



PATIENT

Duma Wissley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 ½ years

WEIGHT

11.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Fortin

INVOICE

31887

DATE

7/22/22

PRESENTING CLINICAL SIGNS

History: Recheck AUS from 3/15/2022. DDx cholecystitis versus neoplasia. Current medications: Pred-L 2.5mg BID and Purina UR diet. Sedated with Torbugesic IV.
Abnormal PE/Chem/CBC/UA Results: PE: WNL

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. There was some loss of corticomedullary definition particularly in the right kidney. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 4.73 cm. The right kidney measured 5.0 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.

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. The spleen measured 0.85 cm.

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 and cystic duct were slightly tortuous, yet not overtly pathological.



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Gastrointestinal

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The stomach revealed a slight amount of luminal fluid. The intestinal tract appears to have reduced in muscularis thickness. However, the curvilinear patterns were maintained. The submucosal layer appeared slightly thickened.

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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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Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

12 ½ years

Stable abdomen with slight loss of corticomedullary detail.

Minor luminal gastric fluid.

Reduced intestinal thickening.

WEIGHT

11.5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I cannot rule out an emerging neoplastic renal event that may be partially suppressed by the Prednisone. There is no further evidence of cholecystitis. However, if any weight loss occurs or any renal value elevation or inflammatory sediment then a recheck sonogram is recommended. I am particularly concerned about the potential for emerging pathology within the kidneys, particularly the right kidney.

