



PATIENT

Grayson Bredijk

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

5.68 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jessica Miller, RDMS

HOSPITAL NAME

The Gentle Vet

REFERRING VET

Dr. Dulude

INVOICE

23961

DATE

8/18/23

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea + wt loss. Current meds: metronidazole, pred, B12 inj (started today)

Abnormal PE/Chem/CBC/UA Results: Anemic, Hhb 5.5, MCV 49, MCH 17, HCT 19%, Retic 51, cK 562, Cobalamine <150, folate 22.1 UA: 3+ protein SG: 1.053

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. This is a moderate change. Pyelectasia and a pelvic calculus were noted in the right kidney. The right kidney was mildly enlarged and swollen measuring 4.52 cm. Peripheral fatty enhancement was noted. The left kidney measured 4.28 cm. Trace pyelectasia and slight pelvic mineralization were noted in the left kidney.

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 right adrenal gland measured 0.34 cm. The left adrenal gland measured 0.37 cm.

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 to moderate 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. Occasional hyperechoic nodular changes were noted. Trace amounts of free fluid were noted between the liver lobes.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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The **pancreas** was enlarged, hypoechoic, irregular and nodular, measuring 1.17 cm with dilated duct (0.14 cm).

Free Abdomen

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Slight **free fluid** was noted in the caudal abdomen as well. The mesenteric **lymph node** (up to 1.0 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

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ULTRASONOGRAPHIC FINDINGS

AGE

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- Right kidney pyelonephritis pattern with pelvic calculus and pyelectasia
- Trace pyelectasia and slight pelvic mineralization in the left kidney
- Low grade prominent irregular pancreas, suspect pancreatitis
- Enlarged irregular liver with nodular changes. Slight free fluid between the liver lobes.
- Free fluid in the caudal abdomen as well. This may be owing to cachexia; however, lymphatic obstruction or occult neoplasia can also present in this fashion.
- Reactive mesenteric lymph nodes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Eric Lindquist, DMV
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Pancreatic and hepatic FNA are strongly encouraged in this patient, especially if liver enzymes are an issue. However, given the low hematocrit, at least 25% hematocrit is necessary for safe FNA. No overt evidence of neoplasia. Concern for emerging hepatic neoplasia/lymphoma in this patient. CBC path review +/- bone marrow aspirate is indicated. Prognosis is extremely guarded. Given the prednisone, this may be suppressing a more significant presentation.

