



PATIENT

Baby Girl Vest

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

3.23 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Valentina

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

Dr. Valentina

INVOICE

40819

DATE

8/29/22

PRESENTING CLINICAL SIGNS

has been presented for anorexia and lethargy since 1 month. No others clinical signs have been reported. The patient is alert and responsive. Mmc pink Heart rat 140 RR 25 The lung sound is harsh and not audible on the cranial area. Heart sound is clear. The xray performed in LL a and vd projection reveals some spot on the lung patterns, compatible with an infiltrate process. The blood test reveals low platelets counts and increased Tp. Kidney and hepatic parameters in the normal range. We would like to role out any infiltrative process in the abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

****17 still images and 9 videos submitted for review.**

Urinary System

The **urinary bladder** revealed apical and concentric wall thickening up to 1.0 cm apically, 0.28 cm caudally.

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. Pyelectasia of 0.56 cm noted in the left kidney. The right kidney measured 3.6 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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

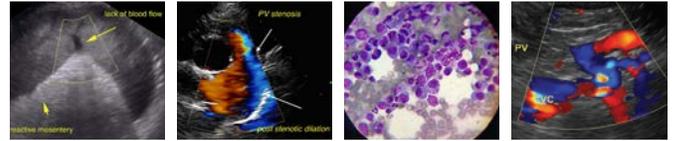
The **liver** presented increased portal markings and coarse architecture. The gallbladder was unremarkable.

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. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

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 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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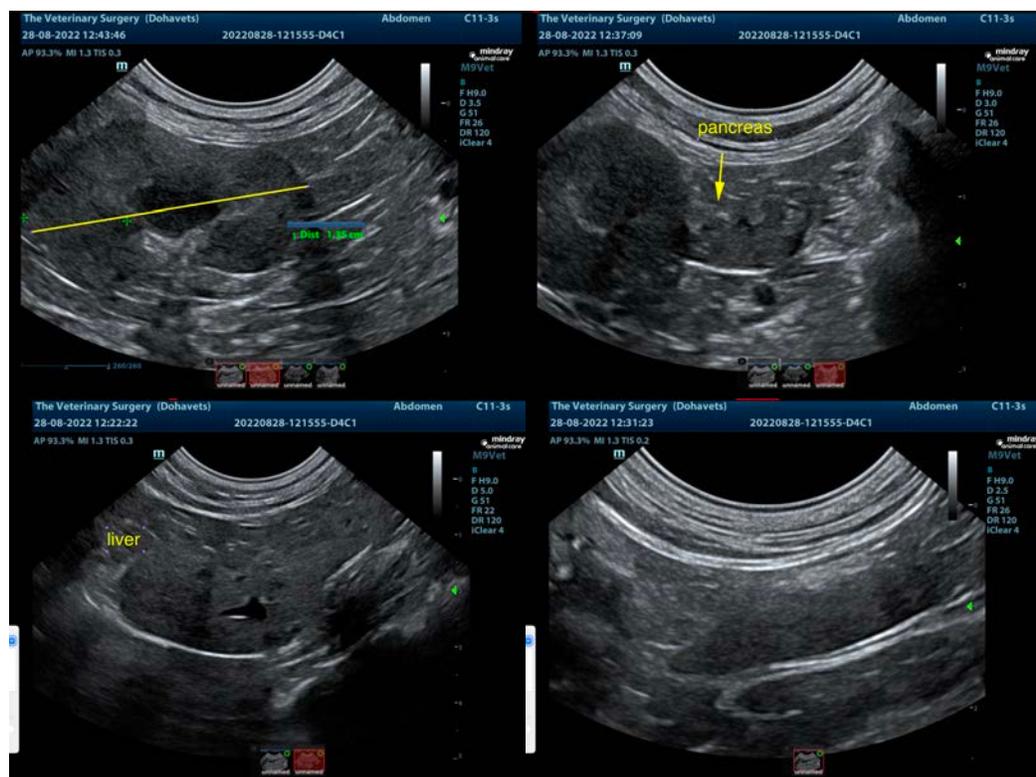
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ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen with mild to moderate degenerative renal changes and slight pyelectasia of the left kidney (likely owing to pelvic scarring)
- Mild hepatic remodeling
- Concentric bladder wall thickening – most consistent with interstitial cystitis, possibility of UTI, minor potential for bladder neoplasia. Not likely overtly indicated to the clinical signs unless UTI is evident.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying UTI is a possibility. The cause of lethargy is unclear in this patient. Subxiphoid palpation recommended to assess any discomfort in the region of the pancreas. Other changes are consistent with age related changes. No evidence of active inflammation. If urinalysis is not performed, assessment for UTI warranted, given the pyelectasia in the left kidney. However, this may be owing to scarring from prior insult. Mild hepatic remodeling present, yet no obvious evidence of neoplasia. Pain related disease such as orthopedic pain, thoracic or CNS disease should be investigated if not already performed. No direct abdominal pathology that is related to the clinical history.

