



**PATIENT**

Peanut Paul

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

17 Years

**WEIGHT**

15 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Scott

**HOSPITAL NAME**

Ho-Ho-Kus VH

**REFERRING VET**

Dr. Wagner

**INVOICE**

25299

**DATE**

9/10/21

**PRESENTING CLINICAL SIGNS**

Not eating well- was on renal diet and then switched to fancy feast but not eating that well. Currently on IV fluids with B12, cerenia, famotidine, mirtazapine  
Abnormal PE/Chem/CBC/UA Results: ALT 237, ALP 416, T bili 3.9 CBC/Spec pending

**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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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. Hyperechoic medullary rim sign noted in both kidneys. The left kidney measured 3.5 cm. The right kidney measured 3.4 cm. 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.

**Adrenal Glands**

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

**Spleen**

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

**Liver**

The **liver** was diffusely hyperechoic to falciform fat. Minor coarse architecture and increased portal markings noted. The gallbladder and common bile duct were normal without evidence of post-hepatic obstruction.

**Gastrointestinal**

The **gastric fundus** was filled with progressively shadowing material, consistent with hairball accumulation, non-obstructive. The pylorus was free of evident pathology. Minor intestinal thickening noted.

**Pancreas**

The **pancreas** revealed multifocal hypoechoic parenchymal changes in both limbs with regional inflammation.

**Free Abdomen**

Variable areas of inflammation noted in the mid abdomen. Minor lymphadenopathy noted.

**ULTRASONOGRAPHIC FINDINGS**

- Aggressive, fairly extensive pancreatitis/enteritis with hepatic lipidosis/ cholangitis
- Interstitial nephrosis renal pattern with medullary rim sign
- Hairball density in stomach
- Volume contracted spleen



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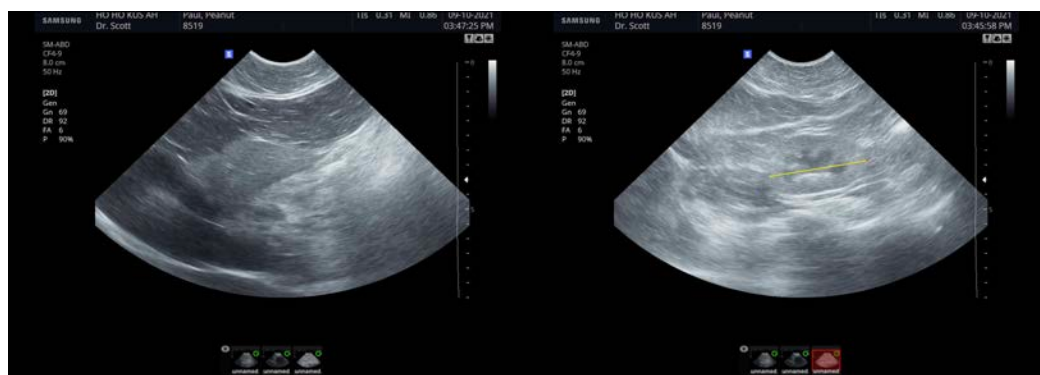
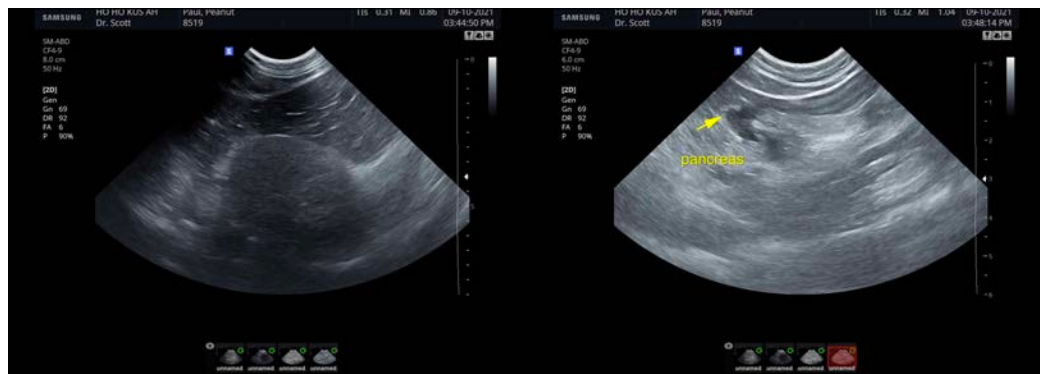
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No obvious evidence of neoplasia. However, emerging round cell neoplasia cannot be entirely ruled out. Ultrasound guided FNA of the liver recommended to ensure only lipidosis and inflammatory elements are present without evidence of underlying lymphoma. I recommend aggressive IV fluid support, broad-spectrum antibiotics, pain management, and further therapy based on hepatic FNA results. Recheck sonogram in 48-72 hours. Guarded prognosis. Pancreatitis presentation is fairly extensive.



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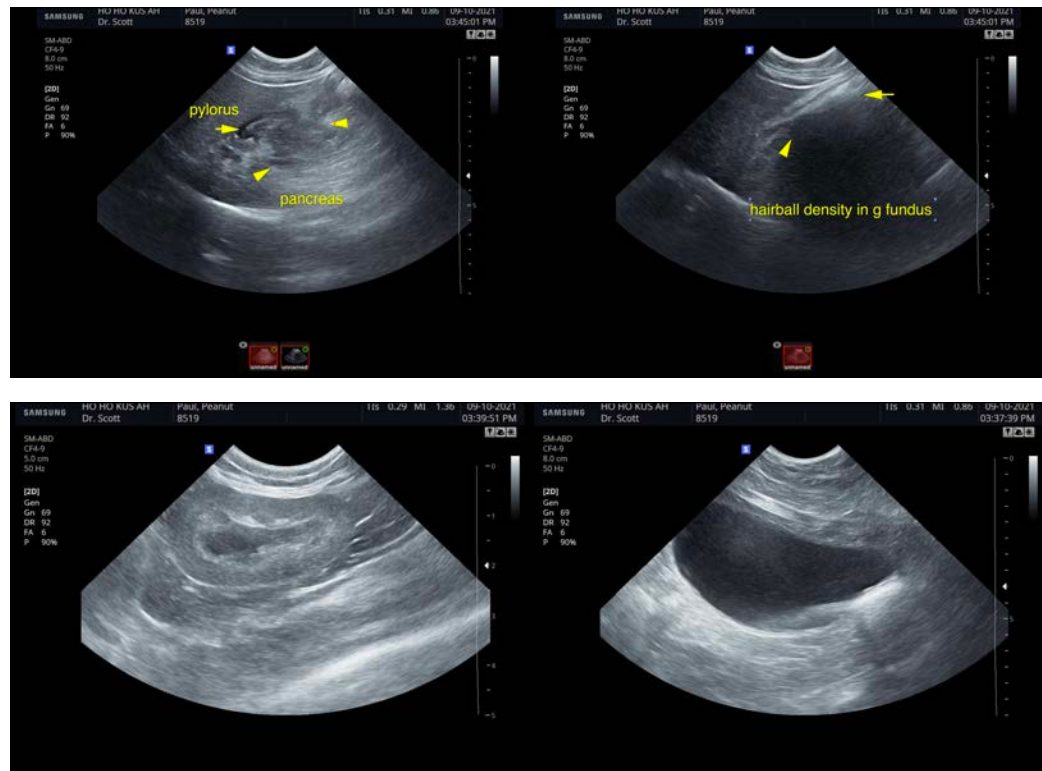
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)