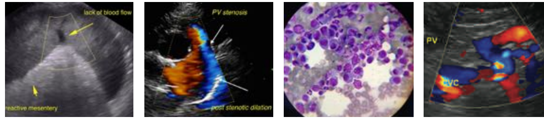


PATIENT

Portia Heinkel

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

12 years

WEIGHT

8.9 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Eugene AH

REFERRING VET

Dr. Polk

DATE

12/15/21

Invoice

94646

PRESENTING CLINICAL SIGNS

History of emesis. Mass like lesion in cranial R abdomen, potentially lymphadenopathy on in house US.
Abnormal PE/Chem/CBC/UA Results: Pending

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. Pelvic and corticomedullary mineralization was noted and non-obstructive. Cortical infarcts and moderate remodeling was noted. The left kidney measured 3.3 cm. The right kidney measured 2.76 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 0.41 cm.

Spleen

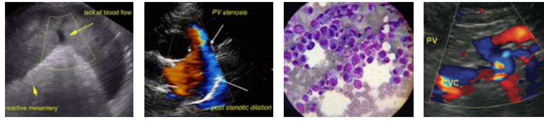
The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** revealed coarse architecture and increased portal markings. The gallbladder wall was echogenic without evidence of post hepatic obstruction.

Gastrointestinal

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



PATIENT
Portia Heinkel

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
12 years

WEIGHT
8.9 lbs

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
Eugene AH

REFERRING VET
Dr. Polk

DATE
12/15/21

Invoice
94646

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

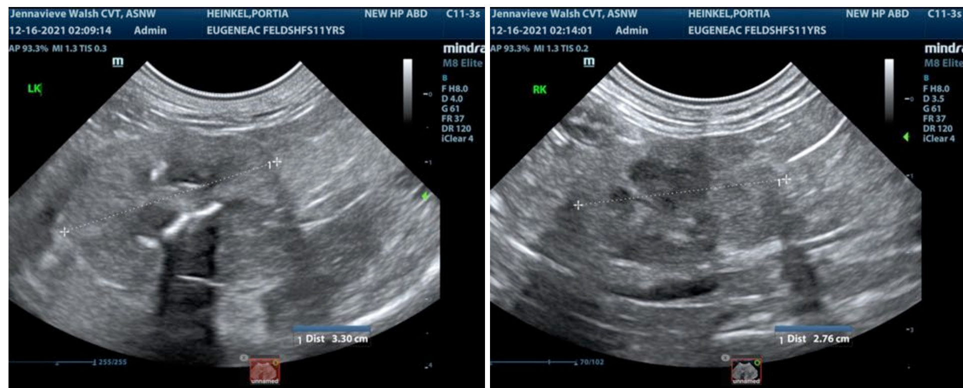
ULTRASONOGRAPHIC FINDINGS

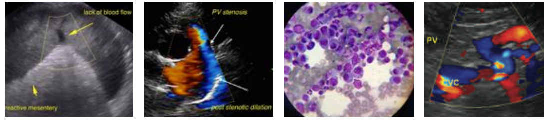
Renal dystrophy, infarcts and interstitial nephrosis pattern.

Chronic cholangitis liver pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing calculi periodically from the kidneys to the bladder. There was no evidence of neoplasia; however, a moderate level of hepatic remodeling is noted. I am concerned for long term viability of the kidneys given the infarcts and level of dystrophy and degenerative changes. Full urinary work-up is warranted. If the liver enzymes are elevated an ultrasound-guided FNA is indicated as the pattern suggest cholangitis. Supportive care is warranted. Otherwise, there was no evidence of gastrointestinal neoplasia or foreign bodies. Microulcerative disease cannot be completely ruled out. Endoscopy would be ideal if hematemesis continues despite medical measures. Zithromax, Metronidazole, and GI protectants are all recommended given the patient's history. Some level of pancreatitis may be present in the low-grade fashion. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected.