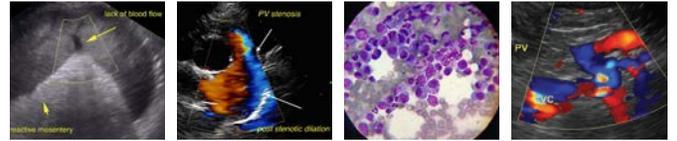


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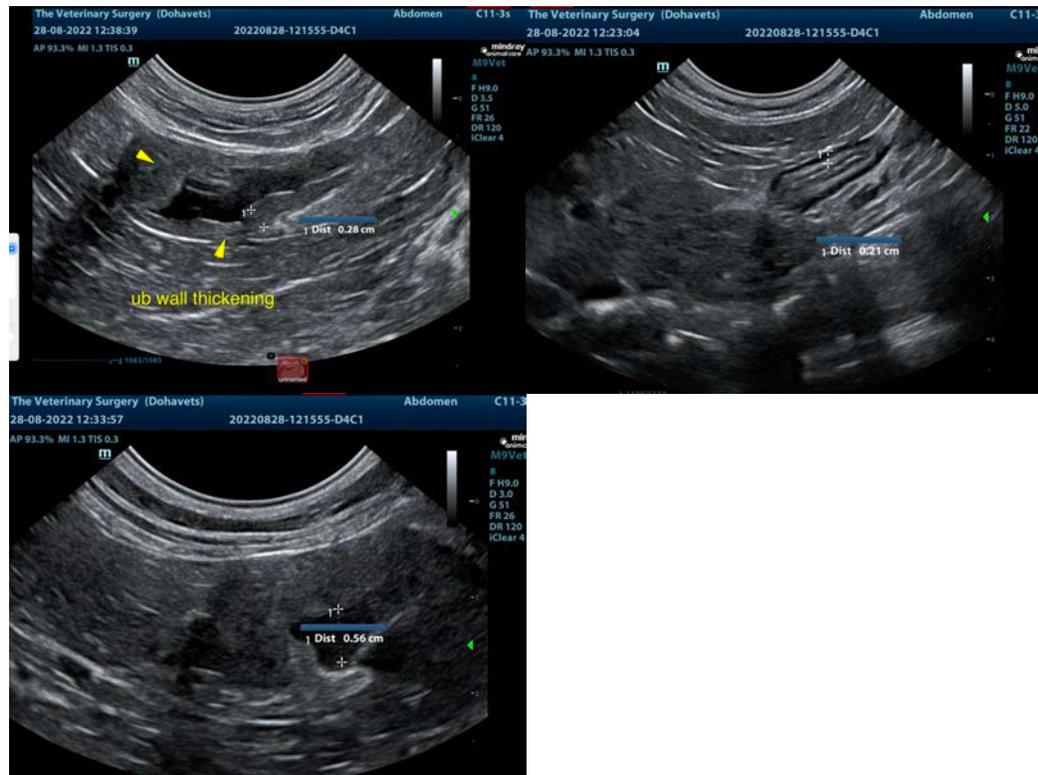
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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