



PATIENT PRESENTING CLINICAL SIGNS

Jenny Dimeglio

History: Presented at our hospital for not acting like herself in the last week. O took p to rDVM where they did bw and saw p has fatty liver disease. P has not had any interest in food in several days but is drinking a small amount. Rec AUS. Appetite/When did they eat last: decreased significantly, o unsure of when the last time p ate

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Very tense on abdominal palpation. Rdvm bloodwork: Retic 14.6; PLT 135; BUN 15; GLU 189; Chl 109; ALT 175; AST 82; ALP 504; Tbili 7.0; T4<0.4, FT4 0.4/5.1, cTSH <0.030; FPL normal Rdvm rads: Stomach empty, small intestines - no obvious contents, increased opacities on SI r/o end on intestines vs other, moderate size bladder, L kidney slightly larger than R, colon has a small amt of stool, no obvious masses.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

5 years

WEIGHT

5.5 kg

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 left kidney measured 4.37 cm. The right kidney measured 3.82 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

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.

REFERRING VET

Dr. Slenbaker

INVOICE

92105

Liver

The **liver** was hyperechoic to the falciform fat. The gallbladder was unremarkable. There is no evidence of post hepatic obstruction.

DATE

9/30/21



PATIENT

Gastrointestinal

Jenny Dimeglio

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.

SPECIES

Feline

BREED

Domestic Shorthair

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.

SEX

Spayed Female

Free Abdomen

A large amount of abdominal fat was noted in this patient.

AGE

5 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

5.5 kg

Chronic interstitial nephrosis renal pattern with hepatic lipidosis pattern.

Microinfarcts were noted in the right renal cortex.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated to confirm suspicion of lipidosis. Primary lipidosis protocol is indicated. Full urinary work-up is warranted if not already performed.

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

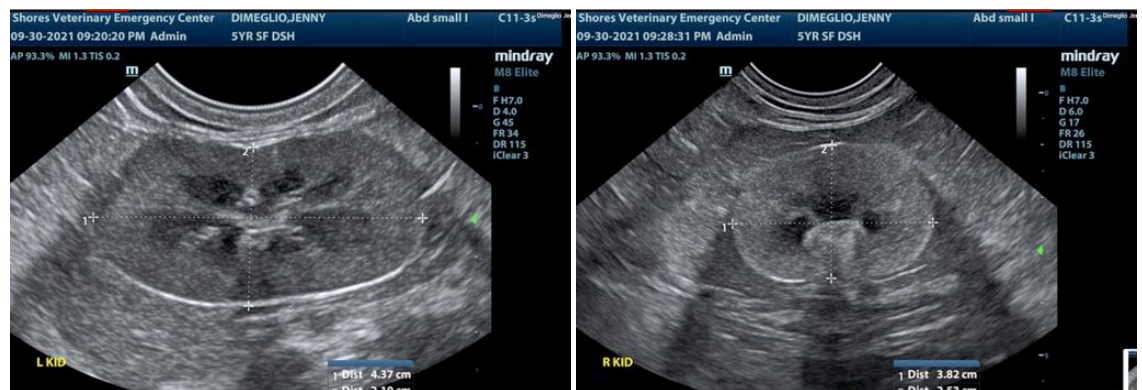
Dr. Slenbaker

INVOICE

92105

DATE

9/30/21





PATIENT

Jenny Dimeglio

SPECIES

Feline

BREED

Domestic Shorthair

SEX

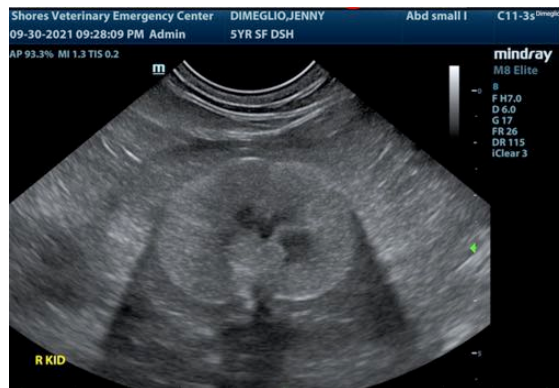
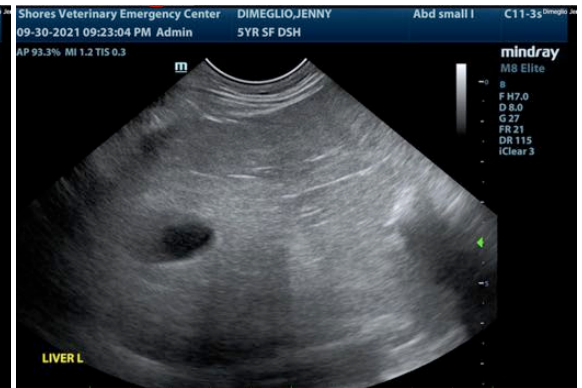
Spayed Female

AGE

5 years

WEIGHT

5.5 kg



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Erin Wicks

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

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Slenbaker

INVOICE

92105

DATE

9/30/21