



PATIENT

Betty BetterLife
Brown

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

2011

WEIGHT

6.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

38503

DATE

6/7/22

PRESENTING CLINICAL SIGNS

Hx lymphoma - currently on Prednisolone 5 mg - Evaluate for recurrence. Hx UTI/early renal dx - Evaluate for progression. Labs, Radiographs + previous AUS attached. Minor anemia 23. USG 1.016.

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 **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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization noted in both kidneys. Similar to prior sonogram. The right kidney measured 3.33 cm. The left kidney measured 3.15 cm. An anechoic cyst was noted in the dorsal cortex of the right kidney measuring 5.0 mm, new development.

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 0.26 cm. The left adrenal gland measured 0.33 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 were noted.

Liver

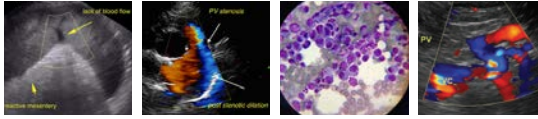
The biliary calculi presentation appears more dramatic than on the prior sonogram with multiple calculi in the cystic duct as well as common bile duct and sand. Largest common bile duct calculus measured 0.44 cm. Lobar biliary calculi noted. The anechoic cyst noted on the prior sonogram now measured 1.0 cm. The gallbladder presented calculi as well.

Gastrointestinal

The **gastrointestinal** tract present minor muscularis thickening with prominent bowel. Maximum intestinal wall thickness measured 0.31 cm. No neoplastic criteria met. No obvious evidence of reemergence of lymphoma or other disease. The GI tract was empty, no evidence of foreign bodies. This is consistent with lymphoma in complete remission. However, an emerging neoplastic event could not be completely ruled out.

Pancreas

Chronic **pancreatic** changes noted with dilated duct and undulating contour, likely owing to prior insult. However, subxiphoid palpation recommended.



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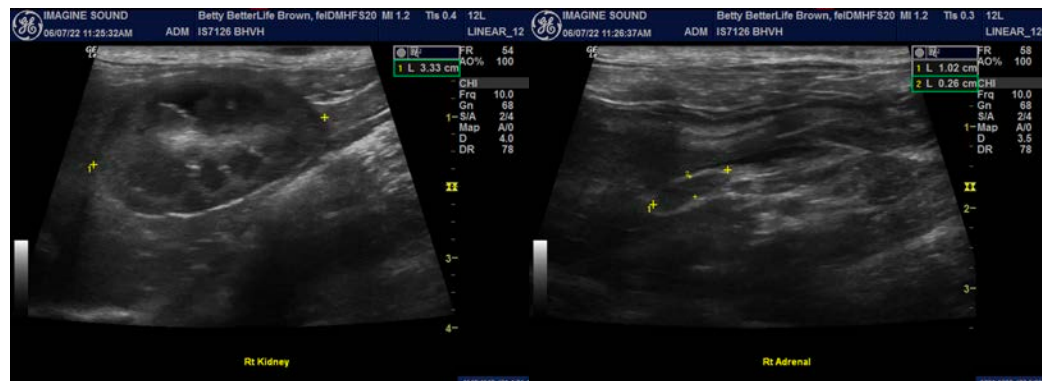
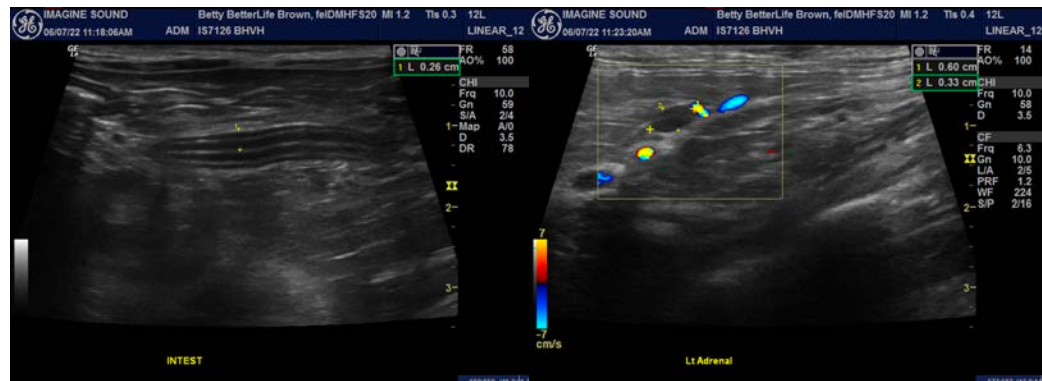
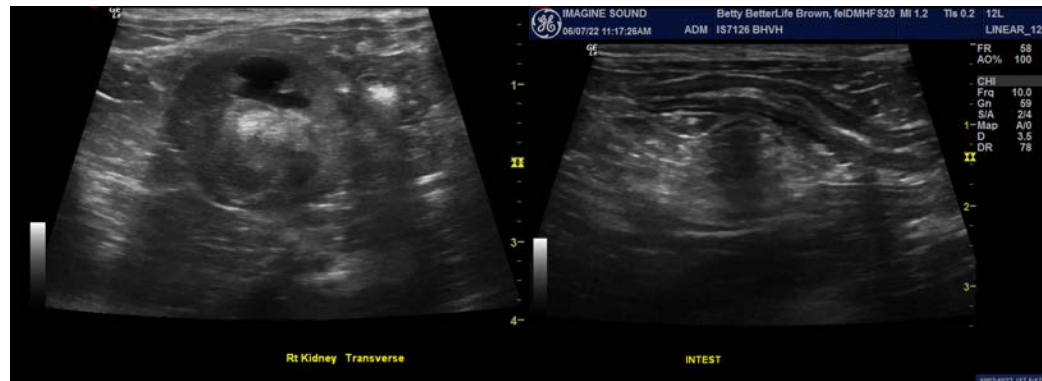
6/7/22

