

PATIENT PRESENTING CLINICAL SIGNS

Callie Hughes History: 4# unintentional weight loss in one year. No other significant exam findings
Abnormal PE/Chem/CBC/UA Results:

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline *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.

BREED

DSH

SEX

Spayed Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.18 cm. The left kidney measured 4.18 cm.

AGE

13 Years

Adrenal Glands

A 1.74 cm x 1.59 cm hypoechoic **left adrenal gland** mass was noted, expansive yet no evidence of active vascular invasion.

WEIGHT

7.7 Pounds

The **right adrenal gland** was uniform, measuring 0.5 cm. No evident pathology.

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,
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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was mildly echogenic and thickened. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

Some minor retention of chyme was noted in the **stomach**. The small intestine and colon were unremarkable. Age-related gastrointestinal changes were noted.

INVOICE NUMBER

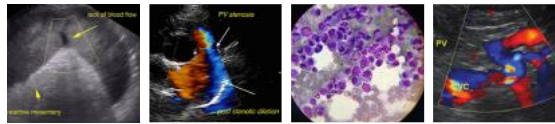
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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from

DATE

9/17/21



PATIENT
Callie Hughes
curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Left adrenal gland mass
- Age-related GI changes with mior retention of chyme in the stomach
- Geriatric abdomen otherwise

BREED
DSH
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sex: Spayed Female
Blood Pressure measurements recommended. Surgical consult warranted. The mass does appear resectable. Blood work received from 8/28/21- I recommend updating a CBC/Chem Panel and assessment particularly of the sodium/potassium ratios- if altered then aldosterone levels would be indicated.

AGE
13 Years
WEIGHT
7.7 Pounds

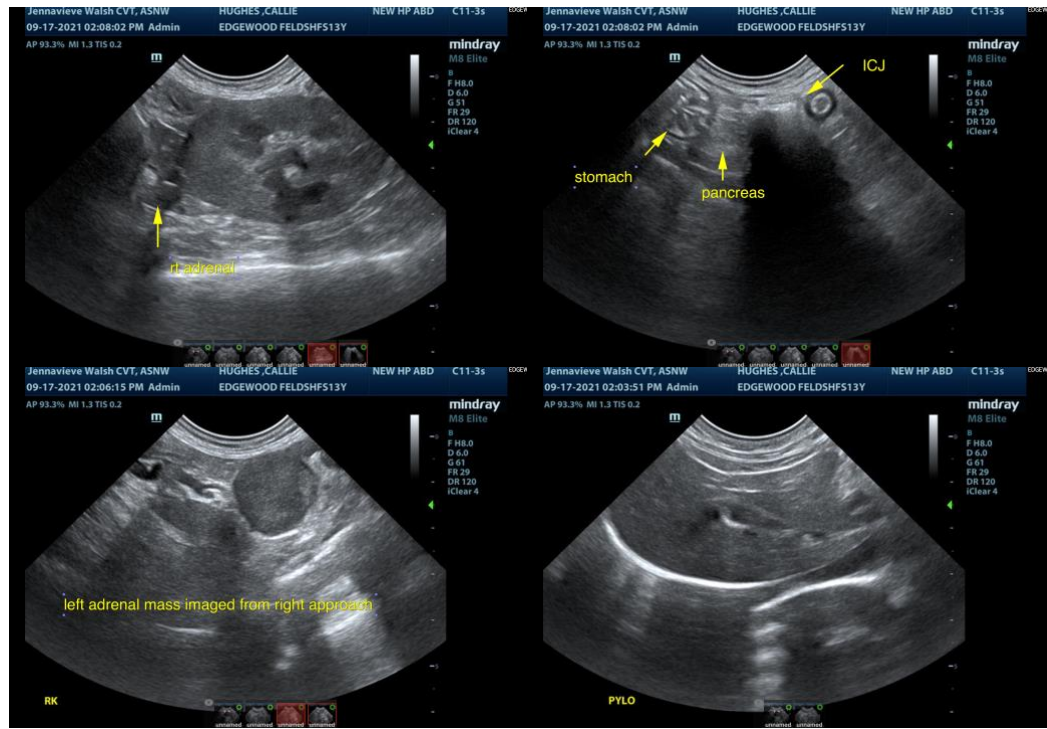
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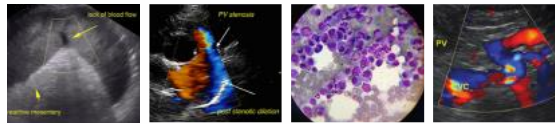
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PATIENT

