



PATIENT

Dusty Kaplan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

18 Years

WEIGHT

6.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Companion VH of
Wayne

REFERRING VET

Dr. Spitz

INVOICE

16494

DATE

7/6/22

PRESENTING CLINICAL SIGNS

History: Abdominal mass effect, hyperthyroid, renal disease. Norm rads- right lateral abdominal mass.
Current meds: methimazole, amlodipine, miralax

Abnormal PE/Chem/CBC/UA Results: BUN 32, Creat 2.2 UA: pH 8.0, 3+ protein SG: 1.009

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented concentric thickening, thickening at the cystourethral junction and urethra. Anechoic urine was present.

The **right kidney** revealed polycystic changes. A 4.0 cm echogenic cyst was present at the cranial pole with debris. Microcystic changes were noted at the caudal pole. The parenchymal portion of the right kidney appeared to have adequate blood flow.

The **left kidney** revealed polycystic renal changes with the largest cyst measuring 0.5 cm. The left kidney measured 3.75 cm. Blood flow to the left kidney appeared to be fairly adequate on power doppler assessment despite the mild to moderate degenerative changes.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.6 cm. The right adrenal gland measured 0.4 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** revealed increased portal markings with intralobar free fluid. The gallbladder itself was unremarkable despite the dilated cystic and common bile duct. The common bile duct was mildly dilated at 0.53 cm. The common bile duct and cystic duct were tortuous. The common bile duct was followed to the union with the pancreatic duct, both of which were mildly dilated yet tapered into the duodenal papilla adequately. The common bile duct and cystic duct changes are likely age-related.

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



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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**. The free fluid is unclear and may be deriving from ruptured renal cyst or leakage of the renal cyst.

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ULTRASONOGRAPHIC FINDINGS

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- Subjectively near end stage polycystic renal disease with echogenic cyst or abscess of the right kidney

AGE

18 Years

- Free fluid may be owing from cachexia, occult neoplasia, leakage
- Chronic hepatic changes with dilated common bile duct and cystic duct, however, given the lack of elevated liver enzymes in the history, this is likely an age-related change
- Urinary bladder thickening

WEIGHT

6.6 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of neoplasia yet occult lymphomatosis or carcinomatosis cannot be ruled out. Abdominocentesis and cytospin of the free fluid, IV fluid support, treatment for renal disease +/- ultrasound guided drainage and culture of the renal cyst could be considered. The palpable mass effect is the renal cyst in this patient, as no other masses are present.

