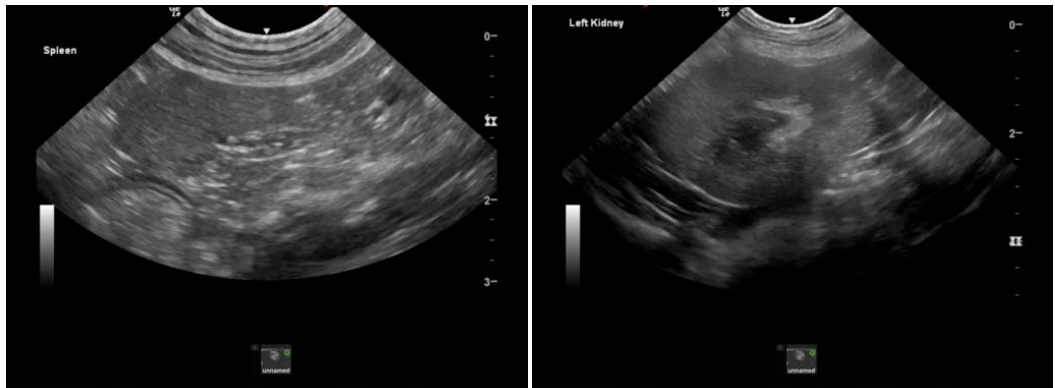
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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