



**PATIENT**

Chloe Mueller

**SPECIES**

Feline

**BREED**

Himalayan

**SEX**

Spayed Female

**AGE**

16 Years

**WEIGHT**

4.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Glen Rock VH

**REFERRING VET**

Dr. Stekler

**INVOICE**

23374

**DATE**

7/14/23

**PRESENTING CLINICAL SIGNS**

History: anorexia, weight loss, slight kidney issues, hypercalcemia. On mirtazapine 1.87mg

Abnormal PE/Chem/CBC/UA Results: AST 122, BU N 48, SDMA 56.6, Ca 12.3

**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 **right kidney** revealed severe dystrophy and end stage degenerative changes, measuring 3.2 cm. Cortical cysts were noted in the right kidney.

The **left kidney** revealed chronic interstitial nephrosis pattern with cortical cysts and loss of corticomedullary definition. The left kidney measured 2.9 cm.

Blood flow to the **kidneys** appeared subnormal and minimal.

**Adrenal Glands**

The **left adrenal gland** was 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 0.46 cm.

The region of the **right adrenal gland** revealed no evident pathology.

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**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 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.

**Gastrointestinal**

The **stomach** itself was unremarkable. The descending colon revealed an infiltrative pattern with wall thickness up to 6.0 mm and loss of mural detail. The colonic infiltrative pattern continued from the ileocecal junction through the descending colon, creating a mass effect.

**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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**Free Abdomen**

**Free fluid** was noted in the abdomen. Heterogenous omental changes noted throughout the mid abdomen.

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Himalayan

**Other**

**Pleural effusion** was noted in the chest.

**SEX**

Spayed Female

- Colonic mass with free fluid and pleural effusion
- End stage degenerative renal disease
- Heterogenous omental changes throughout the mid abdomen
- Volume contracted spleen

**AGE**

16 Years

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This is a lymphomatosis type presentation with concurrent end stage renal disease. Prognosis is poor.

