



PATIENT

Julie Craddock

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

20 years

WEIGHT

4.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Krell

HOSPITAL NAME

Paws and Prairie AC

REFERRING VET

Dr. Hensel

INVOICE

32121

DATE

8/3/22

PRESENTING CLINICAL SIGNS

History: History of chronic recurring UTI's. Last Thursday, stopped eating/picking at food. Rechecked today - no defecation noted, straining in litter box, suspected constipation, producing little to no urine (very dark colored). History of renal insufficiency (elevated SDMA) about one+ years ago. Abnormal PE/Chem/CBC/UA Results: Abnormal PE: icteric, poor BCS (chronic). Colon palpated - found firm stool. None completed today

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 significant dystrophic changes with thickened, irregular cortices and loss of corticomedullary definition and pyelectasia. Corticomedullary mineralization was noted. The right kidney measured 3.2 cm. The left kidney measured 3.3 cm.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.53 cm. The right adrenal gland measured 0.42 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** revealed a thickened and over distended gallbladder with slight free fluid and a 3.0 cm mass that occupied the cranial liver. The architecture was coarse. Microcystic changes were noted throughout the remainder of the liver. The left lateral liver revealed a 1.5 cm echogenic nodule as well as nodules noted in the caudate process.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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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

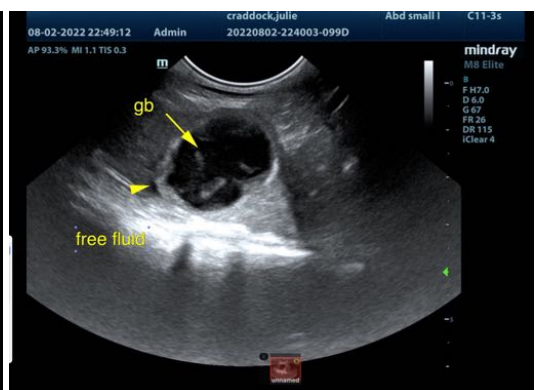
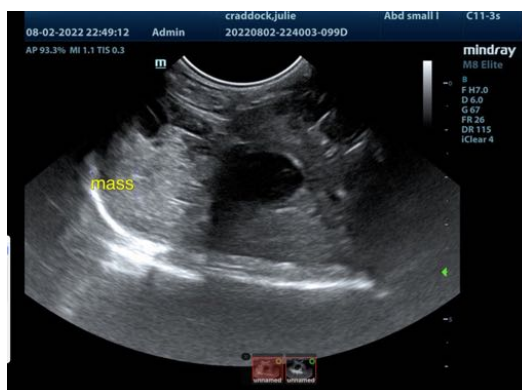
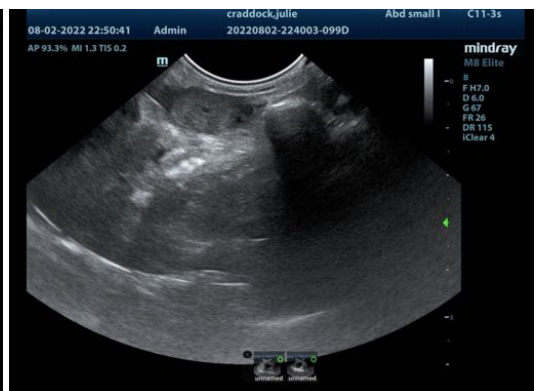
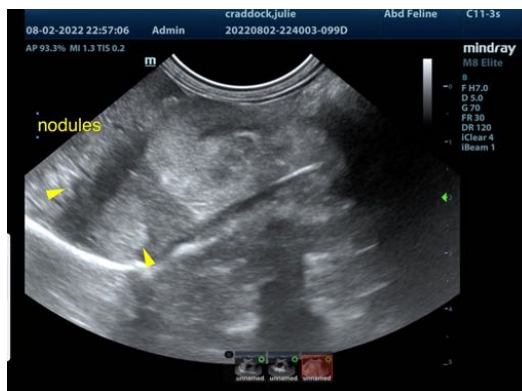
Cystic masses with congested gallbladder and diffuse hepatic disease.

Slight free fluid adjacent to the gallbladder.

End stage degenerative disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The majority of the masses and nodules in the liver are parenchymal and disruptive. Some level of post hepatic disease is likely playing a role in the icterus. The prognosis is poor. Exploratory cholecystectomy and liver biopsies can be considered for further definition; however, given the precarious systemic state this is a dubious utility.





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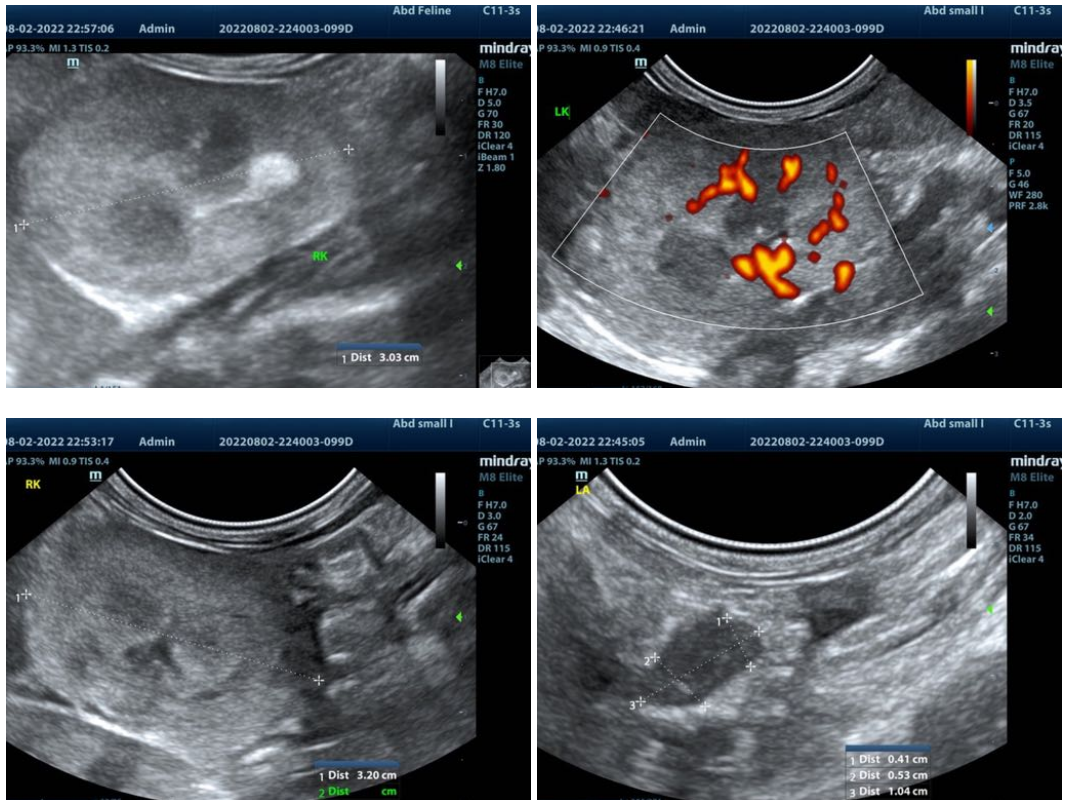
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com