



PATIENT	PRESENTING CLINICAL SIGNS
Xavier Johnson	Been losing weight -lethargic, muscle wasting Prednisolone 5mg EOD and Tobramycin Eye drops.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder , trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of suspended debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.
Domestic Shorthair	
SEX	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 4.5 cm. The right kidney measured 4.51 cm.
Neutered male	
AGE	
7 years	
WEIGHT	Adrenal Glands
4.01 kg	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 0.2 cm. The right adrenal gland measured 0.34 cm.
INTERPRETED BY	
Eric Lindquist, DMV DABVP, Cert. IVUSS	Spleen
IMAGING PERFORMED BY	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.
Crystal Hill	
HOSPITAL NAME	
Buck AH	
REFERRING VET	Liver
Dr. Yenssen	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.
INVOICE	
DATE	
2/2/22	



PATIENT

Gastrointestinal

Xavier Johnson

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

Neutered male

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

AGE

7 years

Mild, degenerative renal changes.

WEIGHT

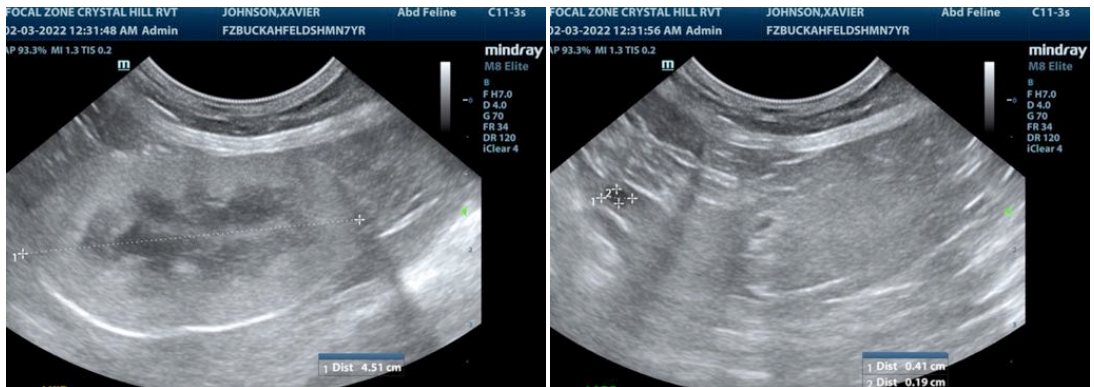
4.01 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of disease that would be responsible for the anemia. CBC path review +/- bone marrow aspirate would be appropriate. The prednisolone therapy may be suppressing a more significant disease process presentation.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS



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PATIENT

Xavier Johnson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

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**IMAGING
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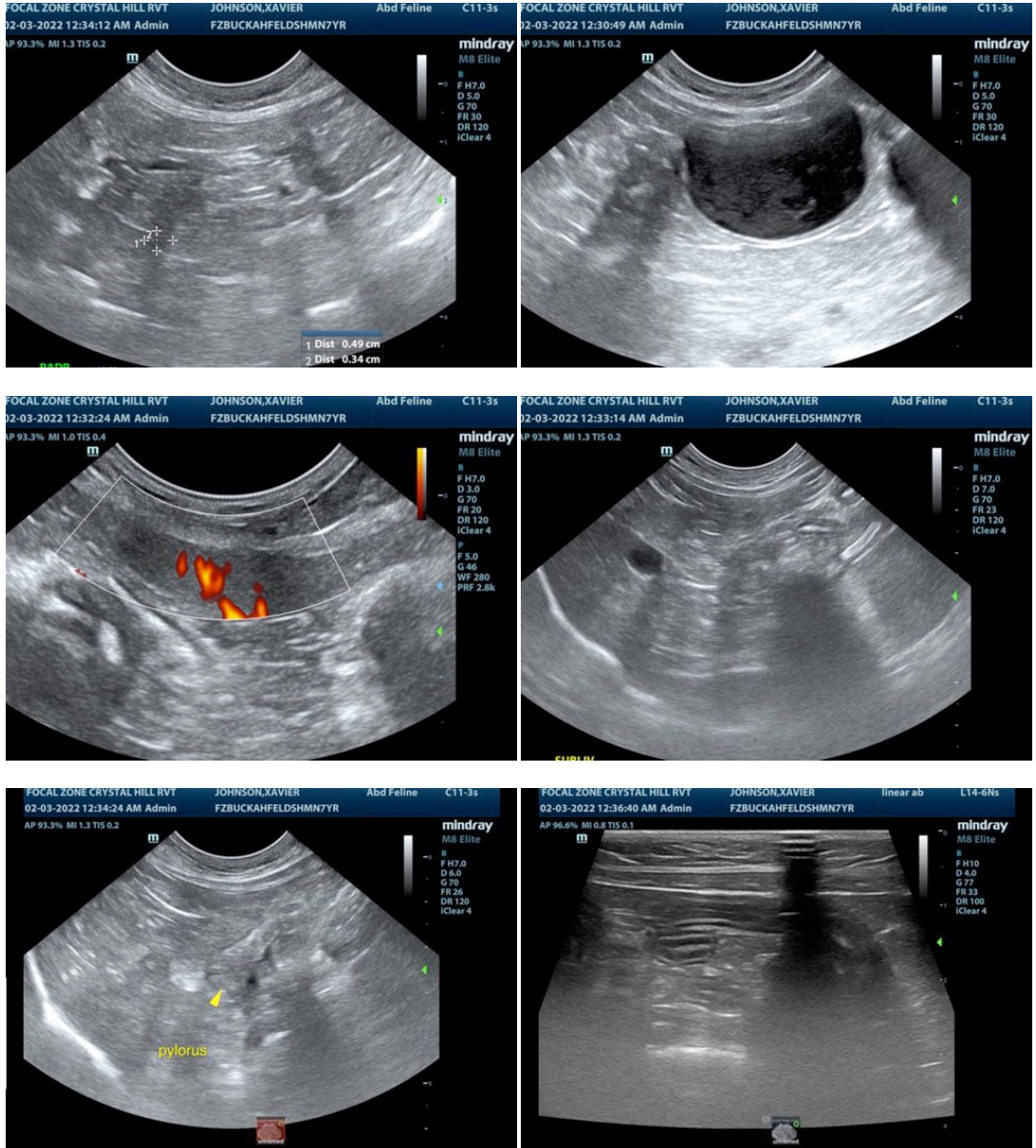
REFERRING VET

Dr. Yenssen

INVOICE

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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.

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