



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Pekoe Wodlinger	<p>History: Chronic ALT elevation (of 4mths known duration) which is progressing. Chronic weight loss. No V/D. Appetite normal. Stranguria/pollakiuria.</p> <p>Abnormal PE/Chem/CBC/UA Results: Underweight on PE. CBC - all WNL. Chem ALT &gt; 1000 otherwise wnl. UA - hematuria and poorly concentrated USG (1.017). T4 normal</p>
<b>SPECIES</b>	
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Domestic Shorthair	<p><b>Urinary System</b></p> <p>The <b>urinary bladder</b>, 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.</p> <p>The <b>kidneys</b> revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.64 cm.</p> <p><b>Adrenal Glands</b></p> <p>Both <b>adrenal glands</b> 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 left adrenal gland measured 0.26 cm. The right adrenal gland measured 0.39 cm.</p> <p><b>Spleen</b></p> <p>The <b>spleen</b> 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 0.76 cm.</p> <p><b>Liver</b></p> <p>The <b>liver</b> was hyperechoic to the falciform fat and slightly coarse in architecture. The gallbladder and common bile duct were unremarkable. 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.</p>
<b>SEX</b>	
Spayed female	
<b>AGE</b>	
13 years	
<b>WEIGHT</b>	
2.33 lbs	
<b>INTERPRETED BY</b>	
Eric Lindquist, DMV DABVP, Cert. IVUSS	
<b>IMAGING PERFORMED BY</b>	
Dr. Guenther	
<b>HOSPITAL NAME</b>	
Central Island VEH	
<b>REFERRING VET</b>	
Dr. Tollman	
<b>INVOICE</b>	
45893	
<b>DATE</b>	
7/4/23	



**PATIENT**

Pekoe Wodlinger

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

13 years

**WEIGHT**

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**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 **pancreas** revealed slight, heterogenous parenchymal changes measuring 0.68 cm.

**ULTRASONOGRAPHIC FINDINGS**

Inflammatory hepatopathy with minor lipidosis pattern.

Minor intestinal thickening.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no suspicion of neoplasia. Underlying, low-grade inflammatory bowel is likely. Treatment based on FNA results and inflammatory cell type are recommended. The cause of hematuria is unclear. The kidneys appear structurally normal. Broad spectrum, antibiotics and nutraceuticals are recommended.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

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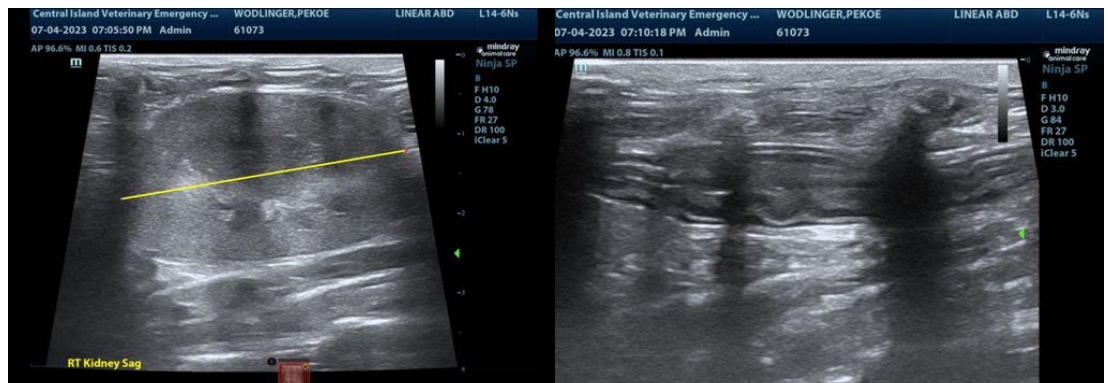
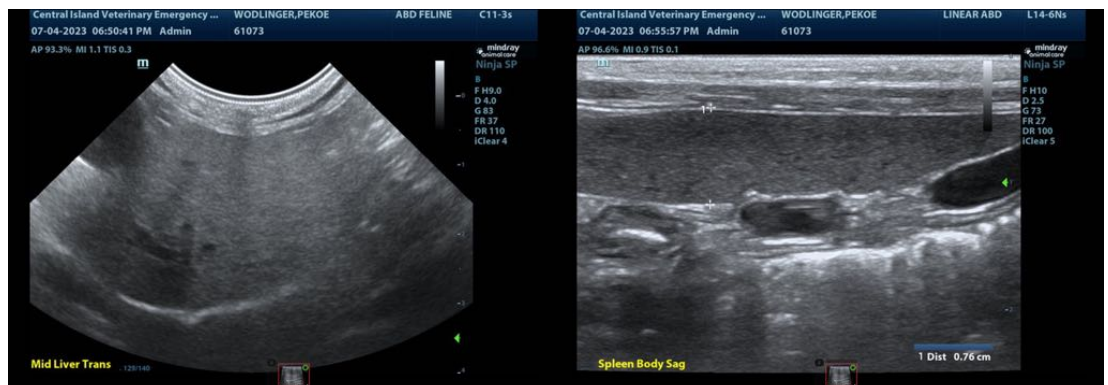
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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