



**PATIENT**

Frosty Ciesla

**SPECIES**

Feline

**BREED**

Maine Coon

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

17 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Travis Cerf

**HOSPITAL NAME**

VC Hardyston

**REFERRING VET**

Travis Cerf

**INVOICE**

23964

**DATE**

8/18/23

**PRESENTING CLINICAL SIGNS**

History: Intermittent vomiting and diarrhea

Abnormal PE/Chem/CBC/UA Results: Chronic renal insufficiency

**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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The left kidney measured 4.0 cm. Slight pyelectasia was noted in the right kidney. The right kidney measured 4.2 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. The hepatic lymph nodes were unremarkable. Minor areas of parenchymal mineralization were noted.

**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. This is a mild change.

**Pancreas**



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The right **pancreatic** limb presented a hypoechoic irregular region with enhanced surrounding mesentery, suggestive for pancreatitis.

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**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

- Mild chronic GI and pancreatic changes. Pancreatitis pattern with inflammatory bowel likely.
- Age-related renal changes with minor pyelectasia
- Age-related hepatic changes with minor areas of parenchymal mineralization

Feline

**BREED**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Maine Coon

Assessment for UTI/pyelonephritis is indicated. 72hr IV fluid protocol, broad spectrum antibiotics and pain management are all indicated. If the patient is an outdoor dweller, then toxoplasmosis and bartonella should also be ruled out as potential underlying factors. No overt evidence or suspicion for neoplasia. There is likely a prerenal effect upon azotemia, as the kidneys do not appear end stage.