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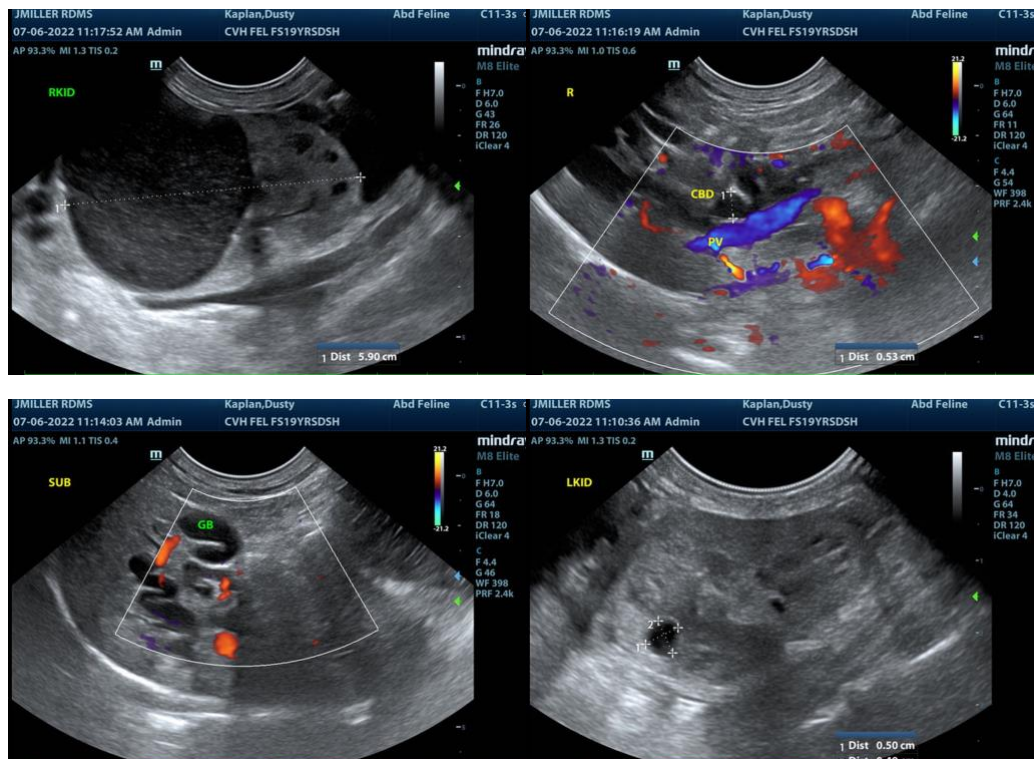
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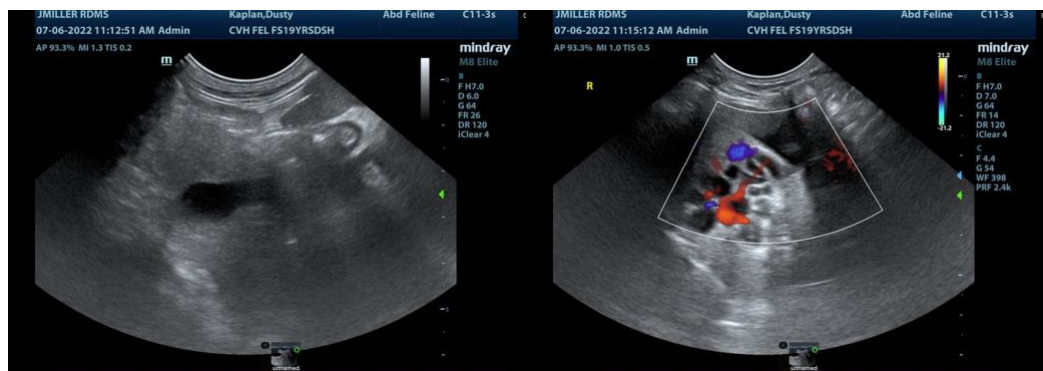
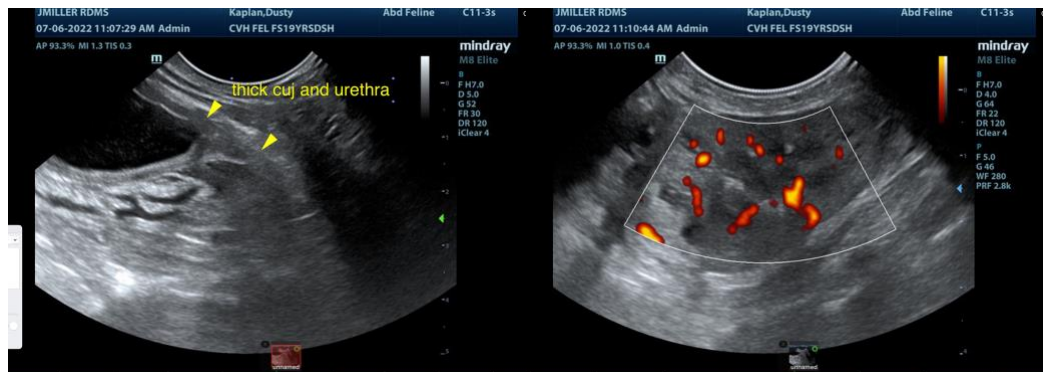
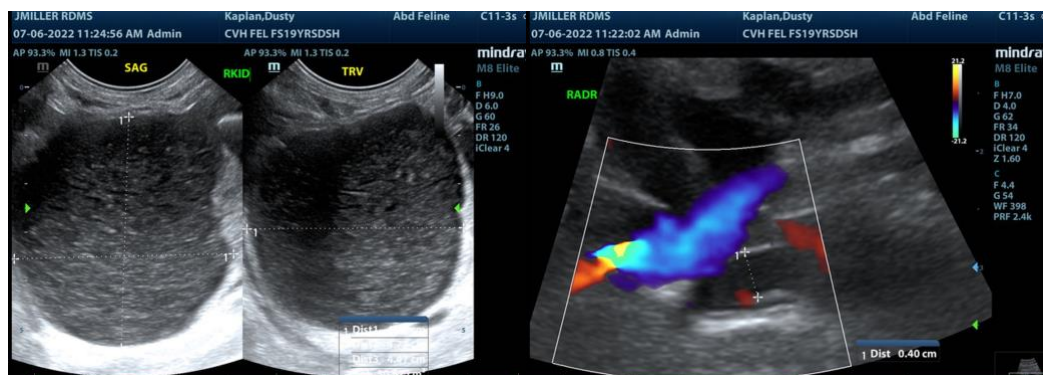
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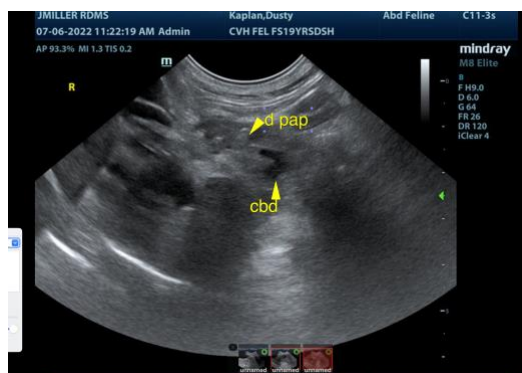
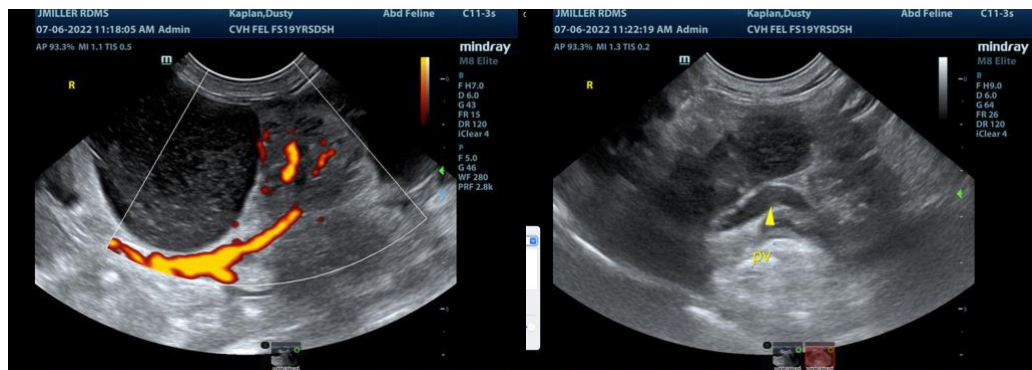
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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