



**PATIENT**

Catcher Parkhill

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

18 years

**WEIGHT**

2.75 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Beatties Burlington PH

**REFERRING VET**

Dr. Murota

**INVOICE**

91860

**DATE**

9/21/21

**PRESENTING CLINICAL SIGNS**

History: Gabapentin, Clindamycin, Vigamox, Metronidazole. Vomiting and diarrhea from stress of going to clinics. If Neoplasia present, and possible diet recommendations.  
Abnormal PE/Chem/CBC/UA Results: SDMA- 28 UREA- 19 CREA- 522 GLOB- 53 WBC- 18.32

**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. 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 revealed slight pyelectasia and pinpoint, non-obstructive corticomedullary calculi. The left kidney measured 3.24 cm with loss of corticomedullary definition and microinfarcts. The right kidney measured 3.57 cm with microinfarcts.

**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 right adrenal gland measured 0.28 cm. The left adrenal gland measured 0.25 cm.

**Spleen**

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

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Occasional, cystadenoma type lesion was noted in the liver and measured up to 1.0 cm. 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 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.



**PATIENT**

**Gastrointestinal**

Catcher Parkhill

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.

**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

**Free Abdomen**

Caudal to the left kidney a slight amount of free fluid was noted. This may be owing to a recent acute insult to the left kidney such as recent infarct.

**AGE**

18 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

2.75 kg

Chronic, subjectively near end stage interstitial nephrosis with mineralization, infarcts and remodeling.  
Cystadenoma liver, subjectively benign.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Minor intestinal thickening.  
Volume contracted spleen.

**IMAGING PERFORMED BY**

Crystal Hill

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of neoplasia. 72 hour IV fluid protocol is warranted +/- urine culture and blood pressure measurements. Hydration status should be evaluated.