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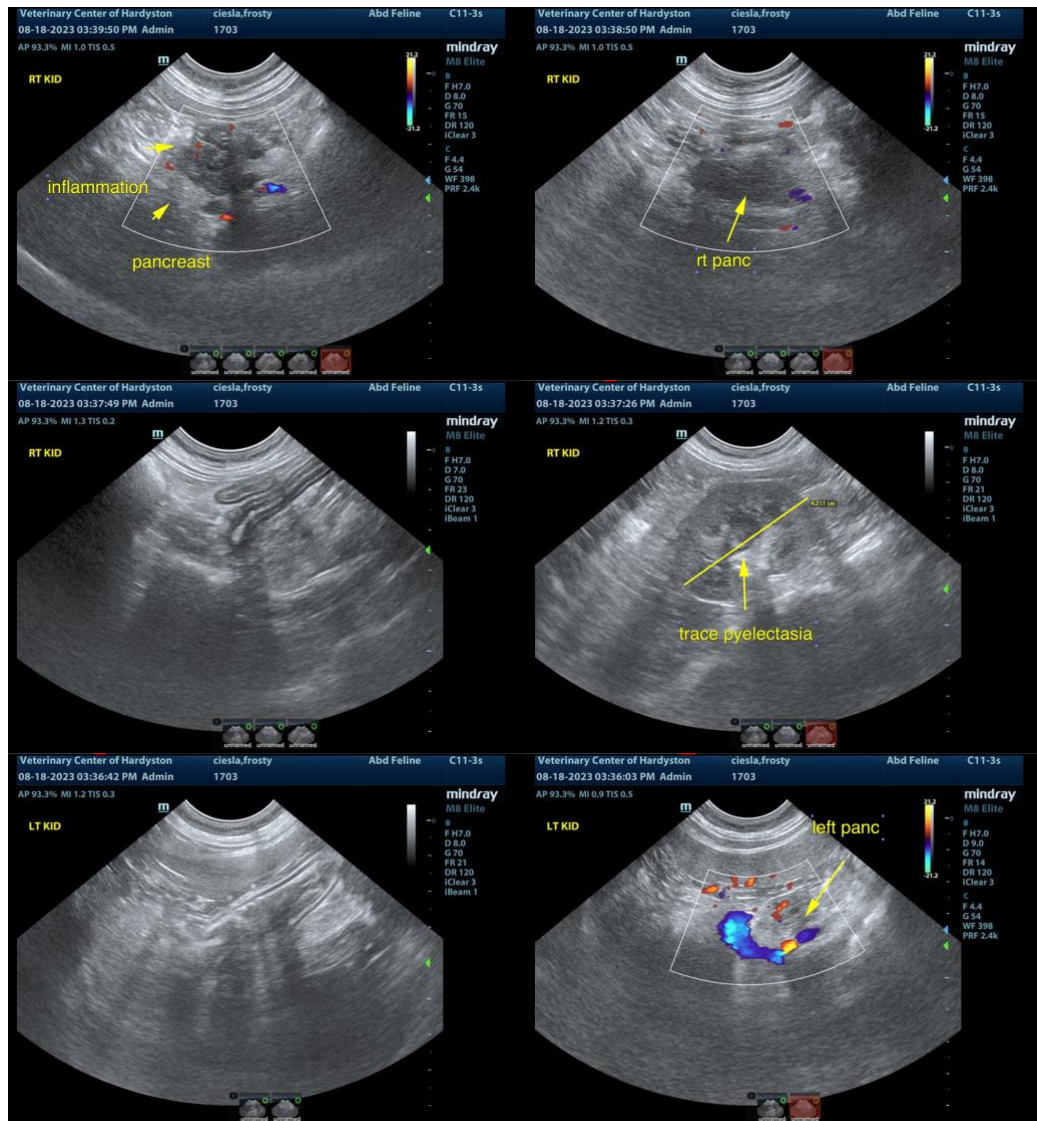
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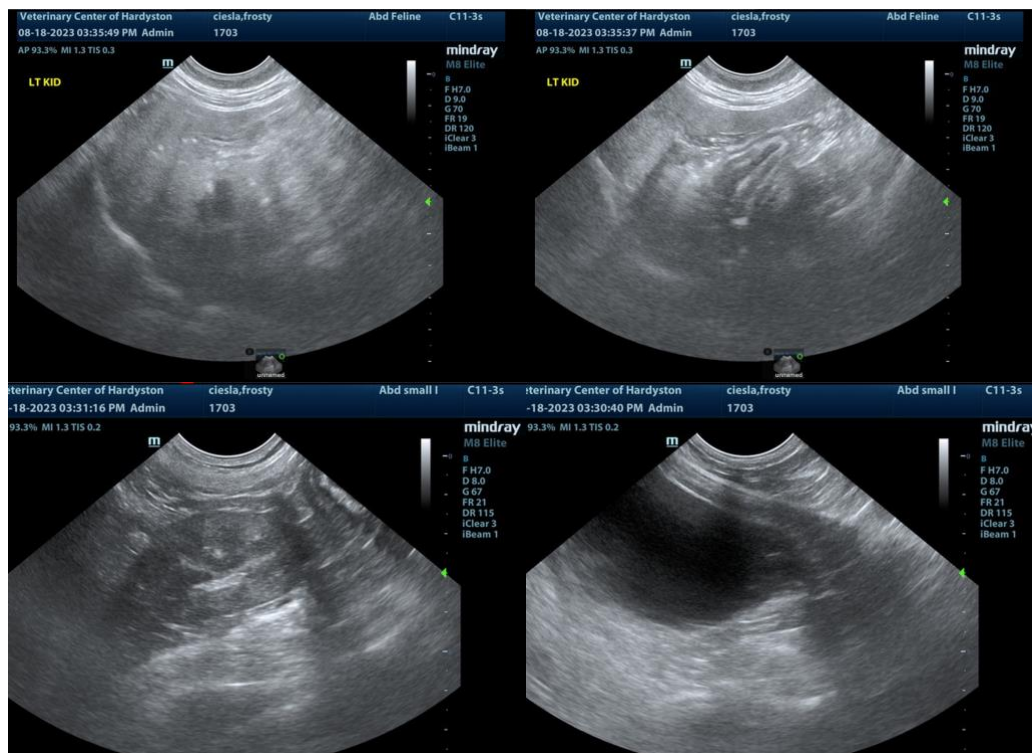
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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