



PATIENT

Gracie Rochette

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

4.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lincoski

HOSPITAL NAME

University Drive VH

REFERRING VET

Dr. Lincoski

INVOICE

32385

DATE

8/17/22

PRESENTING CLINICAL SIGNS

History: Initial presentation in May for wobbling, not moving around as much and inappropriate urination and defecation. Blood work normal at that time. Failed trial of metacam. Radiographs in July sent to synergy, likely chronic degenerative disc disease in L-S spine, and possible tiny bladder stones vs. artifact. Owner elected to do trial of prednisone and declined referral for orthopedist. Owner was on a trip and pet sitter reported not urinating since last thursday (suspect was going undetected somewhere). On exam, cat is unkempt, has lost 0.5# since May, and appears much older than her age. Abnormal PE/Chem/CBC/UA Results: Unkempt, weight loss. Bloodwork today (we had to sedate her, used 0.1ml dexdom/torb IM) was hypokalemic (3.0), Alkp <10 and creat 0.6. Mild non-regenerative anemia noted, 29.3% HCT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 3.23 cm. The left kidney measured 3.57 cm.

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.

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.



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Liver

The **liver** revealed slight coarse architecture with increased portal markings. This is consistent with history of inflammatory disease. The cystic duct was, which is a normal variant. The common bile duct was normal at 0.3 cm.

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Gastrointestinal

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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The mesenteric lymph nodes were enlarged and measured 1.0 x 0.5 cm.

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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.

WEIGHT

4.2 lbs

ULTRASONOGRAPHIC FINDINGS

Mild hepatic remodeling, likely owing to past history of cholangitis.

Minor intestinal thickening without loss of mural detail or foreign bodies.

Reactive mesenteric lymphadenopathy.

Bladder debris. Potential UTI as cause of the lower urinary tract signs.