PATIENT

Portia Heinkel

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

12 years

WEIGHT

8.9 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Eugene AH

REFERRING VET

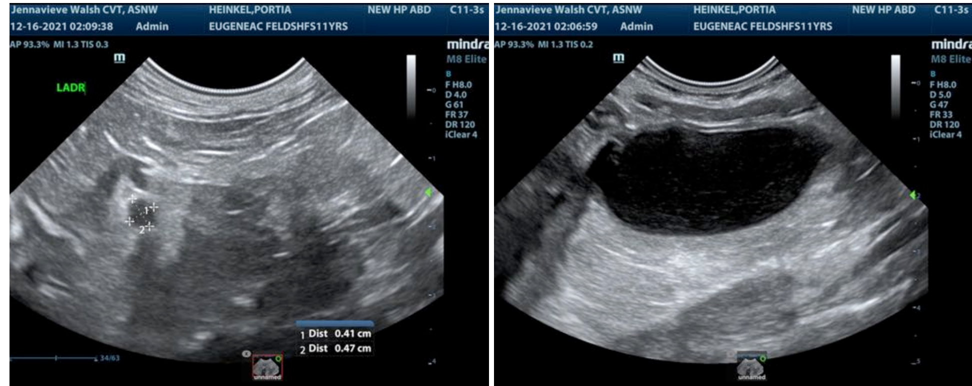
Dr. Polk

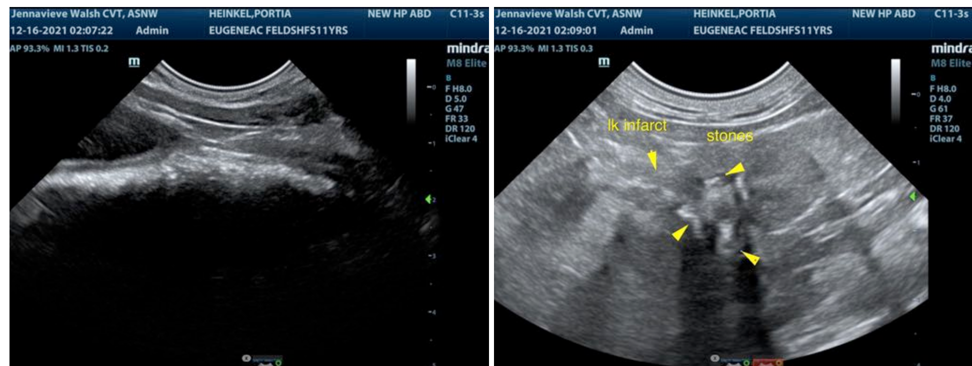
DATE

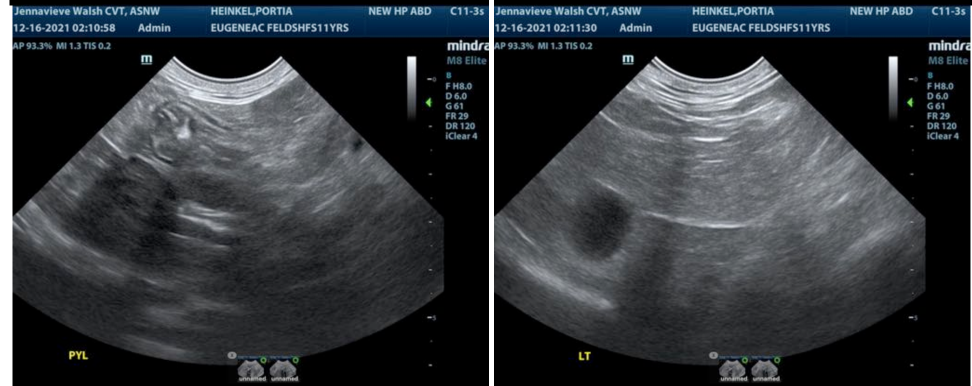
12/15/21

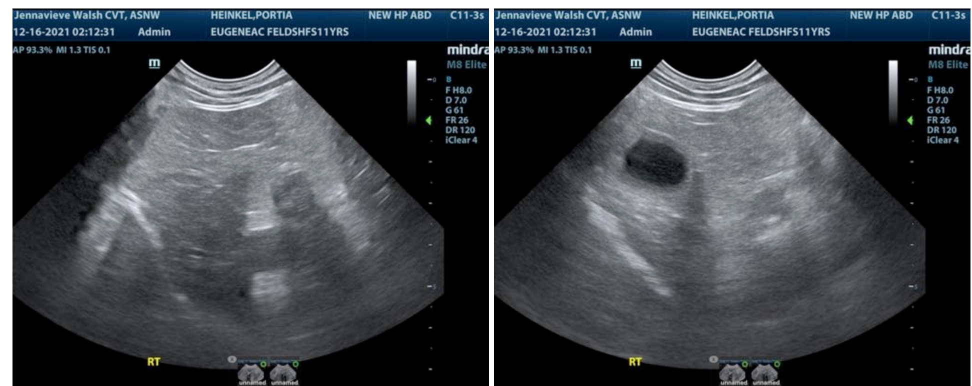
Invoice

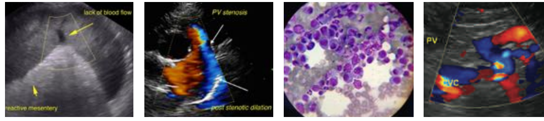
94646











PATIENT

Portia Heinkel

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

12 years

WEIGHT

8.9 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Eugene AH

REFERRING VET

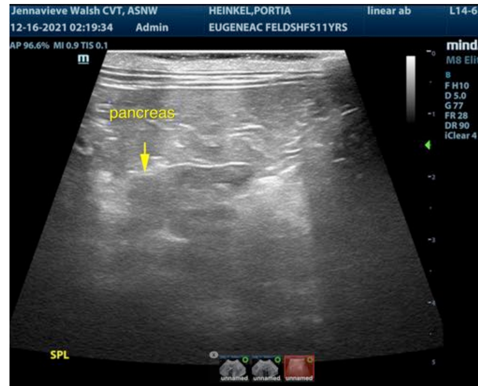
Dr. Polk

DATE

12/15/21

Invoice

94646



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

Eric.Lindquist@SonoPath.com