

**PATIENT**

Gidget The Veterinary Hospital

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

6.2 lbs

**WEIGHT**

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

The Veterinary Hospital

**REFERRING VET**

Dr. Johnson

**DATE**

8/11/23

**Invoice**

46570

**PRESENTING CLINICAL SIGNS**

History: uncomfortable reduced appetite, depressed possible abdominal mass chronic low grade renal disease, hyperthyroid managed with trans dermal methimazole  
Abnormal PE/Chem/CBC/UA Results: labs last done 12/22 CBC - WNLs, good hemogram/leukogram/thrombogram Comprehensive - BUN elevated at 45.2, creat normal at 1.5, TCHOL 236 (H), good hepatic/pancreatic function Lytes - WNLs! K+ is now 3.9! T4 - WNLs at 2.4 SDMA - WNLs at 10 Current Medications transdermal methimazole 2.5 mg BID, gabapentin 40 mg trandermal up to q 8 hours, Zorbium, Solensia, adequan

**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 **right kidney** are subnormal in size with cortical infarcts, remodeling and dystrophic mineralization. The right kidney measured 2.66 cm. The left kidney revealed mild to moderate degenerative changes and measured 3.27 cm. Some pericapsular enhanced fat was noted around the left kidney. Underlying nephritis may be an issue.

**Adrenal Glands**

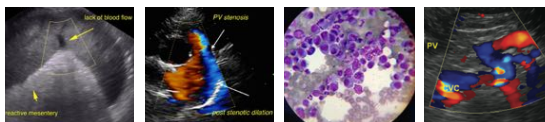
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.35 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of



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congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

***Gastrointestinal***

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

***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**

Dystrophic right kidney with moderate degenerative changes.

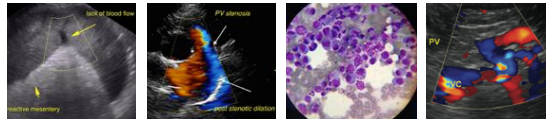
Mild to moderate renal changes in the left kidney. Underlying nephritis may be an issue in the left kidney.

Non-obstructive renal nephrolithiasis.

Otherwise, geriatric abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Palpation of the left kidney is recommended to assess for discomfort. Full urinary work-up is indicated. Geriatric abdomen otherwise. No overt masses were present. 72 hour IV fluid protocol is recommended to correct azotemia is warranted as well as blood pressure measurements and urine culture if any inflammatory sediment is evident.



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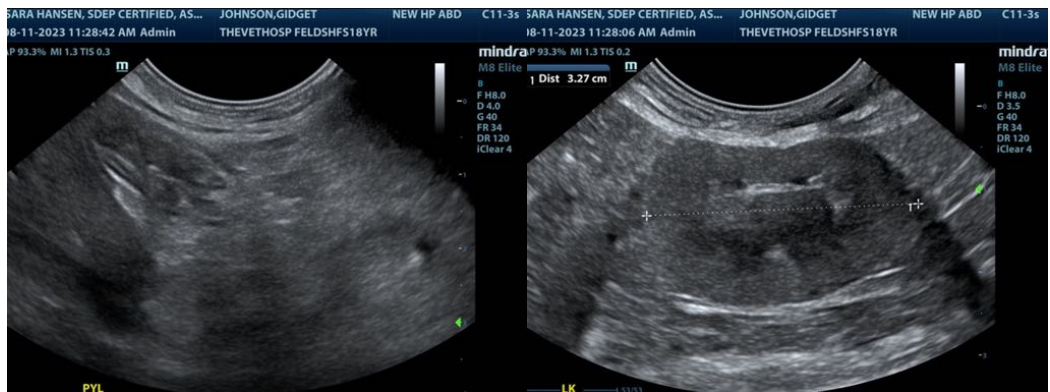
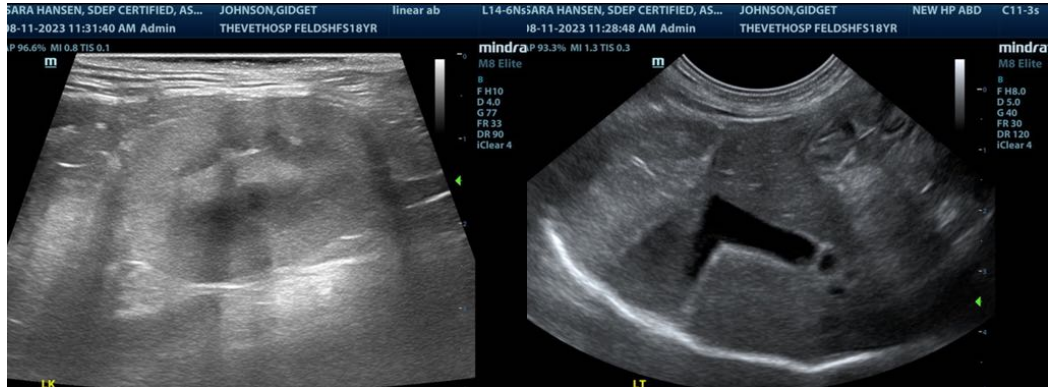
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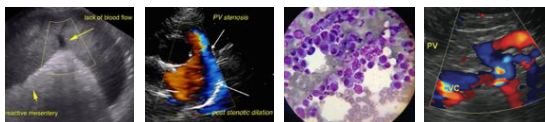


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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info@SonoPath.com

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