



**PATIENT**

Abby Wyatt

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

13.2 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Jolee Stegemoller

**HOSPITAL NAME**

North Idaho AH

**REFERRING VET**

Dr. Dawn Mehra

**INVOICE**

25104

**DATE**

8/31/21

**PRESENTING CLINICAL SIGNS**

Presented 8/30 for weight loss, intermittent vomiting, and anorexia over the last month. Vomiting is occurring daily. Minimal eating over the last week (worse), urinating less. Stools are thin and stringy. Indoor only lifestyle, single cat household. Historical asthmatic and controlled on 1.5mg prednisolone daily. Vaccines have been discontinued per previous veterinarian.

Abnormal PE/Chem/CBC/UA Results: Severe ascites. Thoracic radiographs show pulmonary hyperinflation, mild bronchiolar thickening, normal cardiac silhouette. CBC - WBC 15.59, Neu 13.17, Mono 0.90, Plt 514 Chem - Glu 173, Cre 1.7, TT4 4.8 UA - USG >1.040, pH 7, proteinuria 500, RBC TNTC (via cystocentesis)

**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 were noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.0 cm. The right kidney measured 3.4 cm with cortical infarct noted in the caudal pole.

**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 0.42 cm. The right adrenal gland measured 0.43 cm.

**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** 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. No evidence of passive congestion.

**Gastrointestinal**

The **stomach** itself was unremarkable. The ileocecal junction was slightly thickened up to 0.5 cm. A rounded, hypoechoic mesenteric lymph node was noted measuring 1.5 cm.



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**Pancreas**

The **pancreas** was riddled with nodular omental changes with undifferentiated parenchyma.

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**Free Abdomen**

A moderate amount of free fluid was noted in the abdomen.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

- Ileocecal junction thickening and mesenteric lymphadenopathy
- Nodular omental changes in the pancreas
- Free fluid – suspect carcinomatosis, lymphomatosis or similar
- Cortical infarct right kidney

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

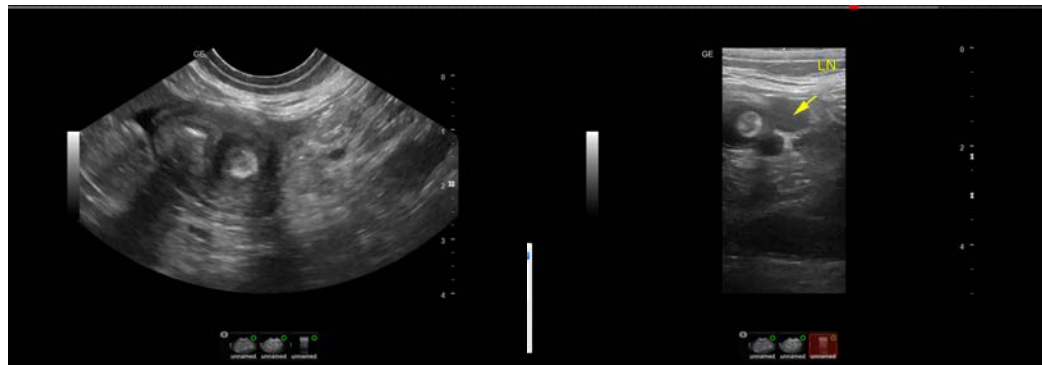
FNA of the mesenteric lymph node and abdominocentesis with cytopsin recommended to assess for neoplastic exfoliation.

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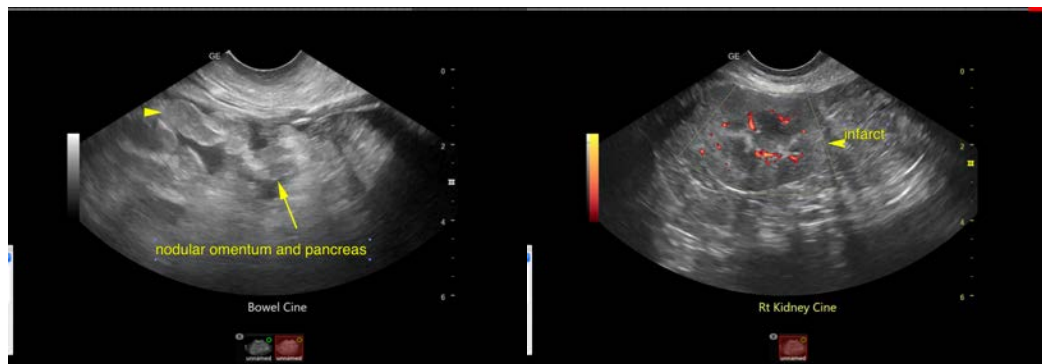


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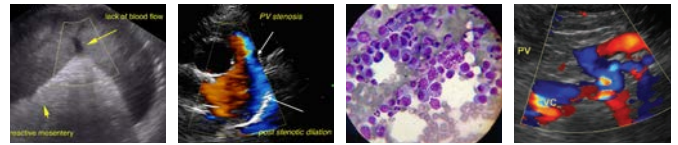
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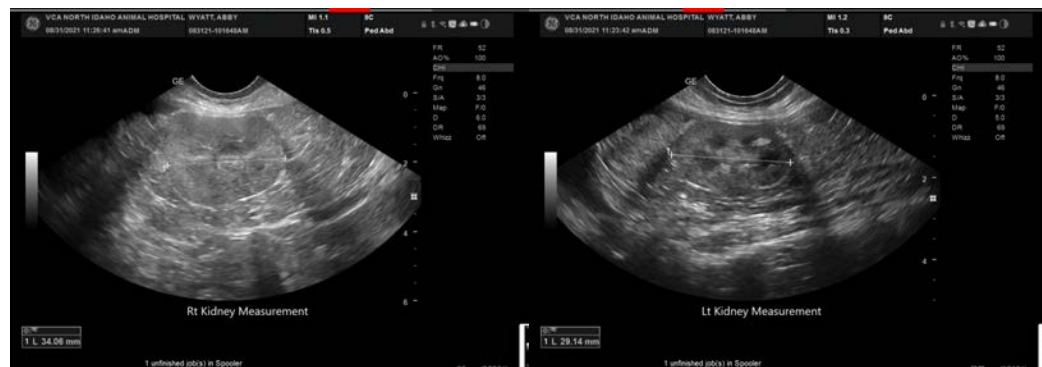
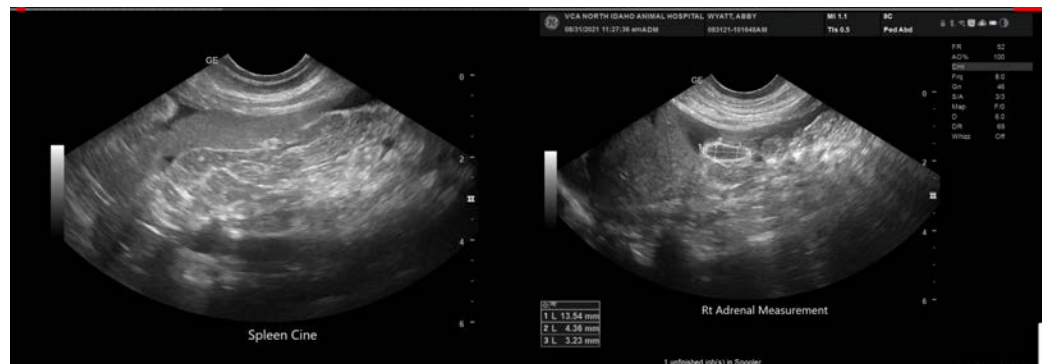
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)