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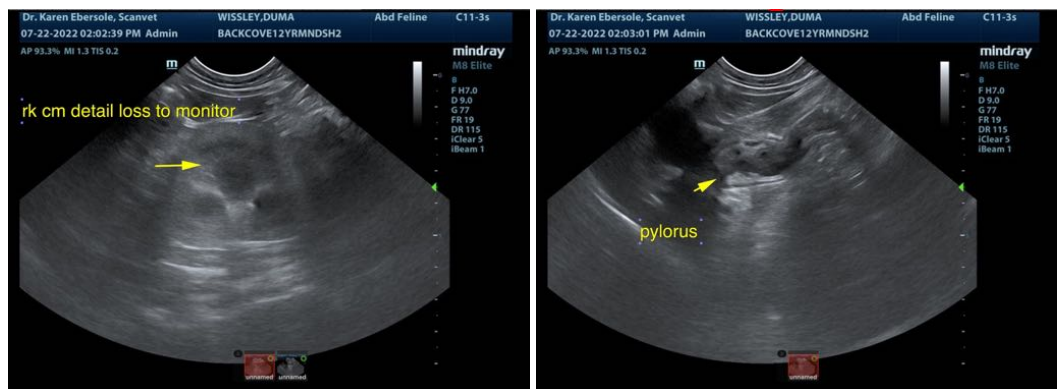
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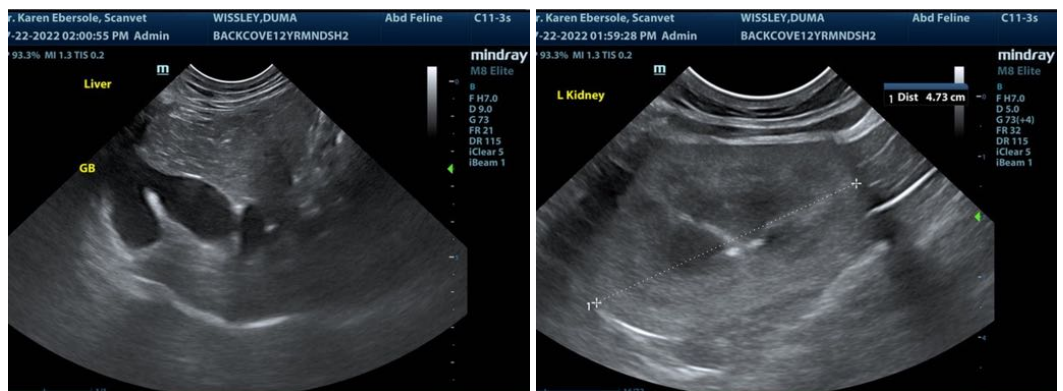
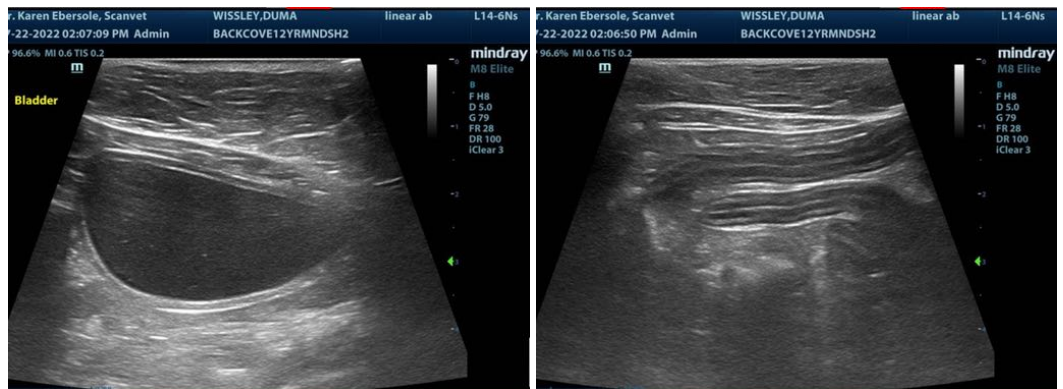
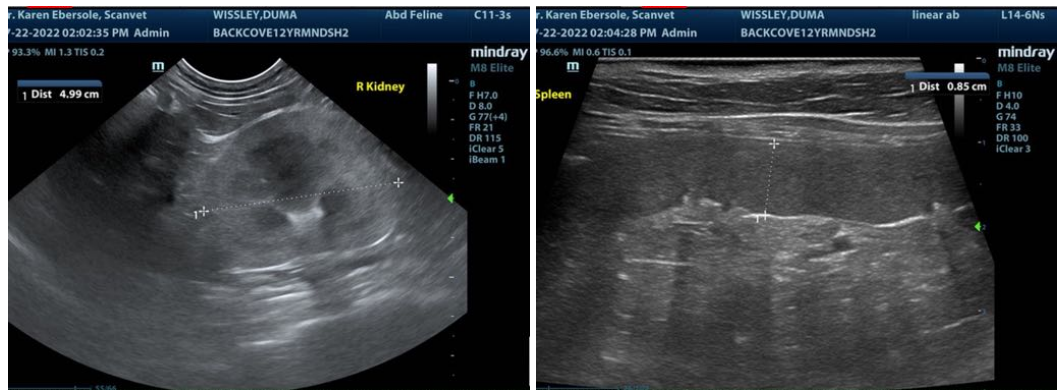
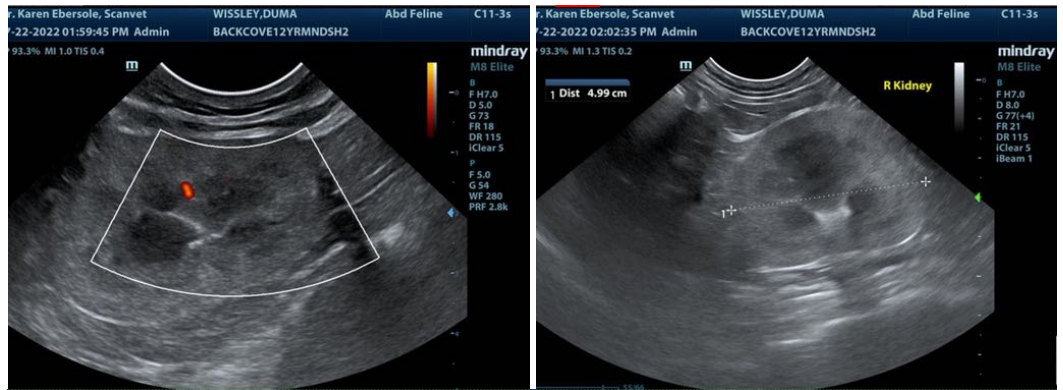
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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