Otherwise, unremarkable abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt evidence of neoplasia. Malassimilation of nutrients or neoplasia elsewhere is possible.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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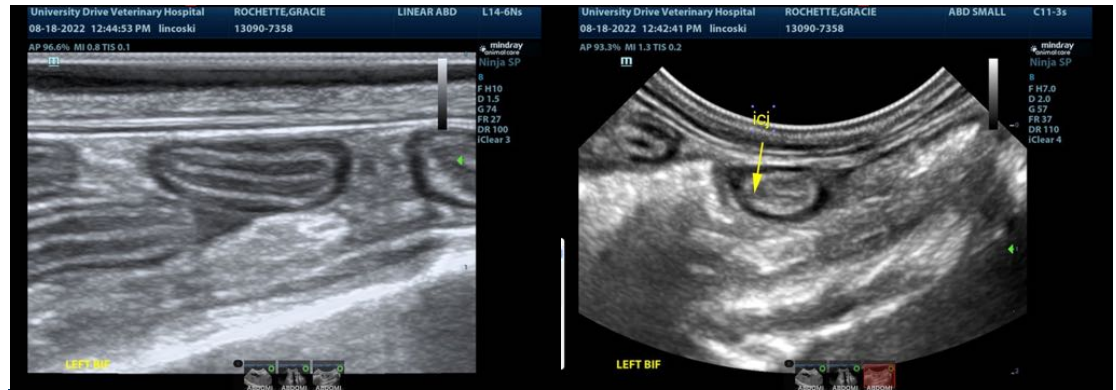
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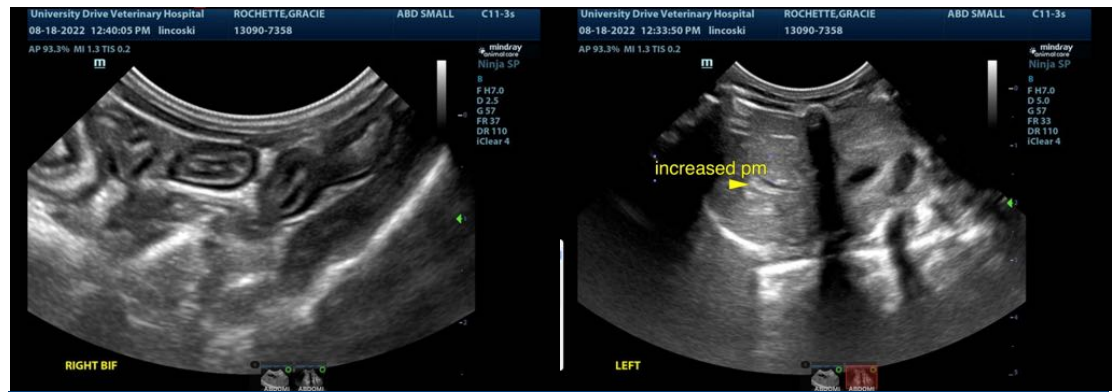
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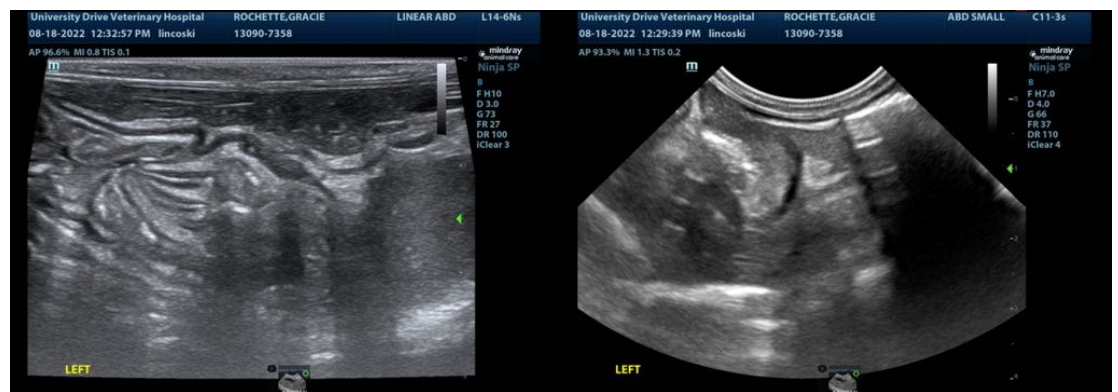
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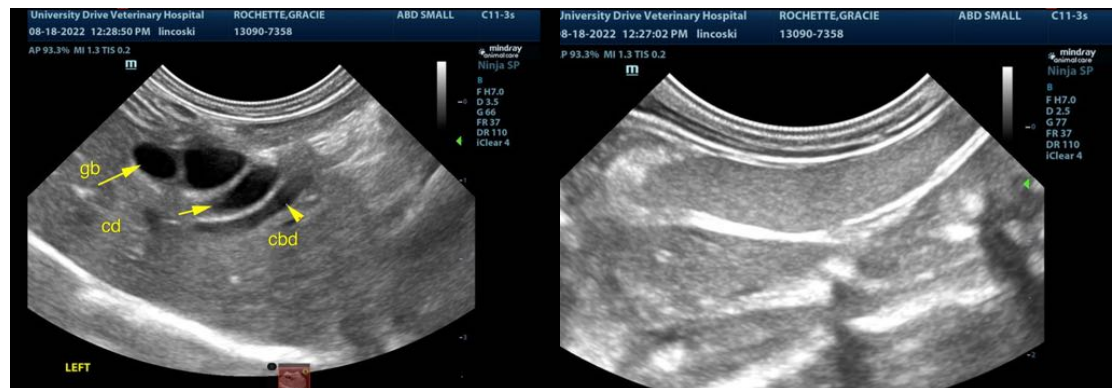
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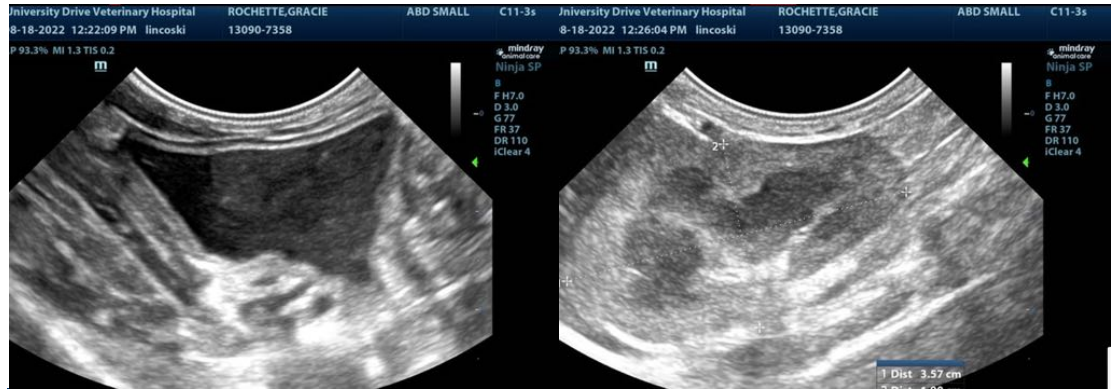
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com