



**PATIENT**

Mindi VanHall

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

9 years

**WEIGHT**

14.37 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Carly Pate

**HOSPITAL NAME**

VCA McKenzie AH

**REFERRING VET**

Dr. Fricke

**INVOICE**

91959

**DATE**

9/23/21

**PRESENTING CLINICAL SIGNS**

History: Urinary incontinence or inappropriate urination. Pectus excavatum present with mild respiratory compromise (increased inspiratory sounds, reduced exercise tolerance) previously noted splenic enlargement/congestion (February 2021 ultrasound), overweight, lumbar/lumbosacral discomfort/instability with radiographic changes, and suspected rear leg neuropathic pain/neuropathy. Ultrasound to screen for progressing intraabdominal disease, renal disease/extrarenal disease. Abnormal PE/Chem/CBC/UA Results: BUN 25 Creatinine 2.9 Urine specific Gravity 1.007 else normal UA, urine culture negative Normal MA 1.9, normal SDMA 14.7

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.43 cm with slight mineralization. The right kidney measured 3.79 cm with slight mineralization.

*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 0.28 cm. The right adrenal gland measured 0.4 cm.

*Spleen*

The **spleen** was uniform enlarged and measured 1.09 cm and with no evidence of pathology. The vascularity was normal.

*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 was duplicated. This is a normal variant.



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**Gastrointestinal**

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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.

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**ULTRASONOGRAPHIC FINDINGS**

Stable abdomen.

**AGE**

9 years

Minor age related renal changes, slight mineralization.

Idiopathic, mild splenic enlargement. Likely reactive state or a normal variant.

**WEIGHT**

14.37 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no progression from the prior sonogram. The patient may be passing small calculi periodically. However, there was no evidence of obstructive disease.

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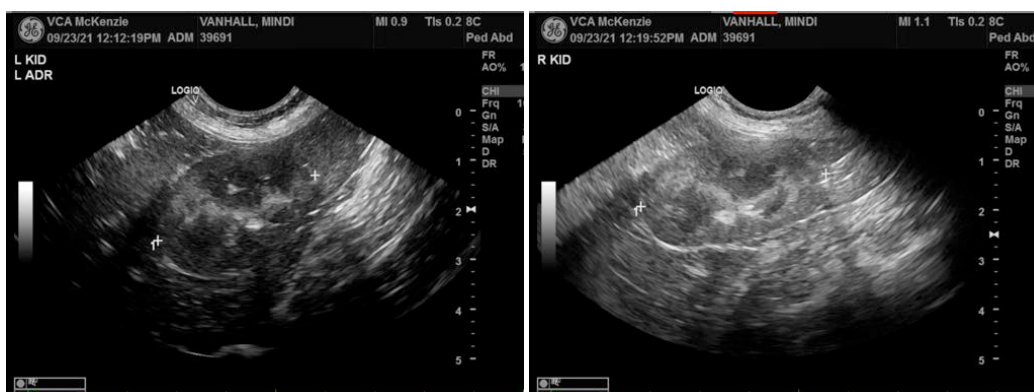
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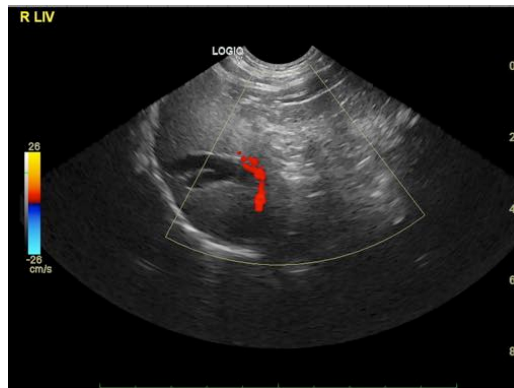
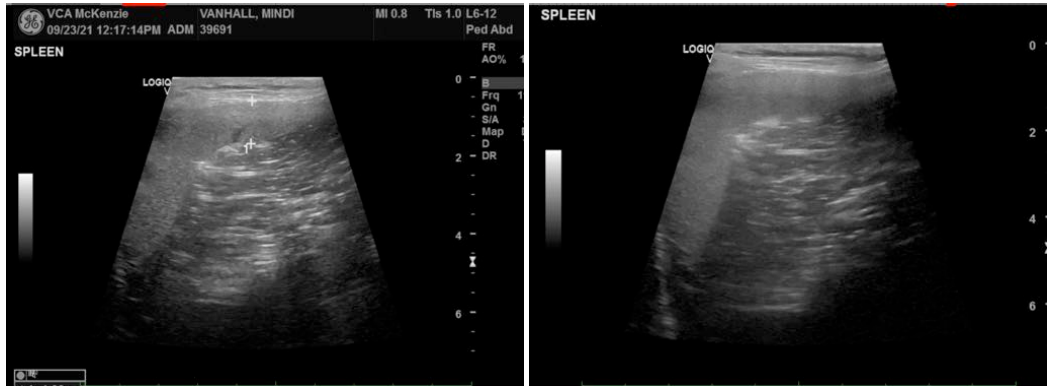
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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