**HOSPITAL NAME**

Beatties Burlington PH

**REFERRING VET**

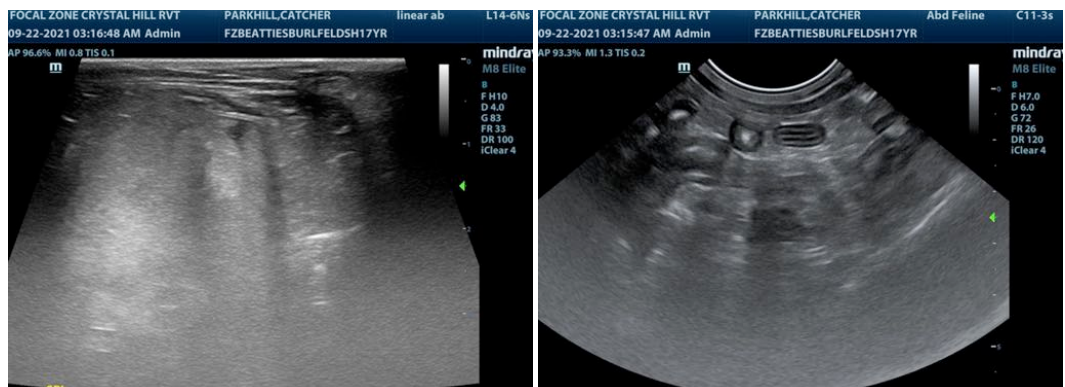
Dr. Murota

**INVOICE**

91860

**DATE**

9/21/21





**PATIENT**

Catcher Parkhill

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

18 years

**WEIGHT**

2.75 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Beatties Burlington PH

**REFERRING VET**

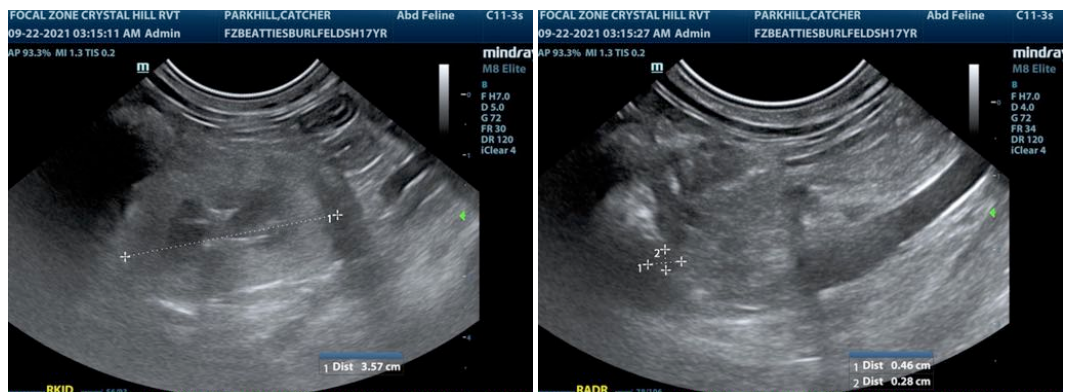
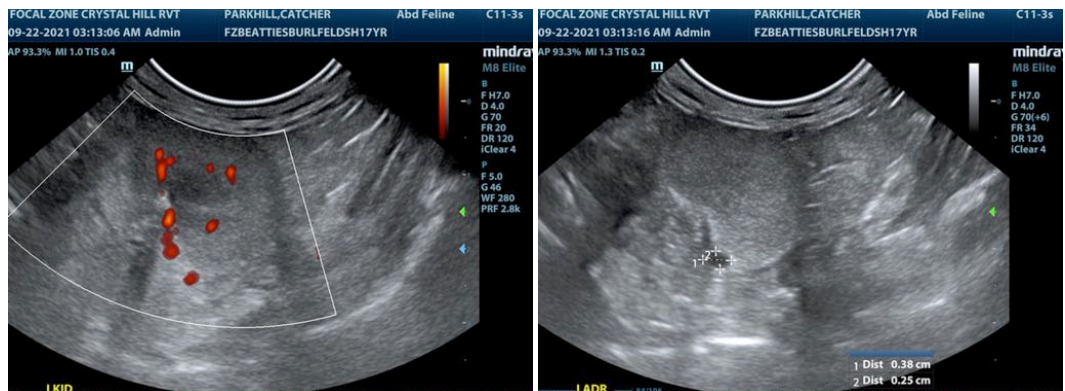
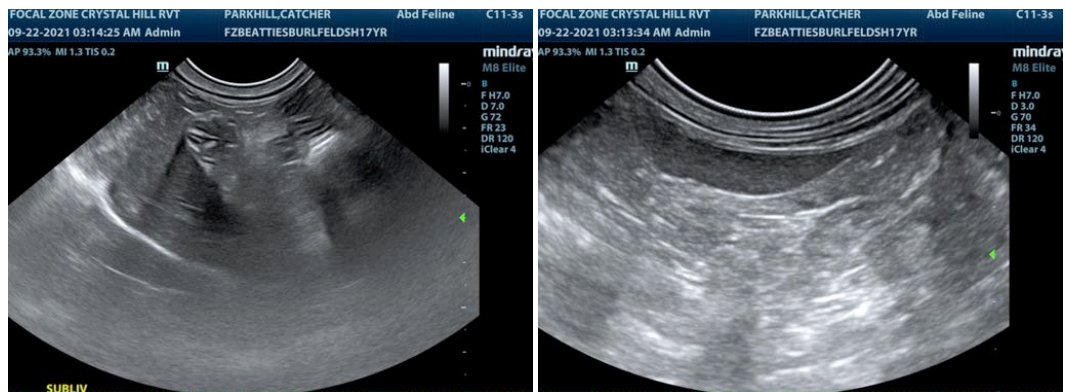
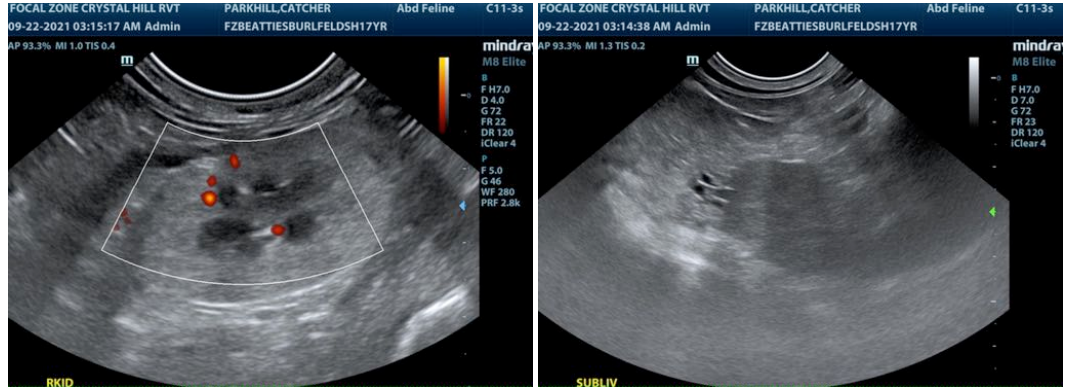
Dr. Murota

**INVOICE**

91860

**DATE**

9/21/21





**PATIENT**

Catcher Parkhill

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

18 years

**WEIGHT**

2.75 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Beatties Burlington PH

**REFERRING VET**

Dr. Murota

**INVOICE**

91860

**DATE**

9/21/21



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