



PATIENT PRESENTING CLINICAL SIGNS

Spunky Dikengil elevated liver enzymes, elevated T4, anorexia

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

The **urinary bladder** revealed a solitary calculus measuring 0.77 cm. The bladder wall itself was unremarkable. Anechoic urine present. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

BREED

DSH

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 right kidney measured 4.03 cm. The left kidney measured 4.0 cm.

SEX

Spayed Female

AGE

12 Years

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

WEIGHT

8 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV

Liver

DABVP, Cert. IVUSS

The **liver** was diffusely hyperechoic to falciform fat with a slight amount of surrounding ascites between liver lobes. Minor gallbladder debris noted. This is most consistent with hepatic lipidosis. However, underlying neoplasia such as lymphoma cannot be ruled out.

IMAGING PERFORMED BY

Diane McFadden

Gastrointestinal

HOSPITAL NAME

Rockaway AH

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. Mesenteric lymph nodes measured 2.0 cm x 1.0 cm, reactive. Reactive mesentery noted associated with the small intestine.

REFERRING VET

Dr. Maniar

Pancreas

The **pancreas** was largely obscured by overlying hyperechoic reactive omentum.

INVOICE

40436

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis/pancreatitis and hepatic lipidosis pattern with mesenteric lymphadenopathy
- Small bladder calculus
- Age related renal changes

DATE

8/15/22



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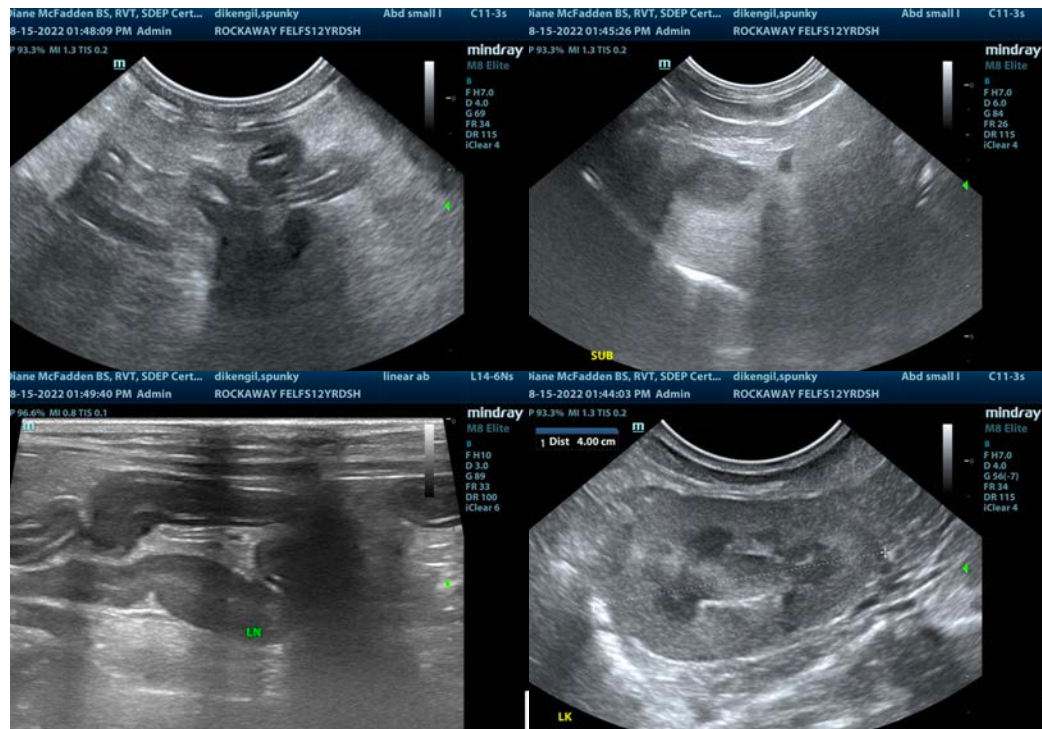
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and FNA of the liver indicated to ensure only lipidosis is present versus underlying lymphoma. Treatment for gastroenteritis and pancreatitis warranted in the meantime. Broad-spectrum antibiotics, IV fluid support, pain management if any discomfort is present, and hepatic FNA indicated. Recheck sonogram in 48-72 hours.





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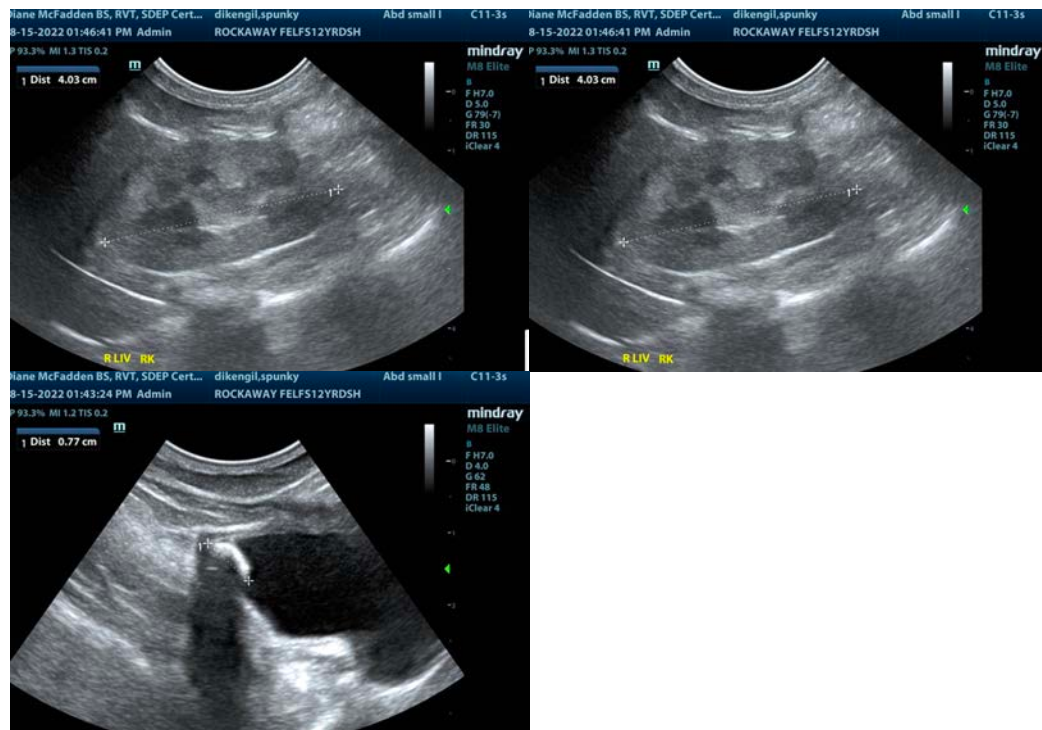
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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