Callie Hughes

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

7.7 Pounds

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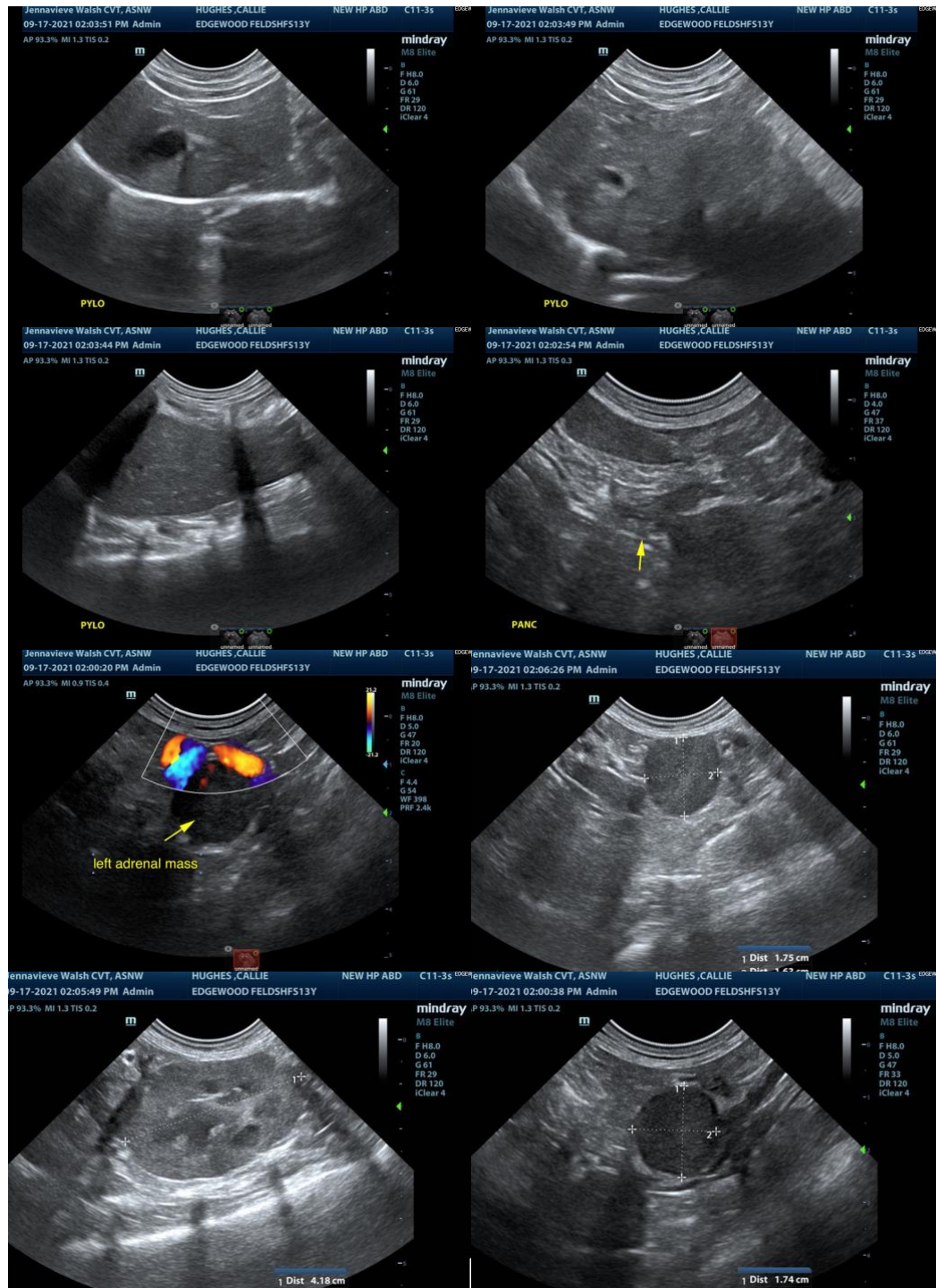
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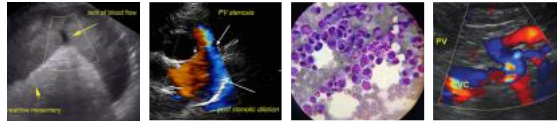
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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.

PATIENT

Callie Hughes

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