



PATIENT

Bijou Mueller

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

20 Years

WEIGHT

7.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jessica Miller, RDMS

HOSPITAL NAME

Anima General on
Hudson

REFERRING VET

Dr. Ng

INVOICE

23833

DATE

8/2/23

PRESENTING CLINICAL SIGNS

History: New grade 2/6 systolic murmur. Hx of hypertension, CRD, +/- intestinal neoplasia vs IBD. Picky appetite. Current meds: Amlodipine, lactulose, pred, subq 100cc 1x week

Abnormal PE/Chem/CBC/UA Results: BUN 42, Cre 1.1, SDMA 15, Leukocytosis, WBC 25.3, Anemia, RBC 5.1, HCT 26

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** presented moderate degenerative changes. The left kidney measured 3.32 cm. Hyperechoic mineralized medullary rim, increased cortical echogenicity and remodeling were noted in the left kidney. A cortical infarct in the dorsal cortex and active inflammatory pattern was noted around the left kidney. The right kidney measured 3.2 cm. Trace pyelectasia was noted in the right kidney. Blood flow to the kidneys appeared to adequate on power doppler assessment.

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 0.32 cm. The right adrenal gland measured 0.31 cm.

Spleen

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

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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. The stomach was partially full. No obvious



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neoplastic patterns were noted and luminal content as unremarkable. Hard stool was noted in the colon, possibly owing to dehydration. This is a minor change.

Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

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- Moderate degenerative renal changes with corticomedullary mineralization and recent infarct to the left kidney.
- Mild chronic GI, pancreatic and hepatic changes- largely expected for this age patient.
- Volume contracted spleen
- Urinary bladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend correction of the azotemia with IV fluid support, if no contraindication to fluid therapy is noted with the echocardiogram evaluation. Urine culture and sensitivity is indicated, as well as blood pressure measurements. These are largely changes that I would expect for this age patient.

