



PATIENT

Dexter Yandrischovitz

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Stanglein

INVOICE

31351

DATE

6/29/22

PRESENTING CLINICAL SIGNS

History: persistent diarrhea and weight loss, mild inappetence.... current meds: Prednisolone, fortiflora

Abnormal PE/Chem/CBC/UA Results: bloodwork wnl 3/1/22, mildly enlarged kidneys on xrays 3/1/22..... maldigestion panel pending 6/29/22

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 **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. The right kidney measured 4.23 cm. The left kidney measured 4.14 cm. Blood flow is slightly subnormal.

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 0.28 cm. The left adrenal gland measured 0.32 cm.

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.

Liver

The **liver** revealed coarse architecture with increased portal markings. Increased portal markings are noted. Minor, non-obstructive gallbladder sand was noted. The gallbladder wall was echogenic and thickened.

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.

Pancreas

The left limb of the **pancreas** is hypoechoic and irregular measuring 2.58 x 0.65 cm. This is consistent with focal pancreatitis.

ULTRASONOGRAPHIC FINDINGS

Left limb pancreatitis with chronic cholangitis liver pattern and non-obstructive biliary calculus.

Chronic interstitial nephrosis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence or suspicion of neoplasia. The Prednisolone may be suppressing a more significant presentation. If possible FNA of the hypoechoic portion of the pancreas and liver is recommended. Bile acid profile is indicated.

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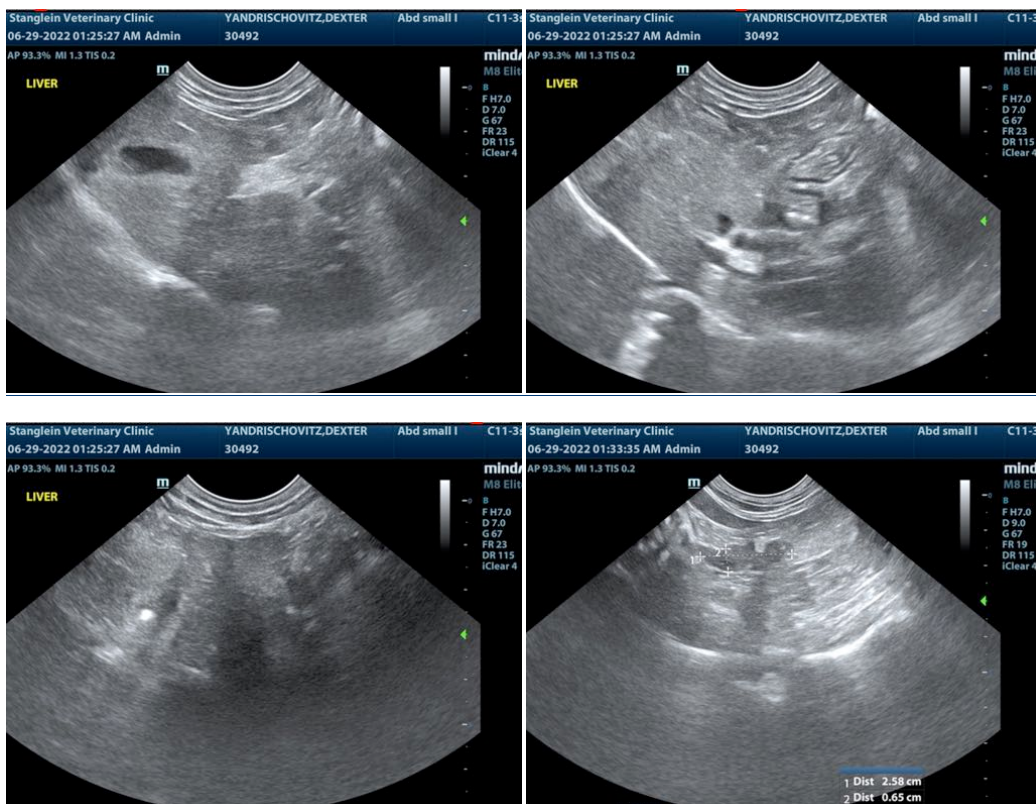
Dr. Stanglein

