



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Leia Harris

SPECIES
Feline

BREED
DLH

SEX
Spayed Female

AGE
14 Years

WEIGHT
6.2 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Countryside AC

REFERRING VET
Dr. Cox

INVOICE
39841

DATE
7/26/22

Weight loss, polyuria, polydipsia, mild dehydration
Abnormal PE/Chem/CBC/UA Results: CBC: 36% WBC 22,300 with neutrophilia and monocytosis. Lymphopenia Chem: SDMA = 16, BUN = 69, Na high at 162, Cl high at 132 ALT = 297, AST = 101, ALP = 106, GGT = 7 T4: 1.5 Urinalysis: spgr 1.020, ph = 6, 3+ protein, 0-2 wbc, 0-2 rbc, 3= epi cells, 2+ ca ox
Current Medications Dasuquin

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.

Both **kidneys** were enlarged. The left kidney measured 4.07 cm. The right kidney measured 5.47 cm. Pyelectasia noted in both kidneys. Echogenic, thickened cortices, consistent with interstitial nephrosis.

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 0.60 cm. The left adrenal gland measured 0.39 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 **liver** presented coarse architecture. The gallbladder was duplicated, not pathological. Mildly thickened wall and minor micropolyloid changes noted.

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 malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Mesenteric lymph nodes were mildly enlarged at 2.0 cm x 0.80 cm.

Pancreas

The **pancreas** presented coarse architecture and undulating contour with hypoechoic parenchyma. Dilated pancreatic duct noted.

ULTRASONOGRAPHIC FINDINGS



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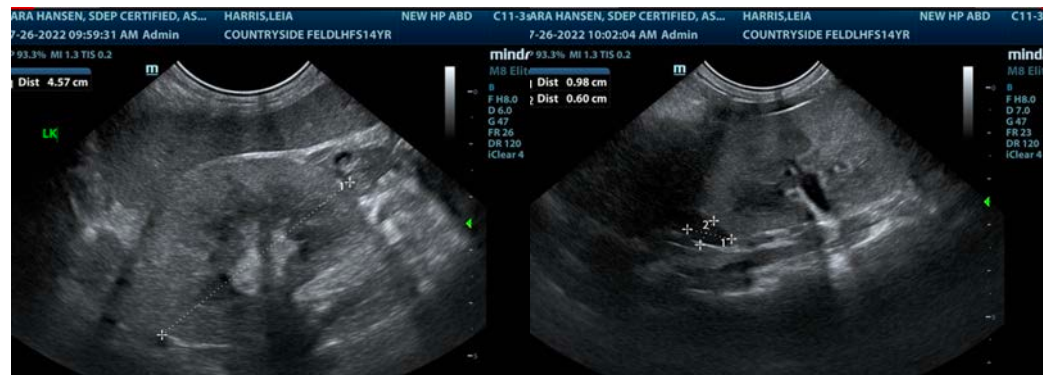
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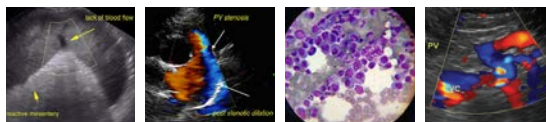
- Interstitial nephrosis pattern with pyelectasia
- Duplicated gallbladder with mildly thickened wall
- Mesenteric lymphadenopathy
- Chronic GI changes
- Hypoechoic pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mesenteric lymph nodes and liver would be indicated in this patient. Minor potential for neoplasia. Likely non-specific inflammatory hepatopathy, lymphadenitis/reactive lymph nodes. Malassimilation of nutrients may be an issue in this patient. Emerging renal failure is a potential as well. Pyelectasia is likely owing to scarring. However, occult infection with washout effect cannot be completely ruled out.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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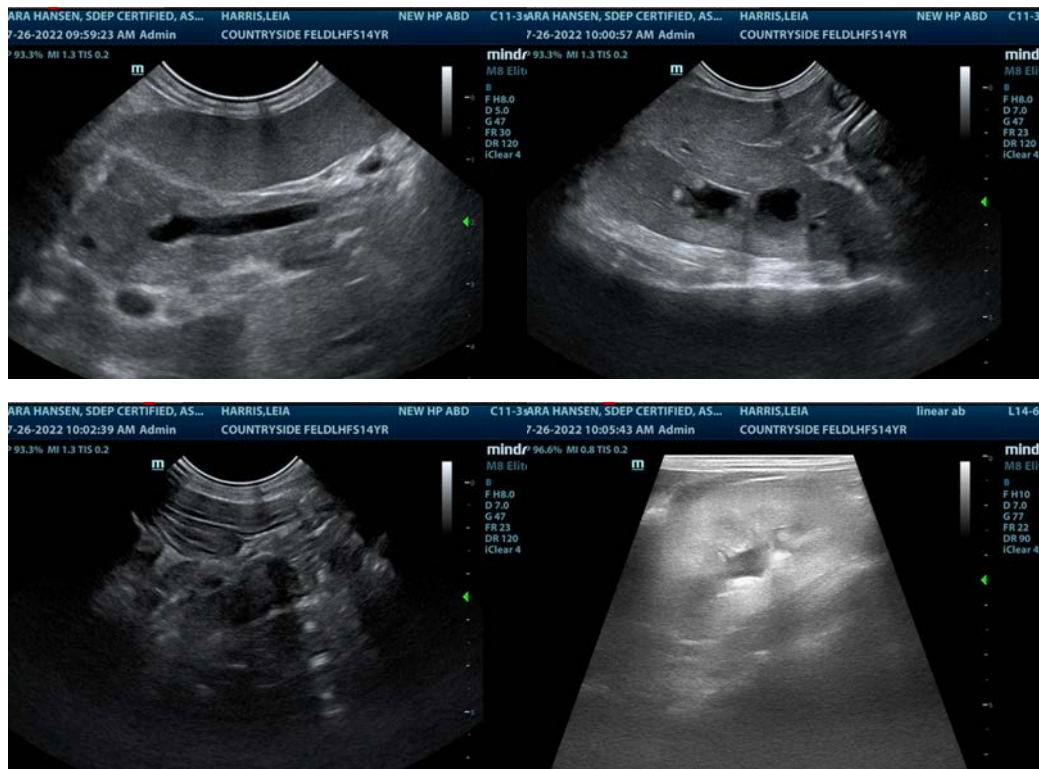
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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