



**PATIENT**

Beenz Barrall

**SPECIES**

Feline

**BREED**

Cornish Rex

**SEX**

Spayed female

**AGE**

16 years

**WEIGHT**

4.3 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Green

**HOSPITAL NAME**

Stanglein VC

**REFERRING VET**

Dr. DiNello Schleicher

**INVOICE**

39673

**DATE**

9/28/22

**PRESENTING CLINICAL SIGNS**

History: Losing weight, and intermittent GI signs. Patient is also historically hyperthyroid. Seen on 9/21 a urinalysis and T4 were both done at that time. Started on fortiflora and GI signs have improved but patient continuing to lose weight. On tapazole, fortiflora

Abnormal PE/Chem/CBC/UA Results: T4 2.1(normal), UA unremarkable, full bloodwork performed 8/16/22 HCT 28.9% (L), WBC 20.71 (H), Neut 17.83 (H), total protein 9.3 (H), Globulins 6.6 (H). Rads not performed.

**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 was noted. Ureteral papillae were normal.

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. 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. The right kidney measured 3.4 cm. The left kidney measured 3.69 cm with cortical infarcts.

**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 0.46 cm.

**Spleen**

Minimal **spleen** was visualized and is likely volume contracted.

**Liver**

The **liver** was swollen and irregular in contour. The gallbladder was collapsed and empty.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Hyperperistalsis was present. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes were enlarged and measured 2.2 x 1.44 cm.



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**Pancreas**

Beenz Barrall

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.

**SPECIES**

Feline

**Free Abdomen**

**BREED**

Cornish Rex

Free fluid was noted in the abdomen likely owing to lymphatic obstruction.

**SEX**

Spayed female

Mesenteric lymphadenopathy with swollen liver.

**AGE**

16 years

Free fluid.

Chronic degenerative renal changes with infarcts.

**WEIGHT**

4.3 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the mesenteric lymph nodes and liver is recommended. Abdominocentesis and cytopsin of the free fluid is warranted. The prognosis is guarded, underlying lymphoma versus chronic inflammatory bowel, lymphadenitis and remodeling with wasting syndrome is all possible.

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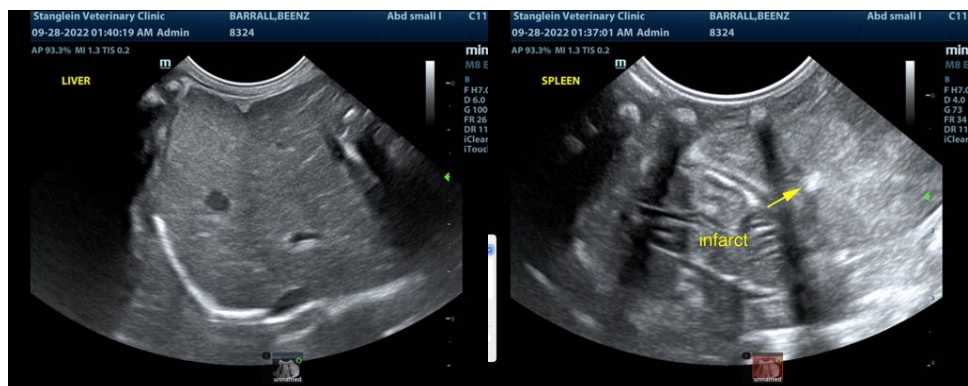
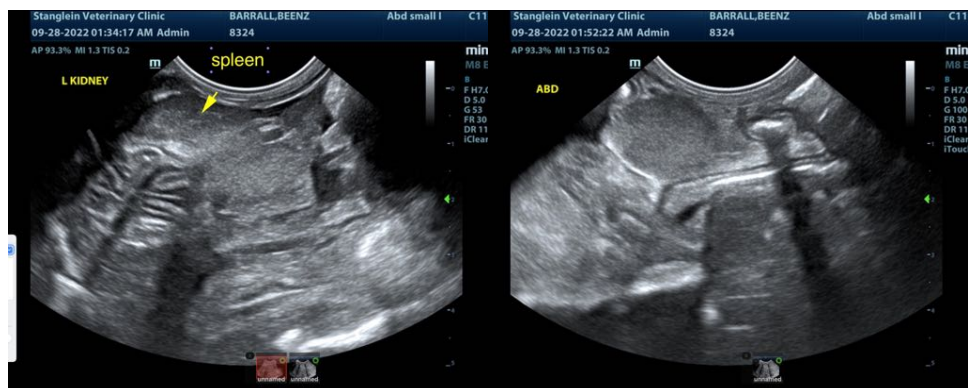
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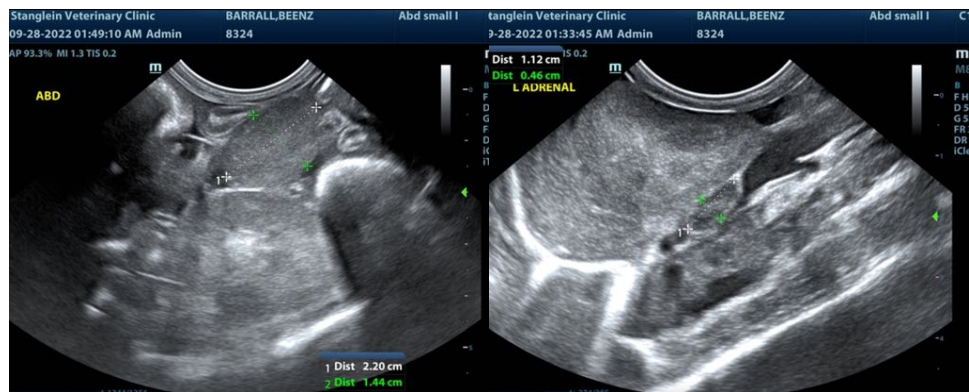
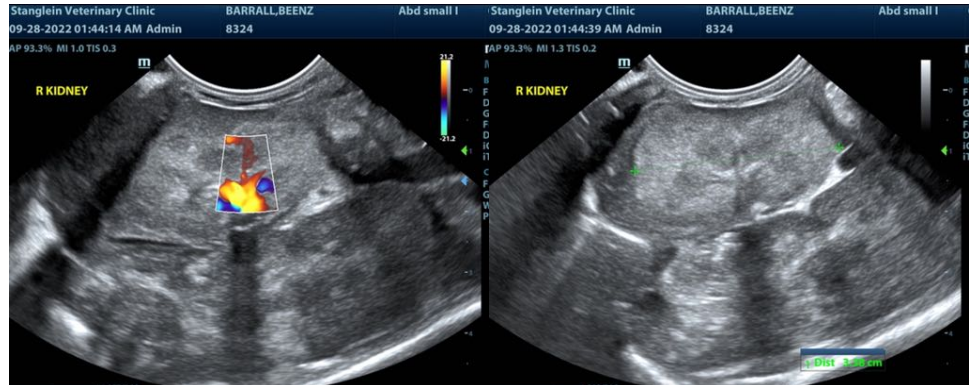
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com