



PATIENT

PRESENTING CLINICAL SIGNS

Ernie Cutler

PU/PD, BUN 43, creatinine 2.3.

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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

Domestic Shorthair

SEX

The **kidneys** both revealed increased cortical echogenicity. This is consistent with interstitial nephrosis. The left kidney measured 4.42 cm with pyelectasia that measured 0.37 cm. A thick, hyperechoic corticomedullary band was noted. Blood flow appeared to be adequate to slightly subnormal. The right kidney measured 4.28 cm with pyelectasia that measured 0.77 cm.

Neutered male

AGE

15 years

Adrenal Glands

INTERPRETED BY

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.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Spleen

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DABVP, Cert. IVUSS

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.

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Liver

Dr. Pomerantz

The **liver** revealed mild, uniform enlargement. Cyst adenomatous type change was noted in the left medial liver and measured 1.0 cm. An occasional, hypoechoic, non-disruptive nodule was noted in the liver and measured up to 0.4 cm. 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.

INVOICE

42616

DATE

2/7/23

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

demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes were reactive. The mesenteric lymph node was reactive and measured 2.83 x 0.81 cm.

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Pancreas

SPECIES

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.

Feline

BREED

ULTRASONOGRAPHIC FINDINGS

Domestic Shorthair

Moderate, chronic degenerative renal changes with interstitial nephrosis pattern and pyelectasia.

SEX

Slight mesenteric lymphadenopathy.

Neutered male

Age related abdominal changes.

AGE

Cystadenomatous type liver lesion and occasional, non-disruptive nodule.

15 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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If any weight loss or liver enzyme elevations occur FNA of the liver is warranted. I recommend supportive care for chronic renal disease is indicated. There was no evidence of neoplasia.

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SPECIES

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BREED

Domestic Shorthair

SEX

Neutered male

AGE

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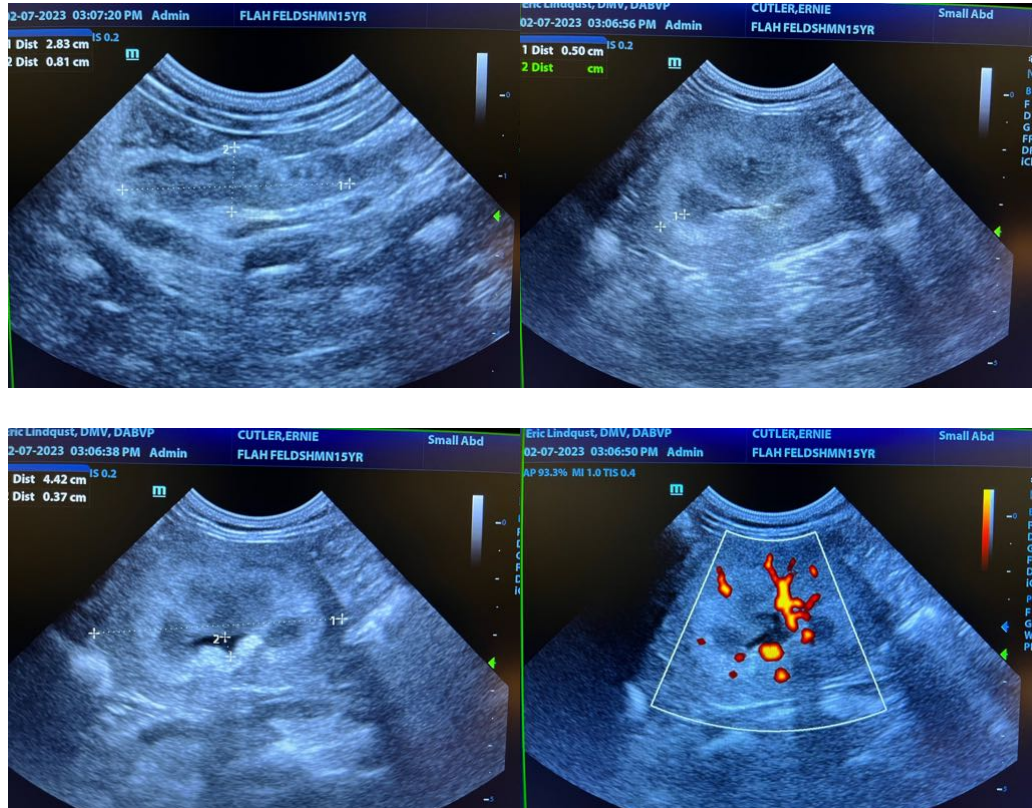
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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Info@SonoPath.com