



PATIENT PRESENTING CLINICAL SIGNS

Raja White History: History of cardiac disease, hyperthyroidism. Presented yesterday for increased respiratory effort. Abdomen bloated, signif. loss of muscle mass. Suspected abdominal fluid wave.

SPECIES Abnormal PE/Chem/CBC/UA Results: Current Medications Vetmedin 1.25mg 1/2 bid, lasix 12.5mg bid, methimazole 5mg am/2.5mg pm

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH

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.

SEX

Neutered Male

AGE

17 Years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. The left kidney measured 3.68 cm. The right kidney measured 3.84 cm. Cortical infarcts were noted in both kidneys.

WEIGHT

11.76 Pounds

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 0.68 cm. The left adrenal gland measured 0.31 cm.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

Spleen

The **spleen** relatively normal size, measuring 8.0 mm. Diffuse micronodular hyperechoic changes were noted. A history of splenitis is likely or the possibility of round cell neoplasia.

IMAGING PERFORMED BY

Sara Hansen

Liver

HOSPITAL NAME

Cottage Grove VC

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.

REFERRING VET

Dr. Damewood

DATE

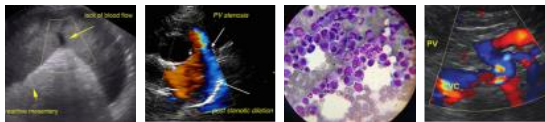
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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to

Invoice

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malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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.

Free Abdomen

Slight **free fluid** was noted in the abdomen.

Other

Pleural effusion was present through the diaphragm.

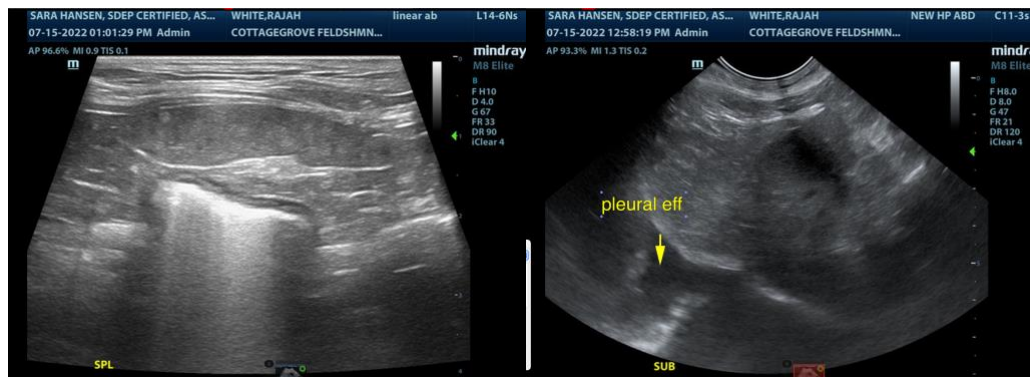
A rapid view of the heart revealed volume contracted left atrium, concern for noncardiogenic causes of the pleural effusion.

ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes with cortical infarcts
- Micronodular splenic changes
- Free fluid in the abdomen
- Pleural effusion
- Volume contracted left atrium

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend FNA of the spleen with pleurocentesis and cytospin in this patient to assess for underlying thoracic neoplasia. Full echocardiogram is warranted, however, given the rapid view of the heart provided and that the left atrial size appeared to be normal to subnormal, which would indicate a noncardiogenic source of the pleural effusion, thoracic neoplasia is a primary concern.





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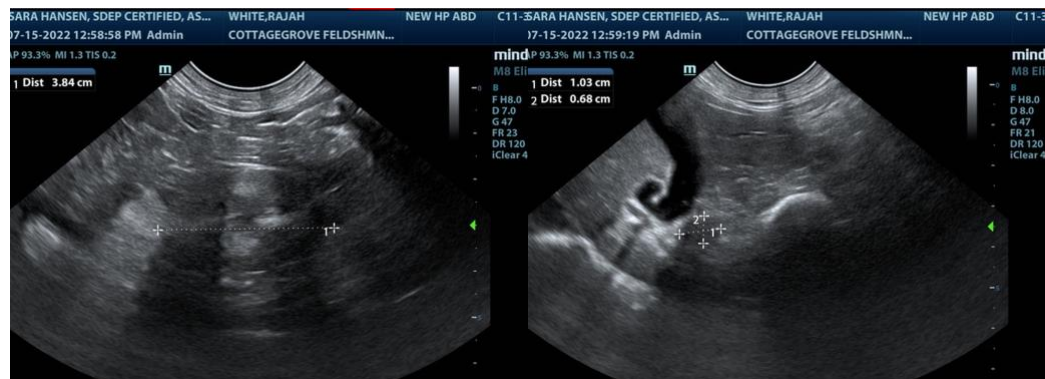
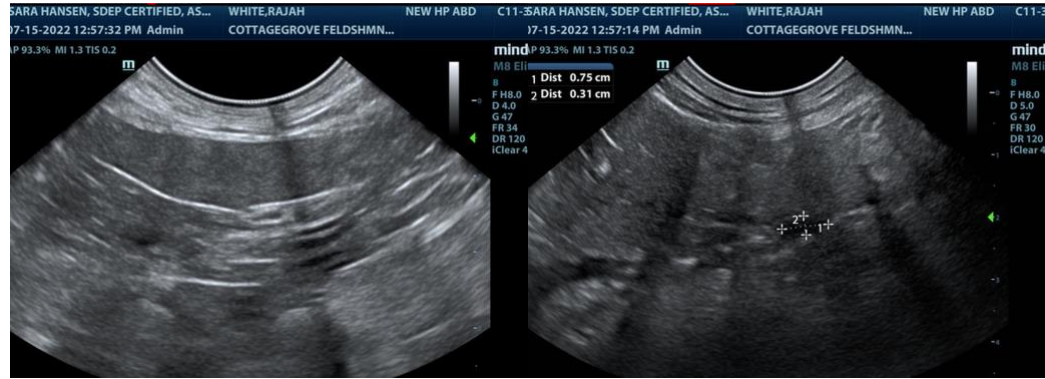
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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Eric.Lindquist@SonoPath.com

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