

**PATIENT**

Maggie Martinek

**PRESENTING CLINICAL SIGNS**

History: chronic diarrhea, some blood; possible inguinal hernia. On tylenol, convenia  
RBC 7, WBC 27.6 with neuts 23, monocs 1.7; SDMA 22, BUN 63, Na 170, Cl 143, TP 9.5, glob 6.3

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

The **kidneys** 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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.23 cm with mild hydronephrosis, pelvic mineralization and ureteral stricture approximately 1.0 cm distal from the left renal pelvis. The right kidney measured 3.57 cm with mineralization.

**AGE**

9 years

**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 left adrenal gland measured 0.38 cm.

**WEIGHT**

4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Diane McFadden, RVT

**HOSPITAL NAME**

Ringwood AH

**Liver**

**INVOICE**

91081

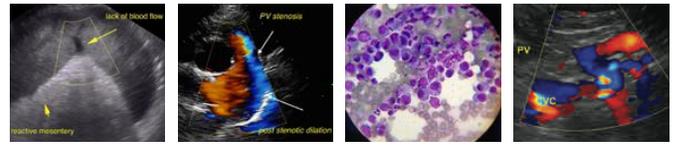
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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.

**DATE**

8/10/21

**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



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

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**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**SEX**

Spayed Female

**Free Abdomen**

Inguinal swelling in this patient revealed herniated fat with 0.5 cm

**AGE**

9 years

**ULTRASONOGRAPHIC FINDINGS**

Hydronephrotic left kidney with strictured left ureter, calculi and mild degenerative renal changes. Minor intestinal thickening. Abdominal hernia. Possible concurrent left limb pancreatitis.

**WEIGHT**

4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The abdominal hernia does not appear to be a significant clinical issue at this time; however, future strangulation of intestine could occur. I am most concerned about the left renal hydronephrotic presentation with stricture. Ideally, SUB placement or other form of interventional radiology decompression technique would be appropriate.

**IMAGING PERFORMED BY**

Diane McFadden, RVT

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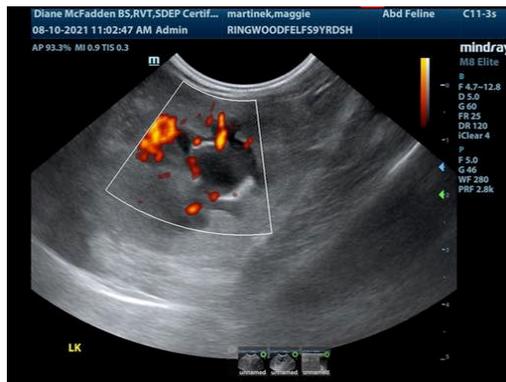
Ringwood AH

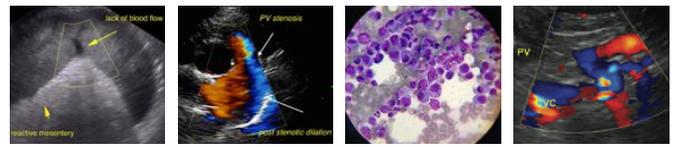
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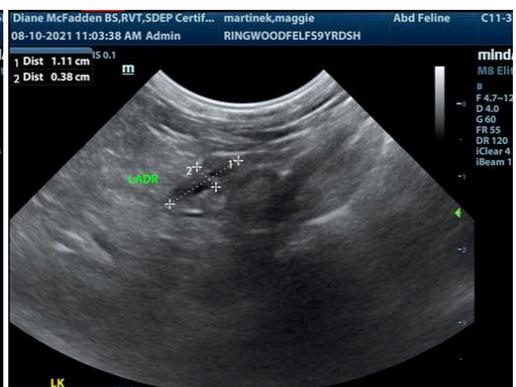
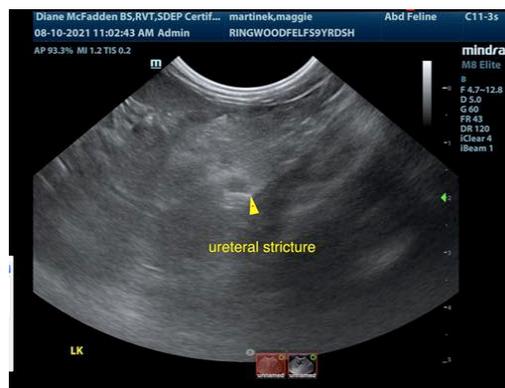
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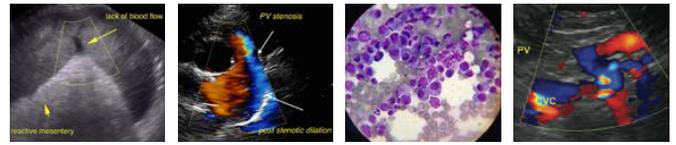
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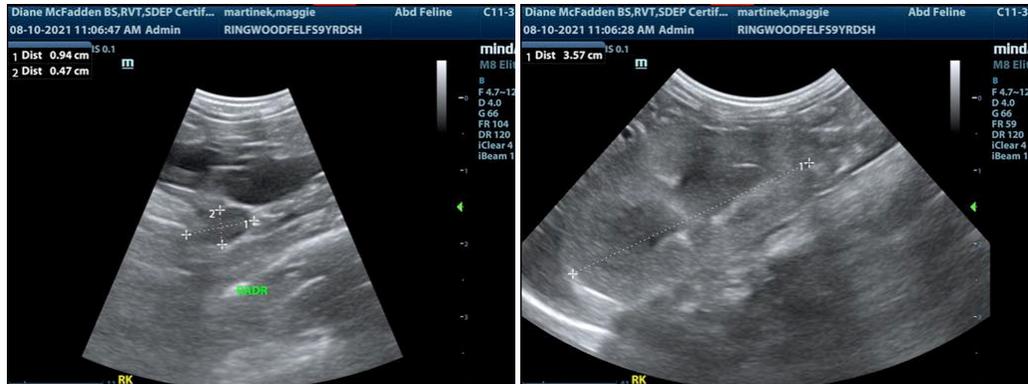
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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