



**PATIENT**

Esmeralda Lowell

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

12 ½ years

**WEIGHT**

6.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gregory

**HOSPITAL NAME**

Casco Bay VH

**REFERRING VET**

Dr. Gregory

**INVOICE**

91998

**DATE**

9/27/21

**PRESENTING CLINICAL SIGNS**

History: Routine exam. patient is a Technician's pet, volunteered for sedated abdominal ultrasound. NSF on PE- small stature, but has maintained weight at 6.5# steadily for years. No clinical complaints- normal appetite, no vomiting, diarrhea. Serum noted to be icteric on sampling.  
Abnormal PE/Chem/CBC/UA Results: Results of bloodwork are as follows: Non-regen microcytic anemia (27%) Lymphocytosis (7.037, > 5.25) Monocytosis (0.634, > 0.55) Elevated SDMA (17, >14) Elevated BUN (40, >37) Isosthenuria (USG 1014) Elevated LES: ALT 914 (> 151) AST 283 (>67) ALP 143 (>59) Tbil 0.8 (>0.3) Hypercholesterolemia (407, > 305) Spec fPL normal U-Culture pending

**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 1.0 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** were normal in size and contour. Moderately increased cortical echogenicity was noted; however, the corticomedullary definition is maintained. There is no evidence of neoplasia or obstructive disease. The left kidney measured 3.43 cm. The right kidney measured 3.96 cm.

**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 0.4 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 was 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.



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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. This is most consistent with retention of ingesta or progressively shadowing hairball accumulation that was non-obstructive. 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. Some parenchymal remodeling, however, with mild deviation from 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**ULTRASONOGRAPHIC FINDINGS**

Non-specific, mild, degenerative renal changes. Acute insult is suspected.

**WEIGHT**

6.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Infectious or toxic agents are suspected. FNA or core biopsy of the kidneys and liver would be appropriate. Treatment for infectious and toxin exposure is recommended.

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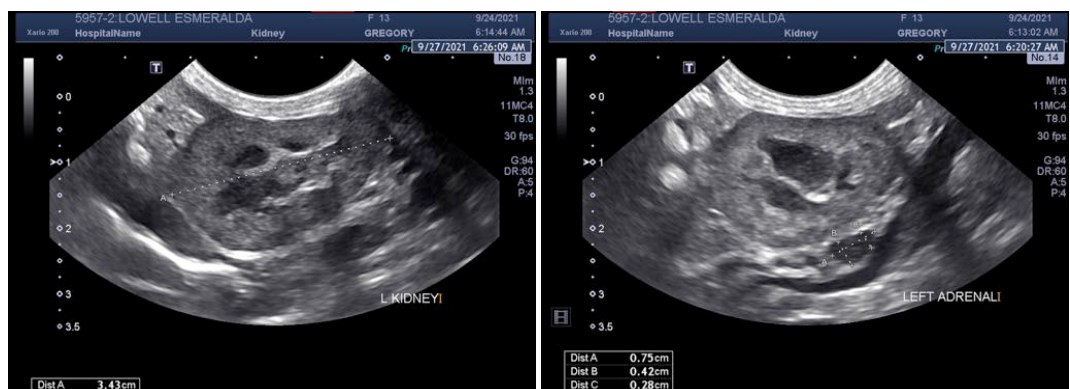
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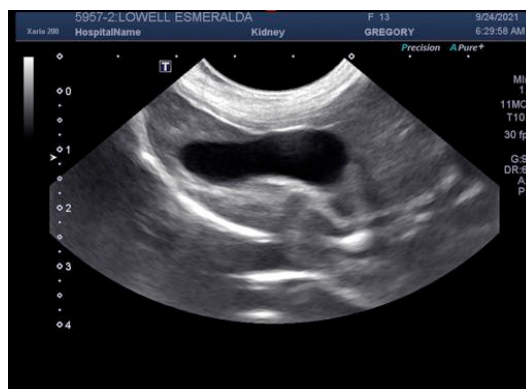
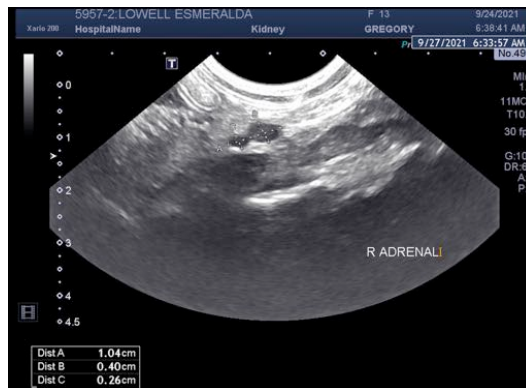
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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