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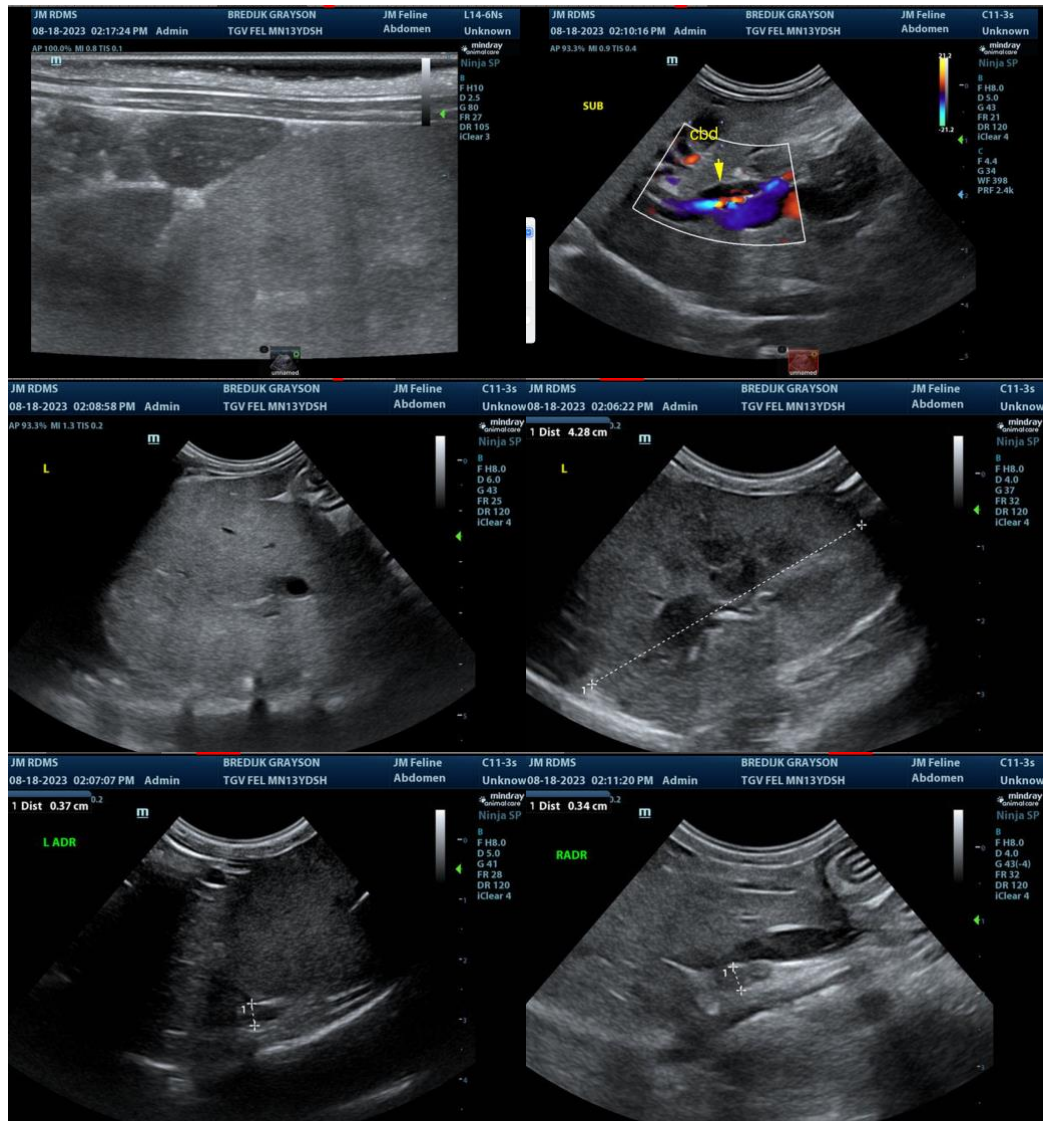
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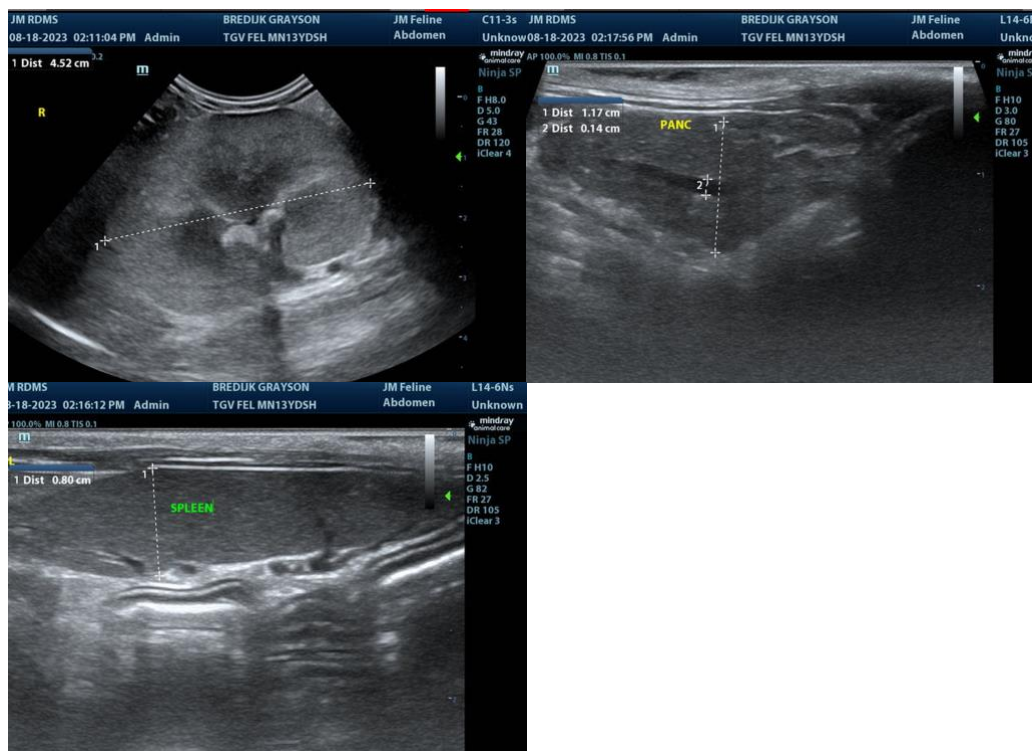
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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