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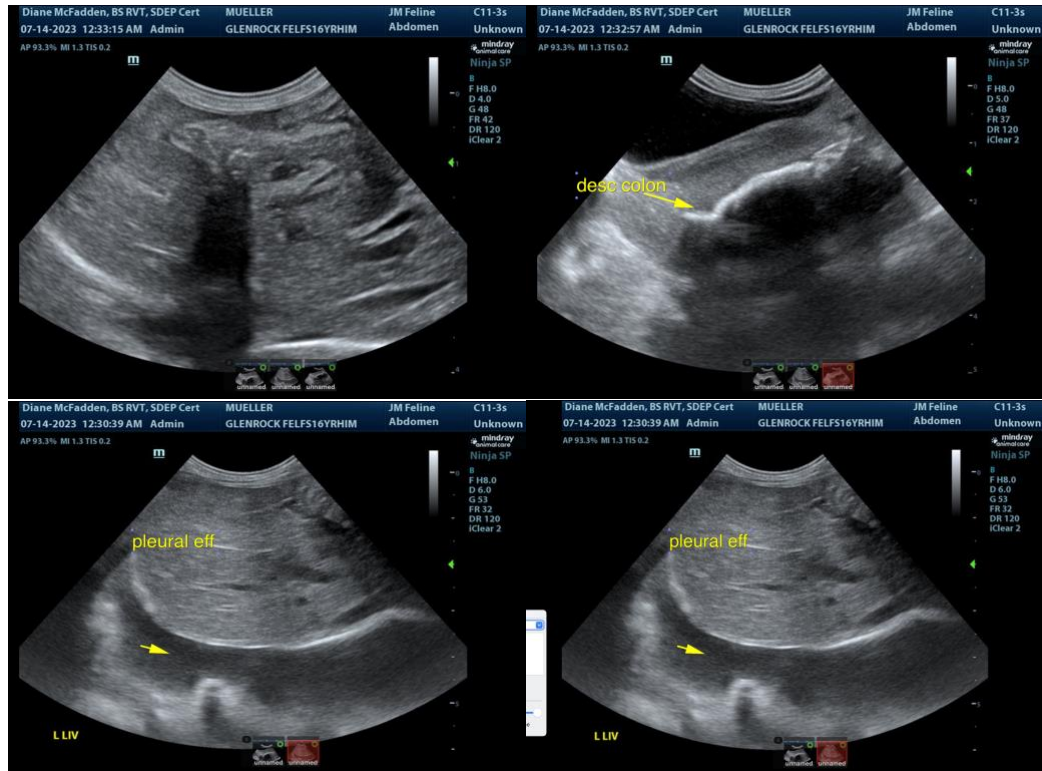
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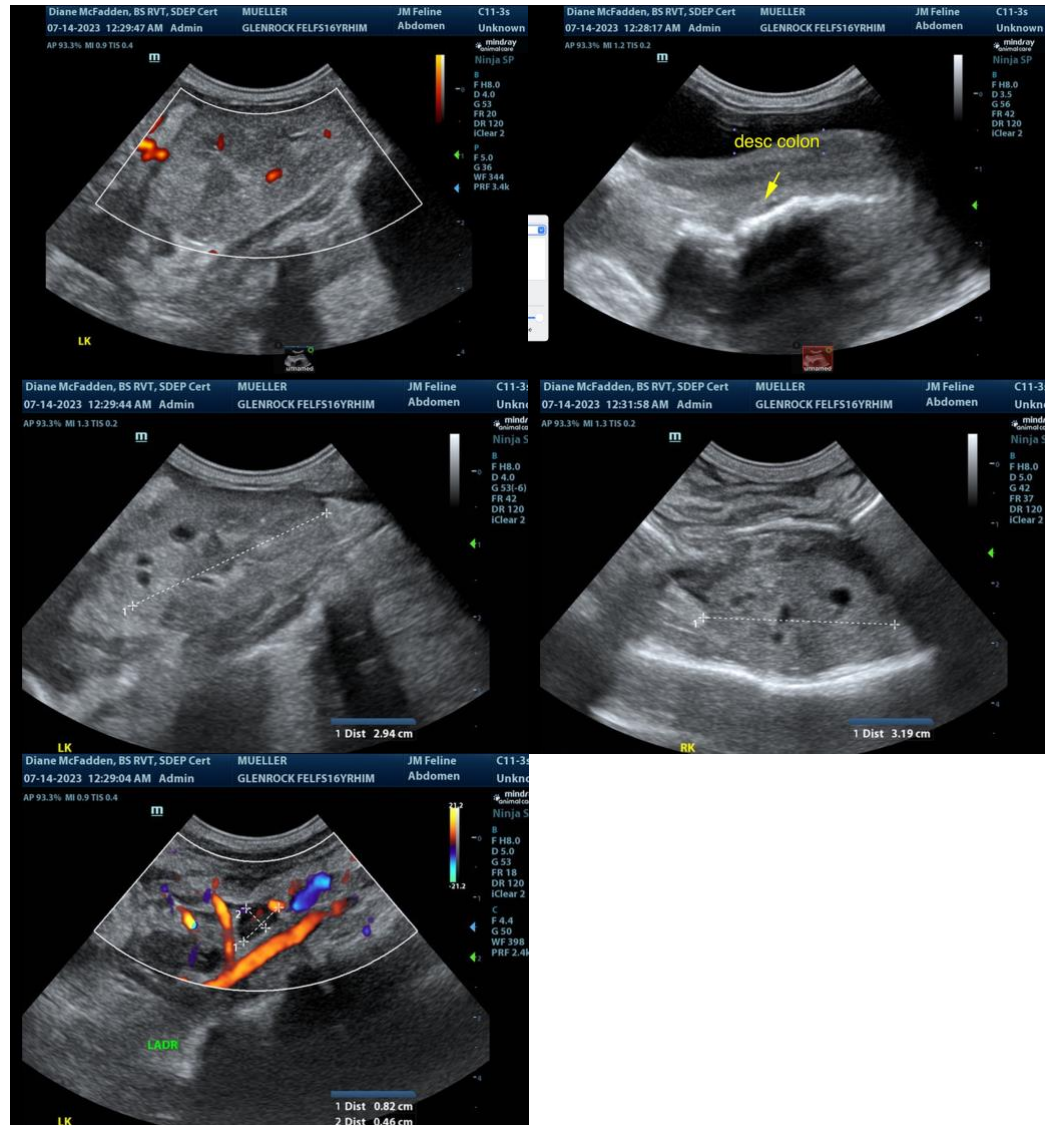
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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