

## PATIENT PRESENTING CLINICAL SIGNS

**Aurora Nehmer** Murmur ausculted at routine vaccine appointment in 6/2023. Thin BCS. PU/PD of one year's duration.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Grade IV/VI parasternal murmur/gallop. BCS 3/9. Chemistry: Hypokalemia (2.9mmol/L), non-azotemic. TT4 WRI. Blood pressure: ~170/150 (120-160 average MAP).  
**Feline** Baseline Aldosterone to MSU: Elevated @ 508 (normal 194-388). Three-View Thoracic Radiographs: No metastatic/nodular/miliary lesions noted. Subjectively tall cardiac silhouette. Vasculature and pulmonary parenchyma nsf. r/o: Primary vs Secondary hyperaldosteronism  
**BREED**

**DSH** **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

### SEX *Urinary System*

**Spayed Female** 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 1.0 cm beyond the cystourethral junction.

### AGE

13 Years

### WEIGHT

6.8 Pounds

### INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

### *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 0.53 cm x 0.30 cm. The right adrenal gland measured 0.50 cm x 0.33 cm.

### IMAGING PERFORMED BY

Dr. Bethany Coe

### *Spleen*

### HOSPITAL NAME

Riverside Animal Clinic

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.

### REFERRING VET

Dr. Bethany Coe

### *Liver*

### INVOICE

A slight microcystic nodule measuring 5.0 mm was noted in the left **liver**. The gallbladder and common bile duct were unremarkable.

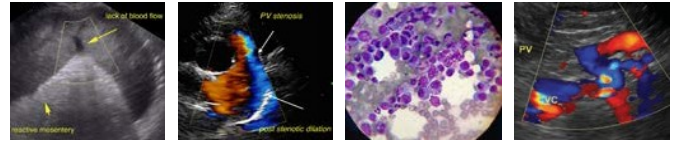
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### *Gastrointestinal*

### DATE

8/4/23

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



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ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

**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.

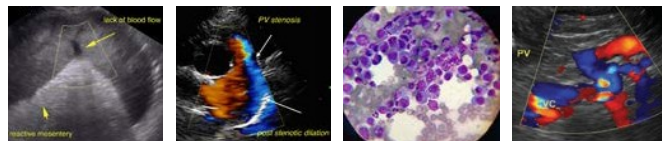
**ULTRASONOGRAPHIC FINDINGS**

- Minor intestinal thickening
- Hepatic nodule
- Slight renal pyelectasia and age related changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further imaging of the adrenals warranted, given the patient history. Blood pressure measurements indicated.





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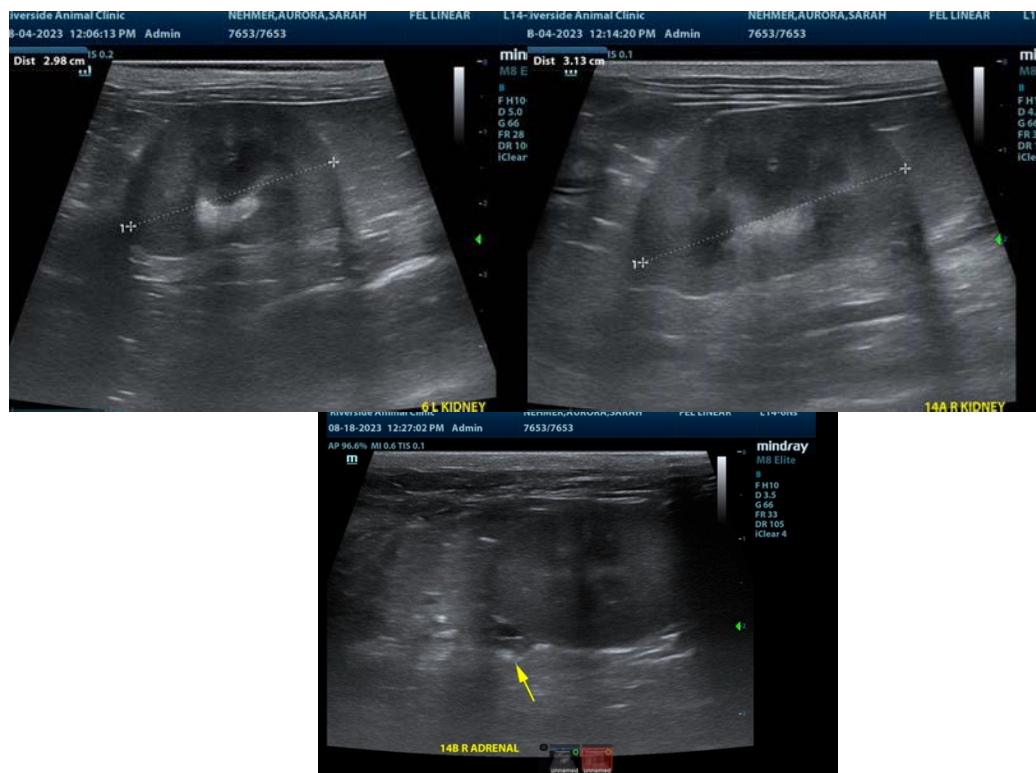
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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