



PATIENT

Felice Fesler

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

14 ½ year

WEIGHT

10.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Kinney

INVOICE

30843

DATE

6/6/22

PRESENTING CLINICAL SIGNS

History: Felice is a 14.5 year old FS DSH. An abdominal ultrasound and maldigestion blood profile was advised due to weight loss and an increase in vomiting. Felice is hyperthyroid, her last TT4 was 2.7 (0.8-4.7) and her current dose of Methimazole is 2.5mg BID. Felice has had chronic renal disease (blood work on 5/21/22 results: Creat 2.6 (0.9-2.3), SDMA 19 (0-14), BUN 49 (16-37), Phos 3.8 (2.9-6.3), Potassium 3.5 (3.7-5.2)). A portion of her diet is Royal Canin's Fiber Response to help minimize issues with firm, dry stool, but she is unwilling to eat prescription renal diets well. She is currently on RenaKare potassium supplement (1/8 tab BID), and I hope to adjust her dose following the abdominal U/S. Her owner reported she did not do well on higher doses of RenaKare in the past. Her fPL is elevated (9.8, range 0-3.5). Additionally Felice's suspected idiopathic cystitis has been flaring up more frequently in the last few months. Management of her cystitis involves Cosequin ongoing and Gabapentin PRN.

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** 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. A slight cortical infarct was noted at the cranial pole of the right kidney. The right kidney measured 3.39 cm. The left kidney measured 2.8 cm.

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 left adrenal gland measured 0.29 cm. The right adrenal gland measured 0.4 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** 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



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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.

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Gastrointestinal

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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. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The mesenteric lymph nodes were slightly enlarged and reactive.

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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.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Structurally unremarkable abdomen.

IBD gastrointestinal tract.

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Mild degenerative renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Both pre renal and renal disease are likely playing a role with mesenteric lymphadenopathy and intestinal thickening. 72 hour IV fluid protocol, full urinary work-up and blood pressure measurements are indicated. Full thickness intestinal lymph node biopsies would be ideal as this type of presentation could represent a precancerous state for lymphoma. However, no complete neoplastic criteria is present. The lymph node pattern is most consistent with reactive nodes and the GI pattern is that of idiopathic muscularis hypertrophy and maintained submucosal layering. Underlying infectious disease should be ruled out if exposed.

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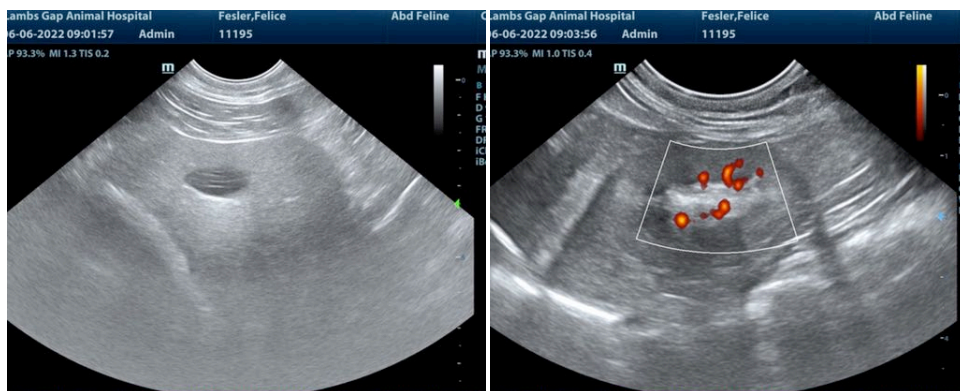
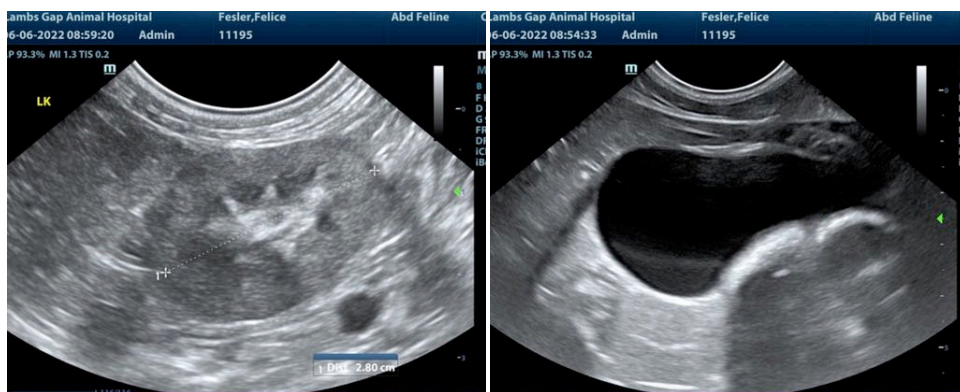
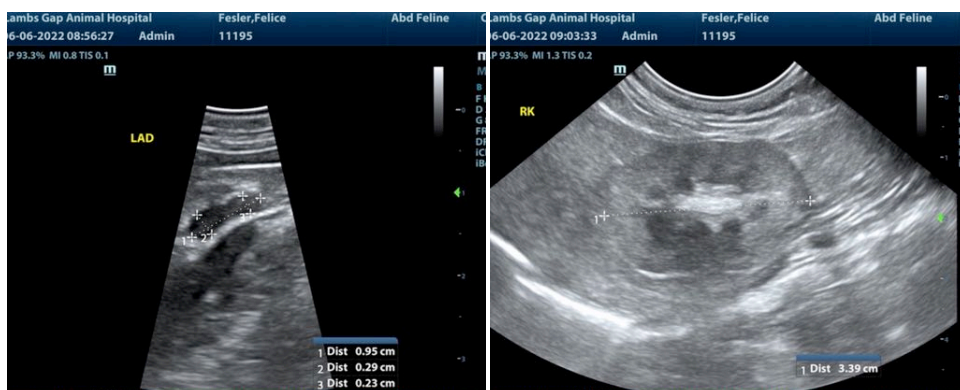
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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