



**PATIENT**

Bell Mapleloft

**PRESENTING CLINICAL SIGNS**

constantly hungry, vomiting, wt loss, concern for primary GI disease  
Abnormal PE/Chem/CBC/UA Results: CBC wnl; creat 2.1, BUN 42, remainder wnl. T4 2.5

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

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. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

**SEX**

Spayed Female

The **kidneys** presented moderate degenerative changes. Corticomedullary mineralization present and loss of corticomedullary definition with interstitial nephrosis pattern. The left kidney measured 3.4 cm. The right kidney measured 3.24 cm.

**AGE**

15 Years

**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 0.45 cm. The right adrenal gland measured 0.47 cm.

**WEIGHT**

7.4 Pounds

**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.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**Liver**

**IMAGING PERFORMED BY**

Diane McFadden

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**

Rockaway AH

**Gastrointestinal**

**REFERRING VET**

Dr. Maniar

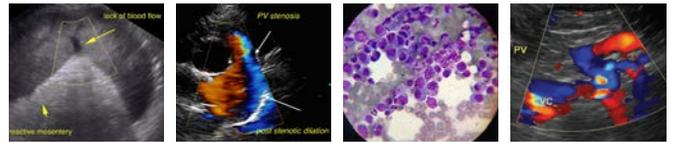
The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

**INVOICE**

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**DATE**

8/29/22



**PATIENT**

**Pancreas**

Bell Mapleloft

The **pancreas** was enlarged, irregular and hypoechoic with dilated duct, suggestive for inflammation.

**SPECIES**

Feline

- Intestinal thickening
- Moderate degenerative renal changes – subjectively not end stage.
- Concurrent pancreatitis likely

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Both prerenal and renal disease may be playing a role. Assessment for any UTI or hypertension as complicating factors warranted. 72-hour IV fluid protocol and reassessment of the azotemia and clinical status indicated. No evidence of neoplasia.

**SEX**

Spayed Female

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.

**AGE**

15 Years

**WEIGHT**

7.4 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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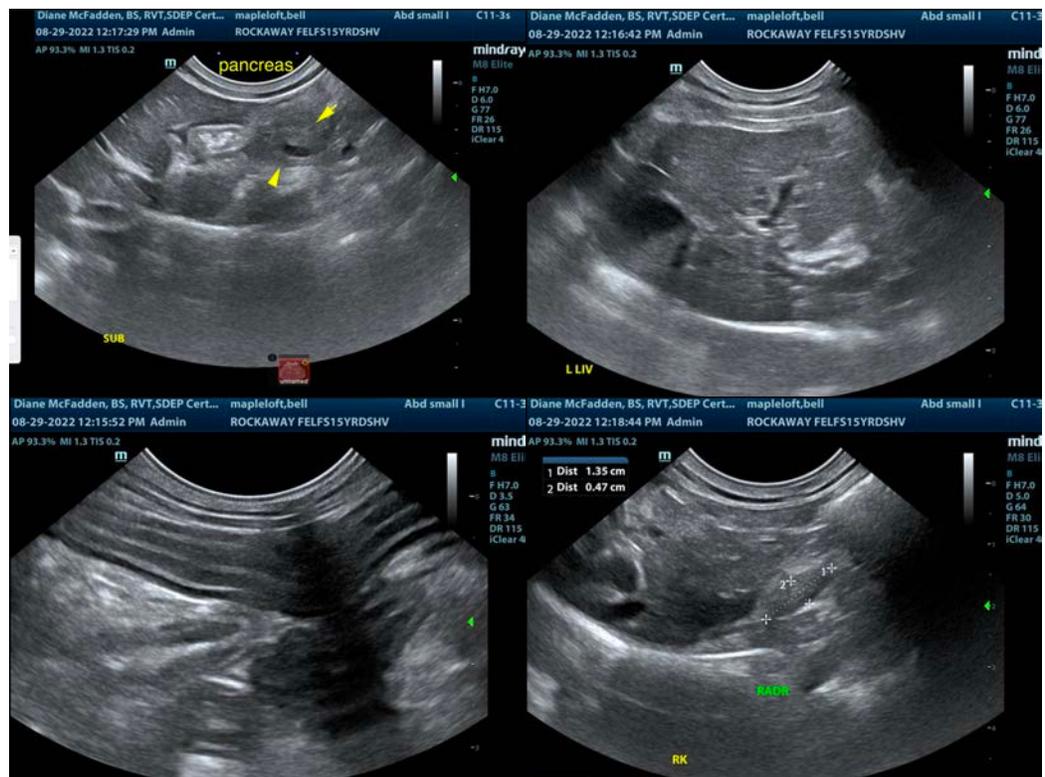
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**SPECIES**

Feline

**BREED**

DSH

**SEX**

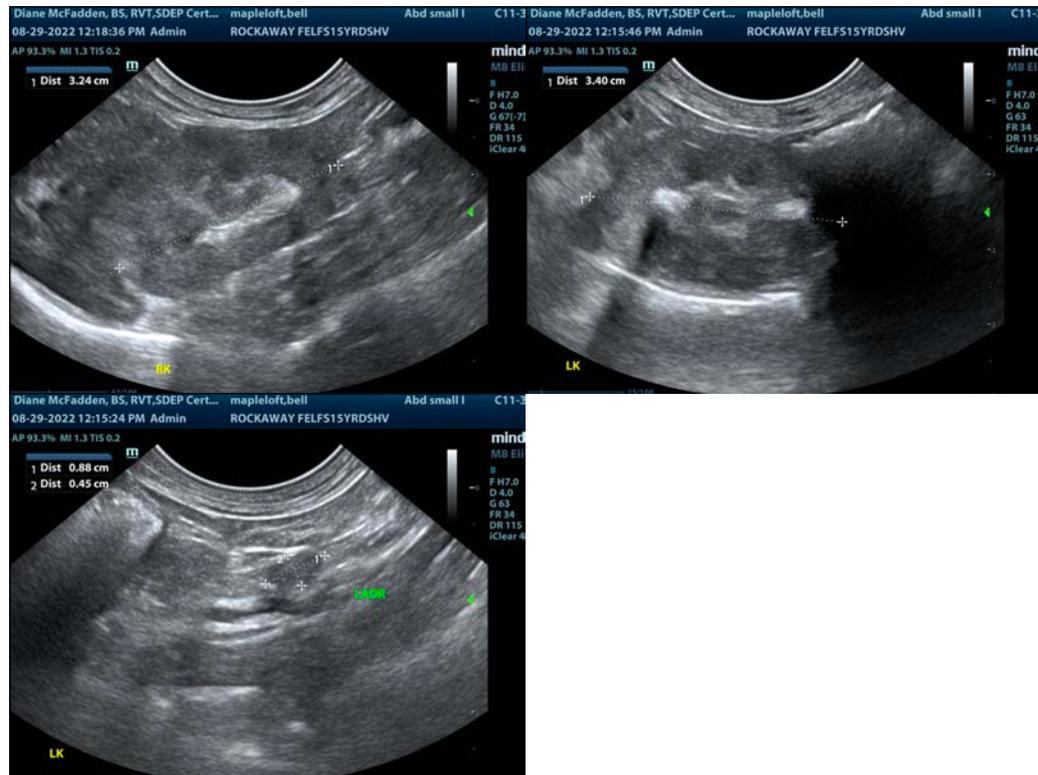
Spayed Female

**AGE**

15 Years

**WEIGHT**

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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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