



PATIENT

Bob Langer Hurewitz

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

10.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Valeryia Shumskaya

HOSPITAL NAME

Animal Hospital of
Roxbury

REFERRING VET

Dr. Elia

INVOICE

42653

DATE

2/8/23

PRESENTING CLINICAL SIGNS

History: Weight loss, elevated ALT + SDMA, Decreased WBC

Abnormal PE/Chem/CBC/UA Results: ALT 132, SDMA 21.9, Ca 7.7, WBC 1.6, EOS 0%, abs neut 560, abs lymph 912 UA: pH 8.5, pro 3+, occult blood 2+, wbc 2-3, RBC 11-20, struvites 11-20, amorphous phosphates 2-3, SG 1.060

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 **left kidney** revealed uniform cortical thickening and increased cortical echogenicity. The left kidney was enlarged and measured 5.21 cm. The right kidney was dystrophic and irregular measuring 2.82 cm. Cortical infarcts and remodeling were noted in the right kidney. Blood flow to the right kidney was subnormal on power doppler assessment.

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 0.27 cm and the right adrenal gland measured 0.44 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. Subtle micronodular changes were noted. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

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.



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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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.

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Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

14 years

Dystrophic right kidney with infarcts, subjectively near end stage.

Compensatory hypertrophy of the left kidney with interstitial nephrosis pattern.

Slight splenic enlargement with micronodular changes.

WEIGHT

10.2 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

FNA of the spleen would be ideal with cytology and culture to rule out underlying splenitis versus round cell neoplasia. Prognosis long term is guarded.

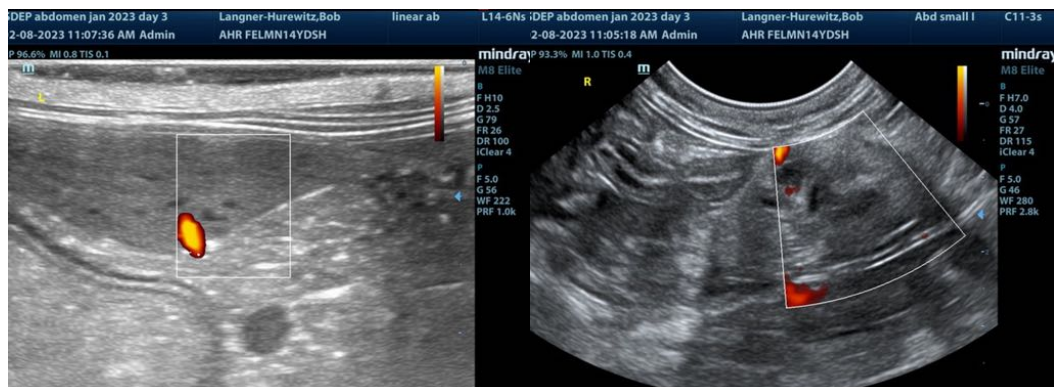
IMAGING PERFORMED BY

Valeryia Shumskaya

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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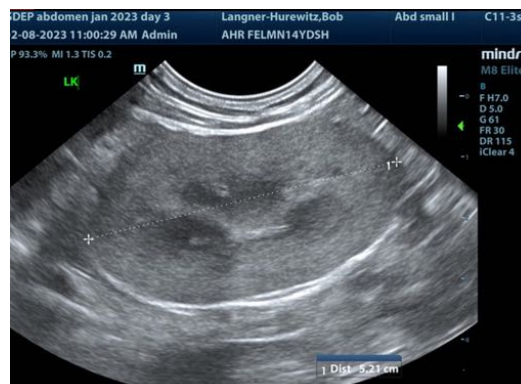
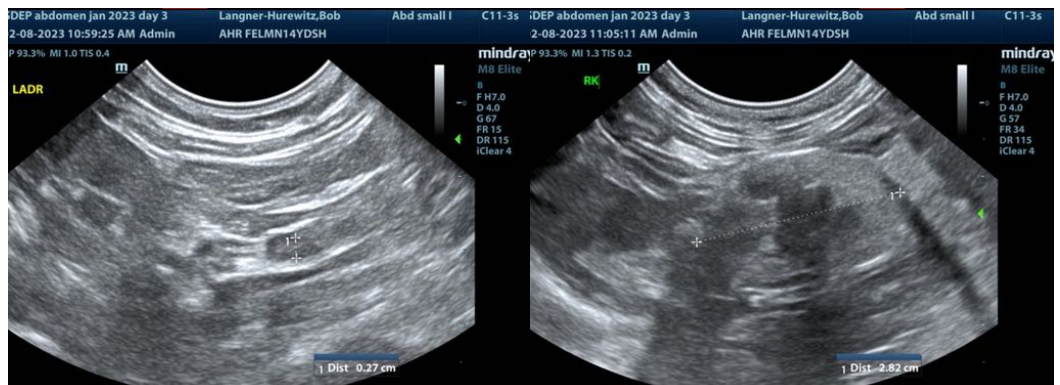
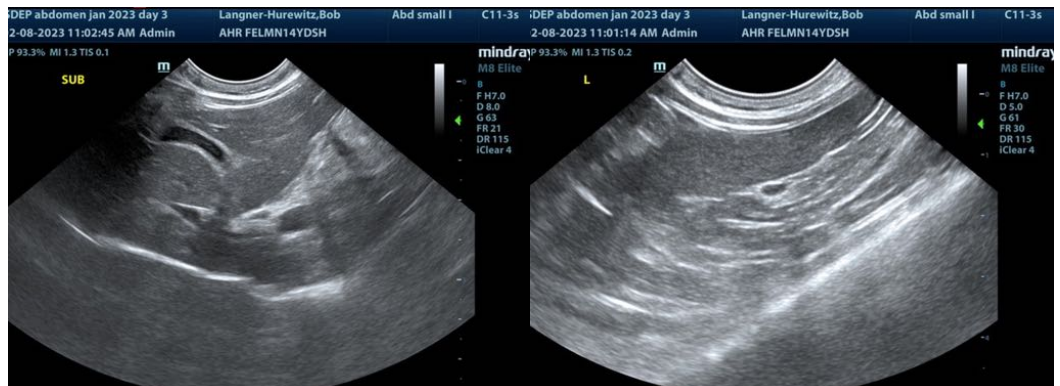
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com