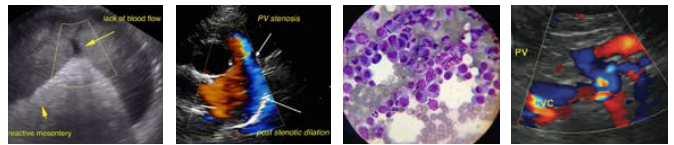
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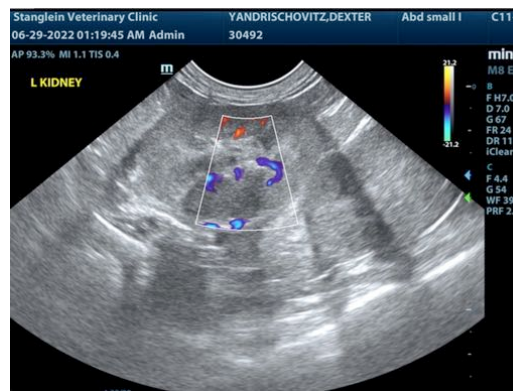
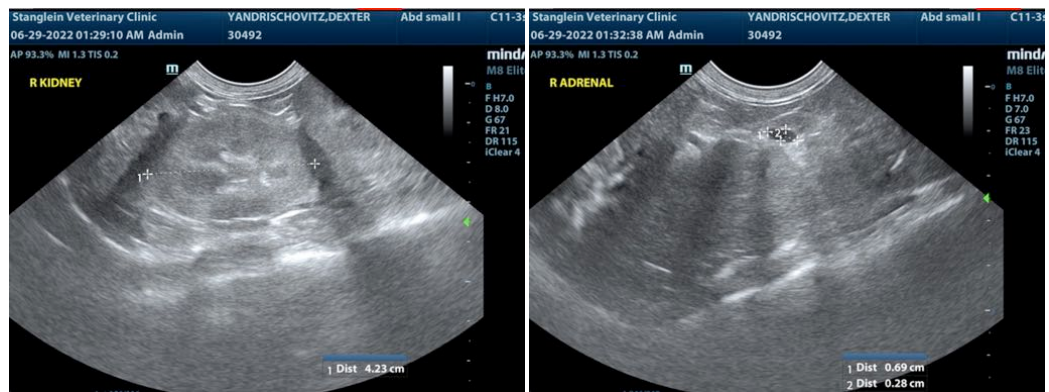
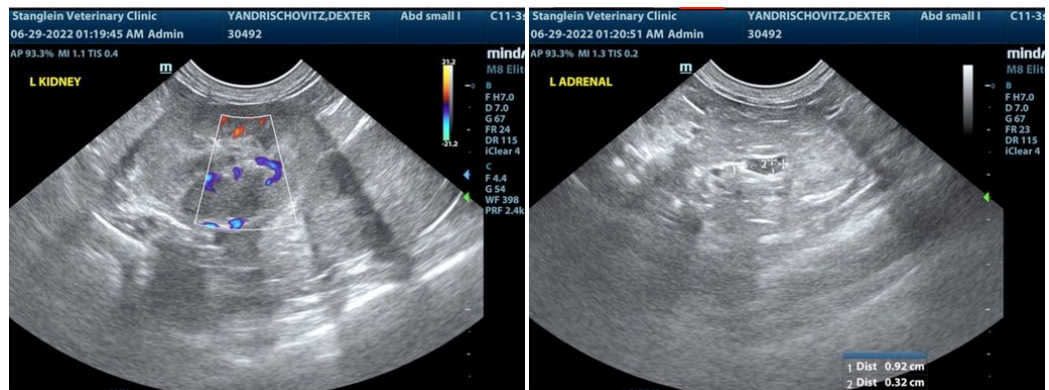
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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