



PATIENT PRESENTING CLINICAL SIGNS

Ziggy Hrynyshyn
Weight loss
Abnormal PE/Chem/CBC/UA Results: Calcium 12.4, USG 1.037, unremarkable sediment

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **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.

BREED

DSH

SEX

Neutered Male

The **kidneys** presented a chronic interstitial nephrosis pattern. The left kidney was subnormal in size at 2.8 cm. Microinfarcts noted. The right kidney measured 4.77 cm. Blood flow to the kidneys appear to be subnormal, particularly in the left kidney, indicative of chronicity.

Adrenal Glands

AGE

11 Years

The **right adrenal gland** was slightly enlarged at 0.52 cm maximum width and 1.28 cm in length. The **left adrenal gland** measured 0.88 cm x 0.32 cm.

Spleen

WEIGHT

9.6 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

Liver

IMAGING PERFORMED BY

Jenna Walsh

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.

HOSPITAL NAME

Countryside AC

Gastrointestinal

REFERRING VET

Dr. Cox

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.

Pancreas

DATE

8/26/21

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. If pain

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PATIENT

Ziggy Hrynyshyn

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.

ULTRASONOGRAPHIC FINDINGS

SPECIES

Feline

- Interstitial nephrosis pattern, moderate degenerative changes on the left and mild on the right
- Slightly enlarged right adrenal gland
- Age related abdominal changes otherwise

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

No evidence of neoplasia. 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. Likely idiopathic hypercalcemia unless neoplasia is found elsewhere in the body. The abdomen does not present any significant pathology. However, renal values should be monitored carefully in the future.

AGE

11 Years

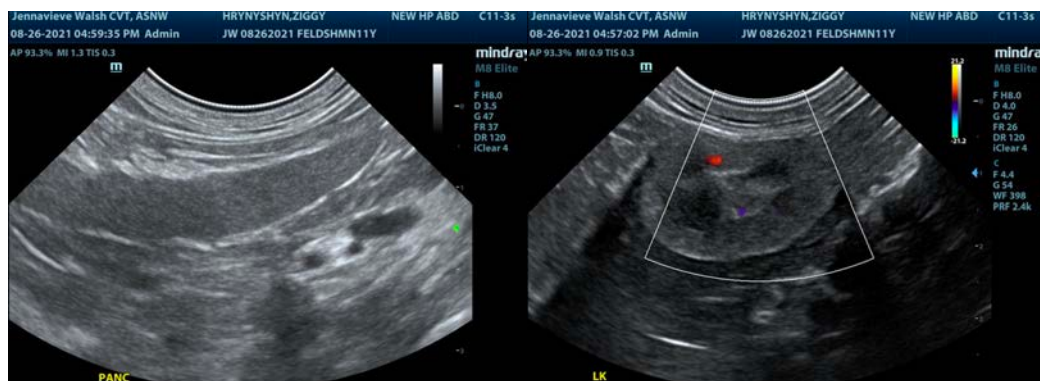


WEIGHT

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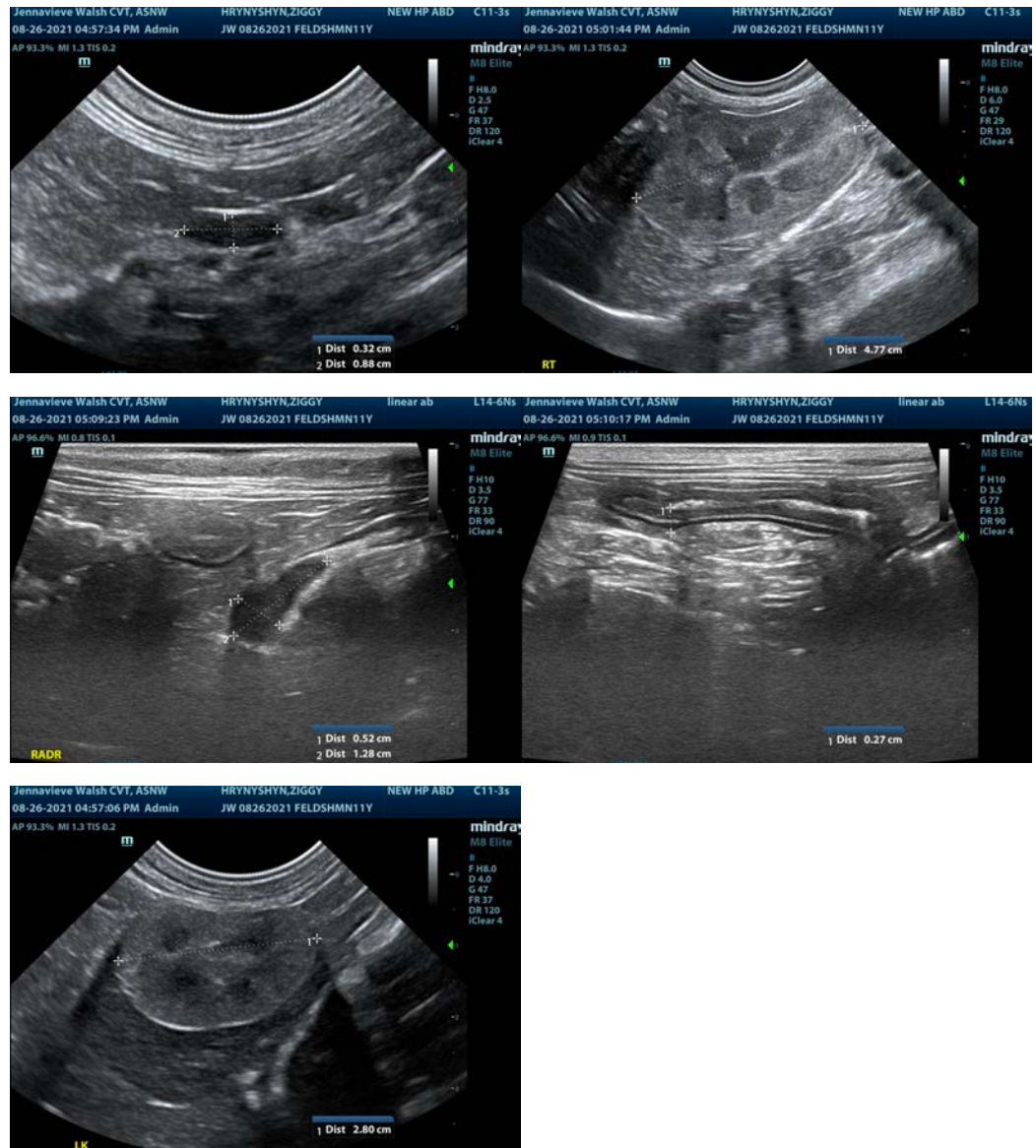
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com