



## PATIENT PRESENTING CLINICAL SIGNS

Misses Beasley  
Mortensen

### SPECIES

Feline

### BREED

DMH

### SEX

Spayed Female

### AGE

16 Years

### WEIGHT

5.4 Pounds

ADR. Inappropriate urination 3-days . HX of Cystitis events. Is on Amoxicillin drops . CRF Iris stage 2 eats K/D dry and is eating some commercial canned food as well. Lab test indicates elevations in liver enzymes ( Yesterday . ) Urinalysis is pending . Recc U/S to evaluate liver and pancreas and GU systems . Abnormal PE/Chem/CBC/UA Results: AST=219 ALT=547 Alk Po4=244 Total Bili = 1 BUN = 56 Creat = 1.8 CBC Neutrophils elevated at 9727 T-4 is normal @ 2 Current Medications Amoxicillin , Denamarin

## 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. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.14 cm. The right kidney measured 3.28 cm.

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

### 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 0.43 cm. The right adrenal gland measured 0.35 cm.

## IMAGING PERFORMED BY

Sara Hansen

### Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

## HOSPITAL NAME

VCA Delta Oaks

### Liver

The **liver** presented coarse architecture with heterogeneous, hypoechoic, ill-defined nodules. Minor gallbladder debris noted. No evidence of post-hepatic obstruction. Increased portal markings noted.

## REFERRING VET

Dr. Schulke

### 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.

## INVOICE

40403

### Pancreas

## DATE

8/12/22

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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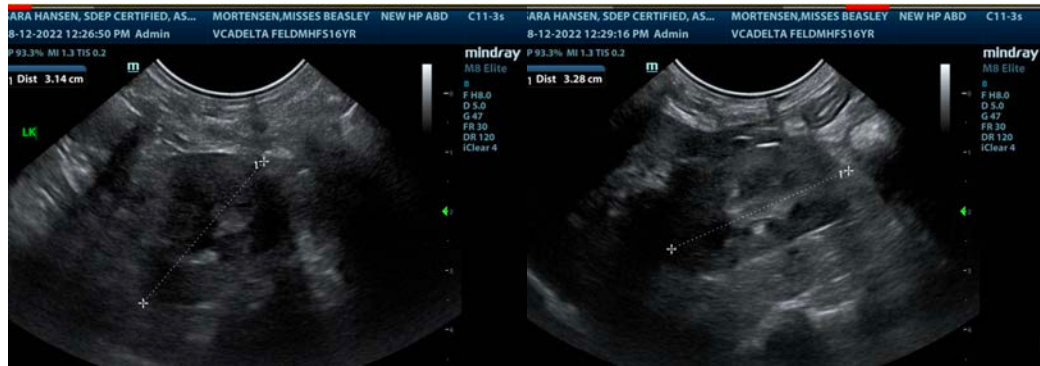
5.4 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- Non-specific hepatic remodeling
- Structurally normal urinary tract with moderate degenerative renal changes, largely expected for this age patient

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of post-hepatic obstruction. FNA warranted to assess for cholangiohepatitis, remodeling, and secondary degenerative changes versus emerging round cell neoplasia. Infectious agents such as bartonella and toxoplasmosis should be ruled out.



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DABVP, Cert. IVUSS

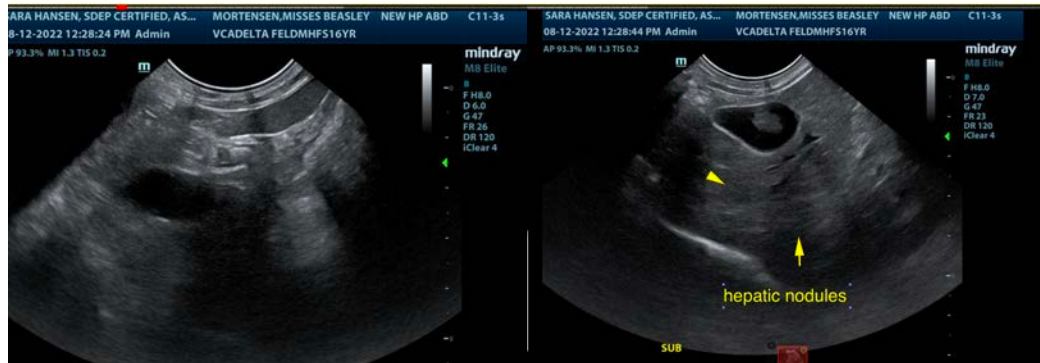


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**HOSPITAL NAME**

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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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