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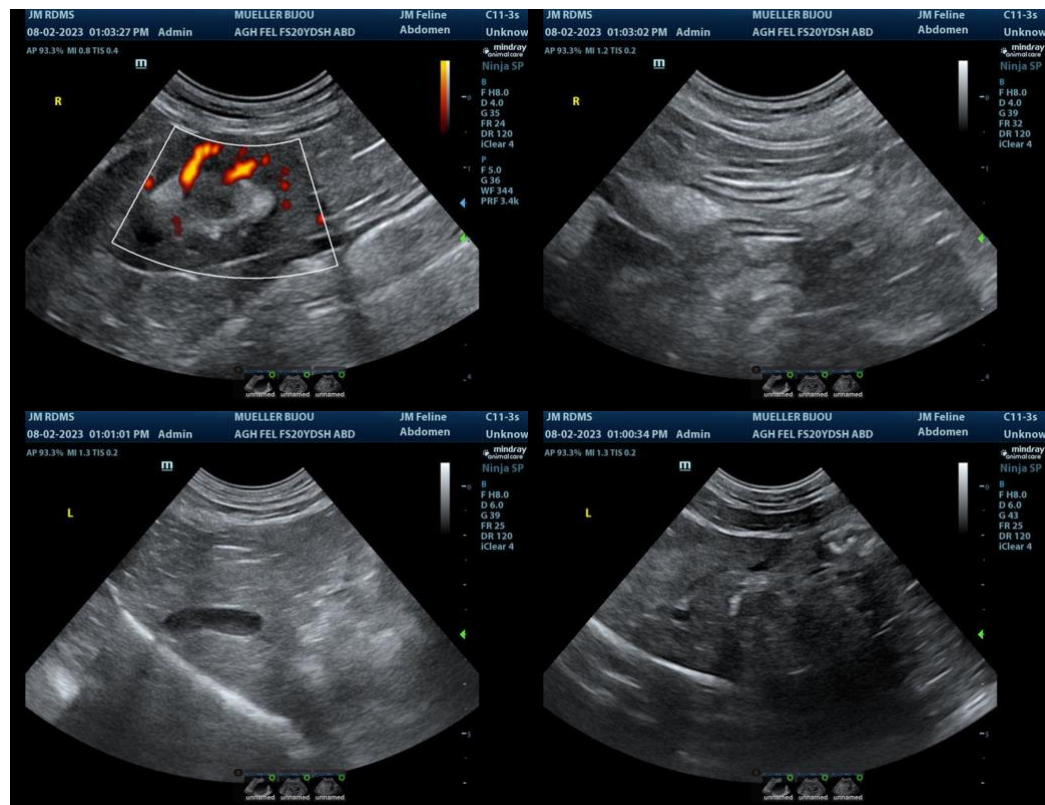
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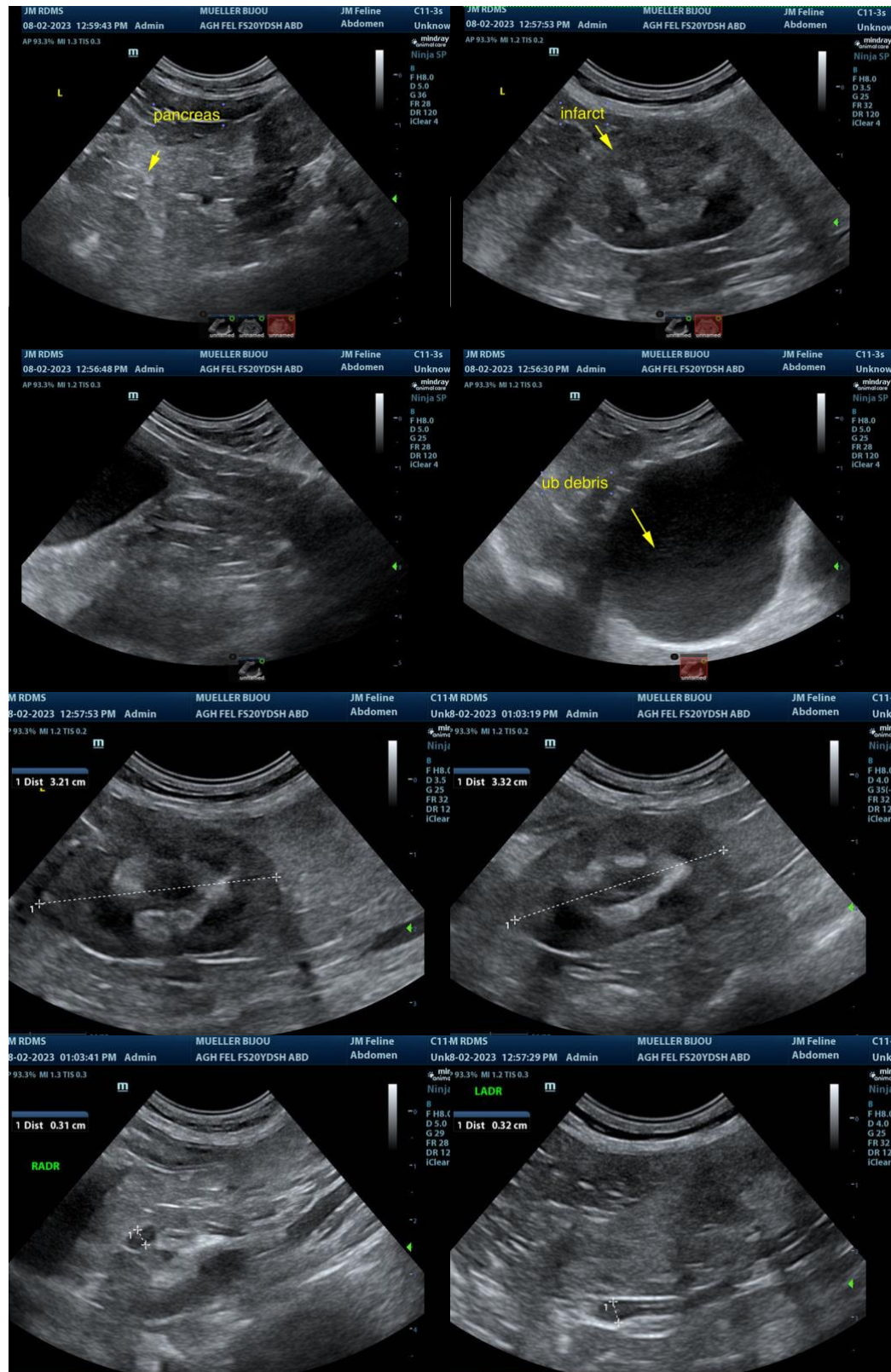
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The information and recommendations provided are based on the images presented by the



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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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