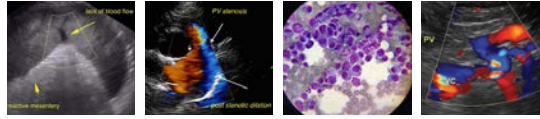
ULTRASONOGRAPHIC FINDINGS

- Persistent biliary calculi and parenchymal cysts – sequela from chronic cholangitis.
- Age related renal changes
- Chronic pancreatic changes
- Minor muscularis thickening and prominent bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Therapeutic recommendations are based along supportive care and continuation of Ursodiol, even though it does not appear to be dissolving the biliary calculi.





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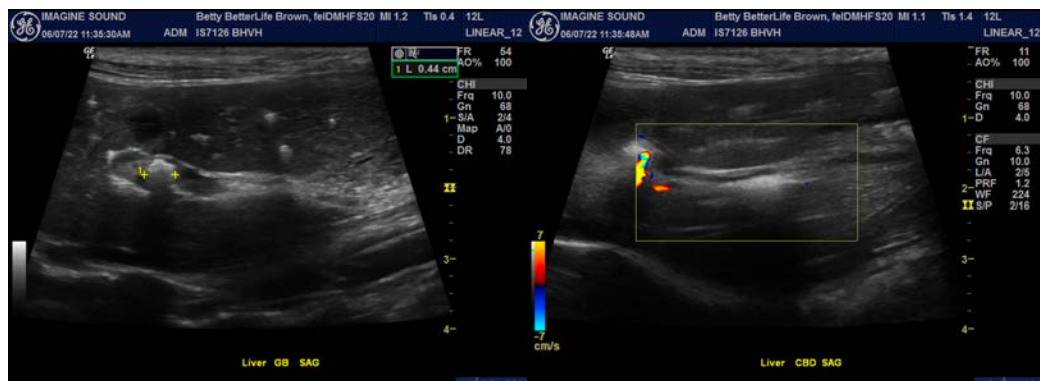
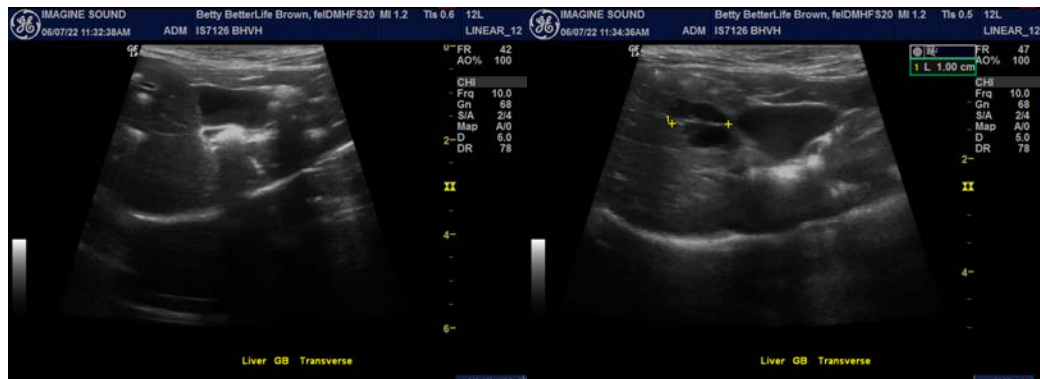
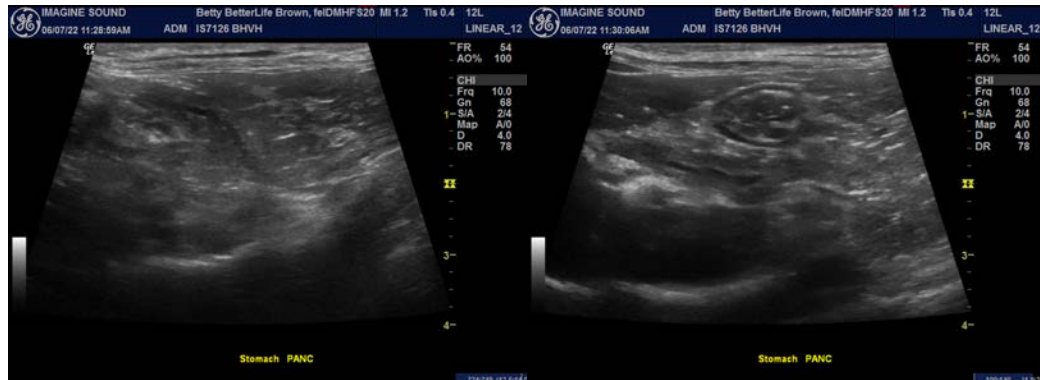
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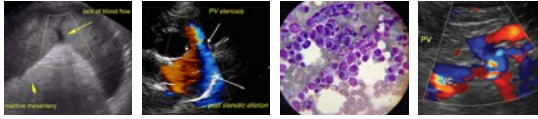
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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