



PATIENT

Peter Clark

PRESENTING CLINICAL SIGNS

History: BW NSF. X-Rays Clear
Weight loss 2 lbs, increased appetite

SPECIES

Feline

Evaluate for IBD, lymphoma, malabsorption

BREED

DSH

Ate last 5pm
Labs, Radiographs attached

SEX

Neutered Male

Urinary System

The **urinary bladder** was small with non-obstructive calculus measuring 0.2 cm.

AGE

13 Yrs 9 Mos

The right **kidney** is severely subnormal in size and measured 1.68 cm with diffuse, hyperechoic interstitial nephrosis pattern with pericapsular inflammatory pattern. The left kidney is normal in size and contour with adequate blood flow. The left kidney measured 4.0 cm with minor loss of corticomedullary definition.

WEIGHT

8.8 lbs

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 0.42 cm. The left adrenal gland measured 0.42 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights VH

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.

REFERRING VET

Dr. Thomson

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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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. Intestinal wall thickness measured up to 0.28 cm. Minor retention of ingesta or likely hair accumulation was noted in the gastric lumen. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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Pancreas

DSH

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. The pancreatic duct was dilated and measured 0.22 cm. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. The right limb of the pancreas measured 0.62 cm.

SEX

Neutered Male

AGE

13 Yrs 9 Mos

ULTRASONOGRAPHIC FINDINGS

Bladder calculus.

WEIGHT

8.8 lbs

Vestigial right kidney.

Normal left kidney.

Otherwise, unremarkable abdomen.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. Neoplastic criteria is not met in this patient's abdomen.

IMAGING PERFORMED BY

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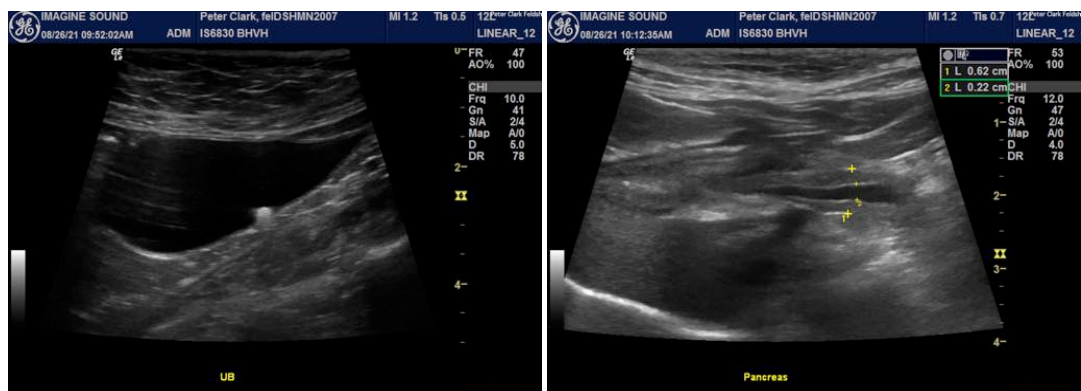
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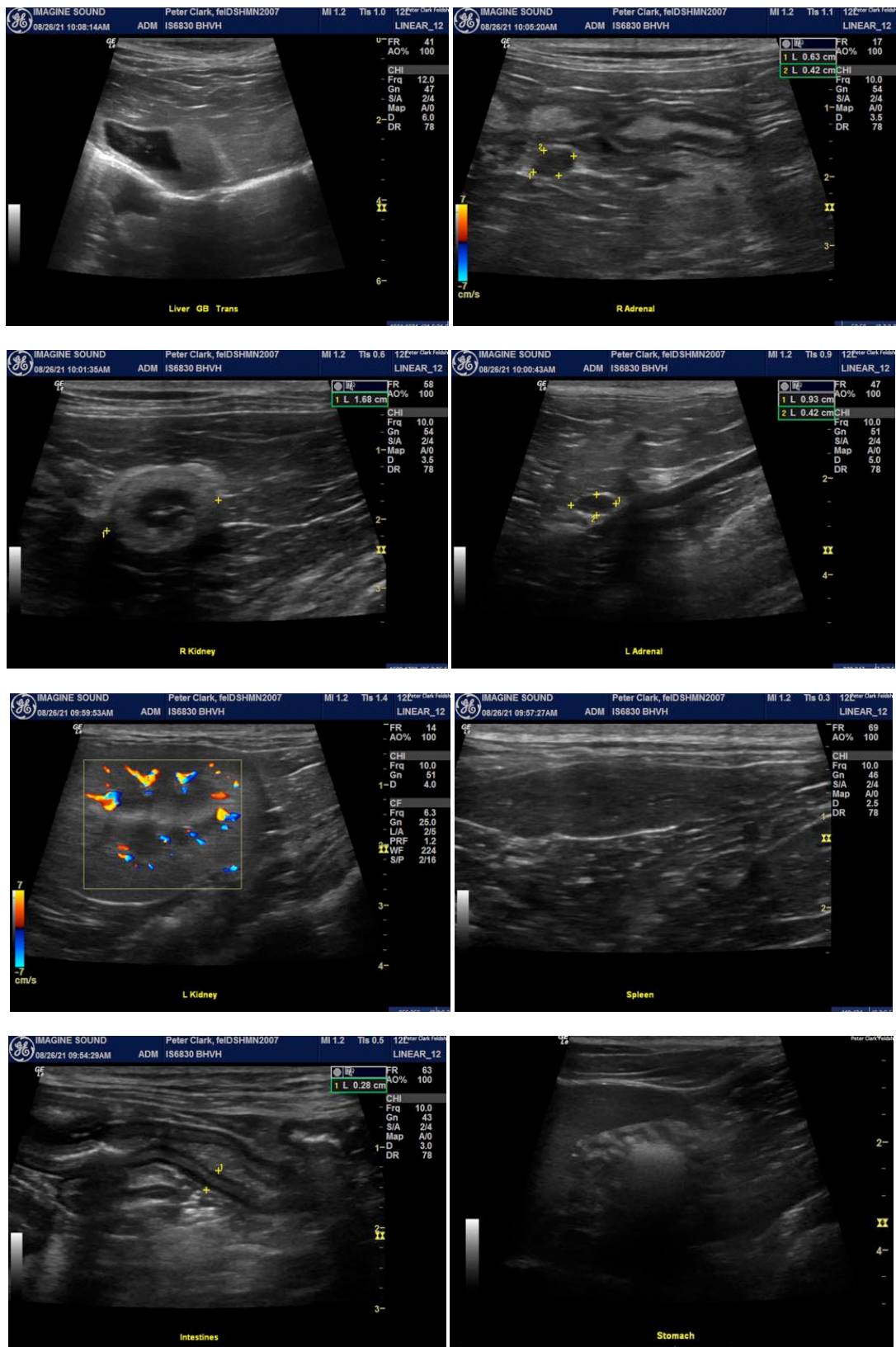
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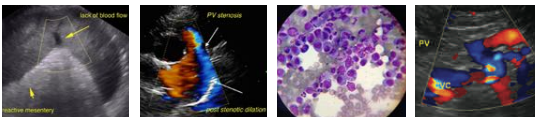
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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.

SPECIES

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

Eric.Lindquist@SonoPath.com

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DSH

SEX

Neutered Male

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