



PATIENT

Suzie Petrie

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

18 Years

WEIGHT

5.95 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

38562

DATE

6/9/22

PRESENTING CLINICAL SIGNS

weight loss, elevated liver enzymes, vomiting 2 x weekly and its undigested food
Abnormal PE/Chem/CBC/UA Results: alt - 202 up, alk phos - 632 up, urea nit - 62 up, amyl - 2420 up, mcv - 35 down, neutrophils - 78 up, lymph - 11, mono - 5 up, absolute lymph - 1001 down

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** presented severe dystrophic changes with pelvic mineralization and interstitial nephrosis pattern. The left kidney measured 2.38 cm. Cortical infarcts noted.

The **right kidney** presented mild pyelectasia, corticomedullary mineralization and infarcts. The right kidney measured 3.67 cm. Blood flow was mildly subnormal on color flow assessment of the kidneys.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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** revealed an expansive, mixed echogenic parenchymal mass, occupying the majority of the left liver. The mass deviated the diaphragm and measured approximately 5.0 cm. The right liver revealed coarse architecture. The gallbladder and common bile duct were unremarkable. Slight free fluid noted adjacent to the liver mass.

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 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 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

- Subjectively end stage degenerative renal disease with left-sided liver mass occupying the majority of the left liver with minor regional free fluid.



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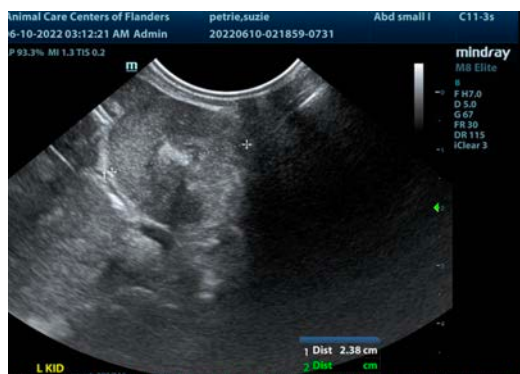
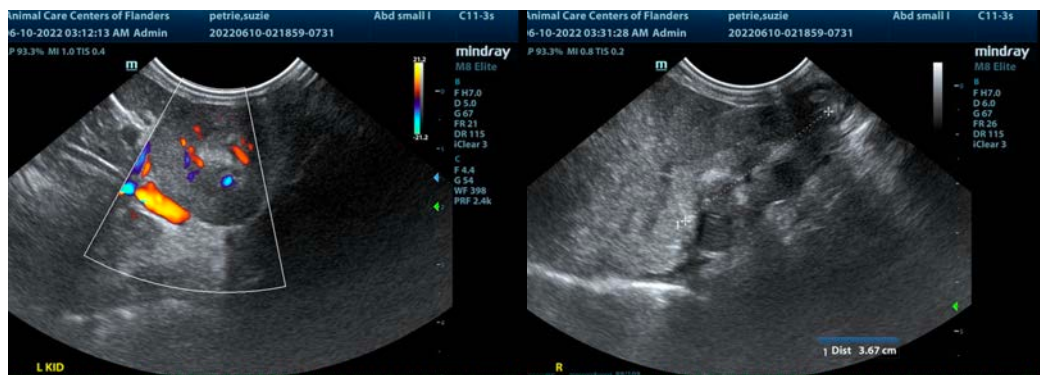
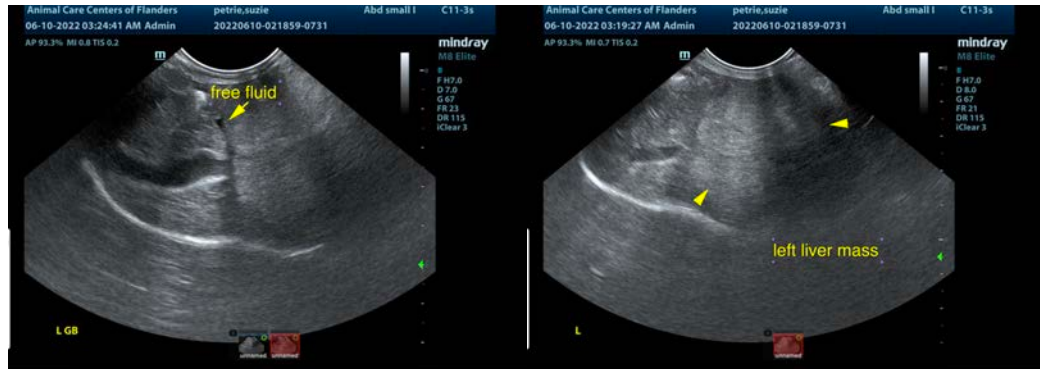
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Stabilization of the azotemia, is possible, would be warranted followed by surgical intervention with left liver lobectomy. However, kidneys appear near end stage in this patient. Therefore, response to therapy may not be ideal.



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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