



## PATIENT

Molly Daly Martens

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

15 years

## WEIGHT

6.4 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUS

## IMAGING PERFORMED BY

Dr. Gunther

## HOSPITAL NAME

New Frontier Animal  
Medial Center

## REFERRING VET

Dr. Gunther

## INVOICE

76421

## DATE

8/2/23

## PRESENTING CLINICAL SIGNS

History: Chronic soft stools, sometimes with blood significant weight loss (3 lb over 12 months)  
Abnormal PE/Chem/CBC/UA Results: CBC - normal CHEM - low albumin (23) high globulin 7.4 T4 - euthyroid SDMA - mild elevation 16, but no azotemia; UST 1.021, no proteinuria

## 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 was 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 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 dilatation was present. The right kidney measured 2.96 cm with a cortical infarct in the cranial pole with pinpoint mineralization. The left kidney measured 3.32 cm with corticomedullary calculi.

### 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 0.36 cm. The right adrenal gland measured 0.38 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 was noted.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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.



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## Gastrointestinal

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. Minor luminal fluid was noted in the stomach. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The descending colon was particularly thickened in this patient. Increased submucosal echogenicity was noted. A separate 1.2 cm rounded, colic lymph node was also noted. The mesenteric lymph node was enlarged, rounded and hypoechoic measuring 1.4 cm.

## Pancreas

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.

## ULTRASONOGRAPHIC FINDINGS

Chronic renal changes with infarcts.

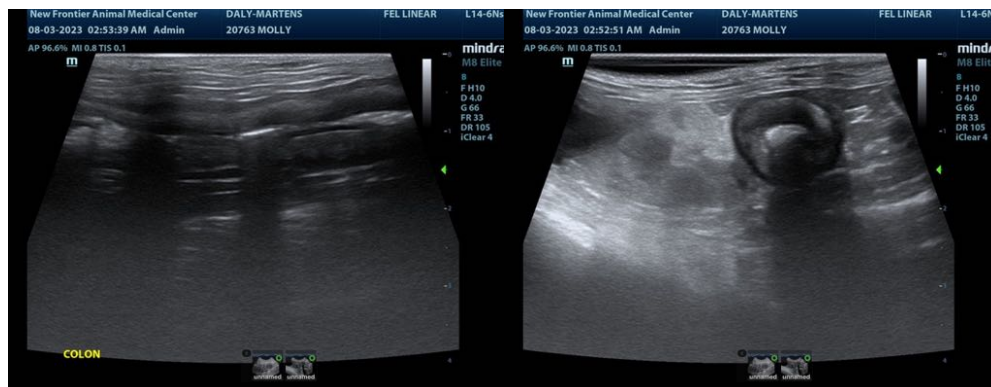
Diffuse intestinal thickening.

Mesenteric lymphadenopathy.

Colonic thickening and colonic lymph node enlargement.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a potential for emerging colonic neoplasia, yet complete neoplastic criteria is not met in the colon. FNA of the accessible lymph nodes are indicated as well as cytology and culture.





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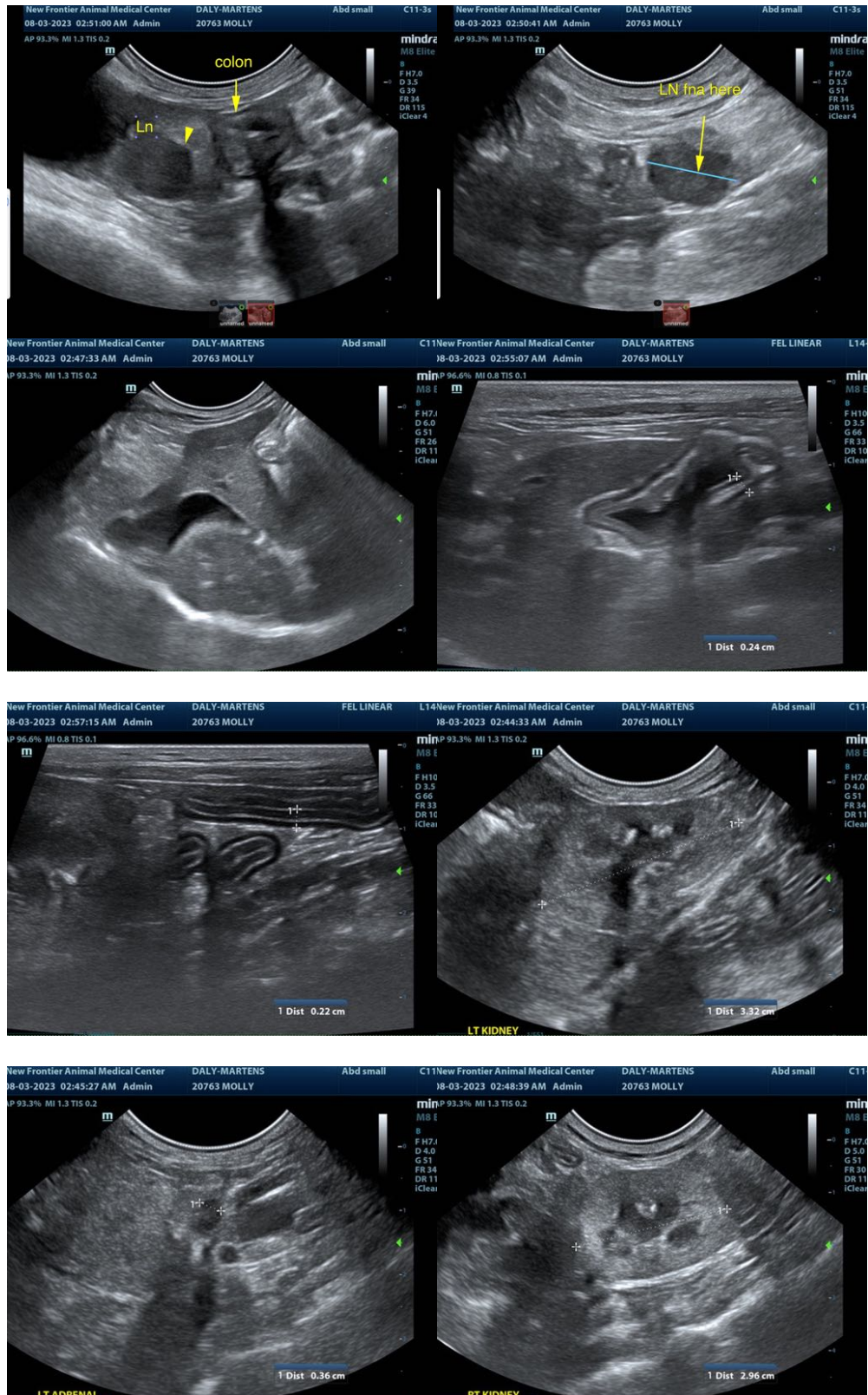
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Feline

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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Domestic Shorthair

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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