



PATIENT

Yellow Fink

PRESENTING CLINICAL SIGNS

Vocalization while defecating.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Medium Hair

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.

SEX

Neutered male

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 right kidney measured 4.34 cm. The left kidney measured 3.0 cm with cortical infarcts and corticomedullary calculi. Poor blood flow was noted.

AGE

13 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

HOSPITAL NAME

Butler VH

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.

REFERRING VET

Dr. Garro

Liver

INVOICE

43779

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.

DATE

4/11/23



PATIENT

Gastrointestinal

Yellow Fink

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

Pancreas

The left limb of the **pancreas** was unremarkable and uniform with maintained curvilinear patterns. The right pancreatic limb was enlarged, hypoechoic and irregular measuring 1.7 cm with positive Murphy's sign upon imaging.

AGE

13 years

Free Abdomen

A large amount of abdominal fat was noted in this patient.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

ULTRASONOGRAPHIC FINDINGS

Minor GI thickening consistent with inflammatory bowel.

IMAGING PERFORMED BY

Eric Lindquist, DMV
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Prominent and painful right pancreatic limb. Consistent with low-grade chronic pancreatitis.

Mild to moderate interstitial nephrosis right kidney and dystrophic left kidney with minimal blood flow.

HOSPITAL NAME

Butler VH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis +/- culture and sensitivity is recommended if any inflammatory sediment is present. Dietary management with geriatric hydrolyzed diet may be in this patient's best interest. There was no overt evidence of neoplasia. Underlying infectious agents should be considered given the pancreatic presentation and history. Fecal exam is recommended.

REFERRING VET

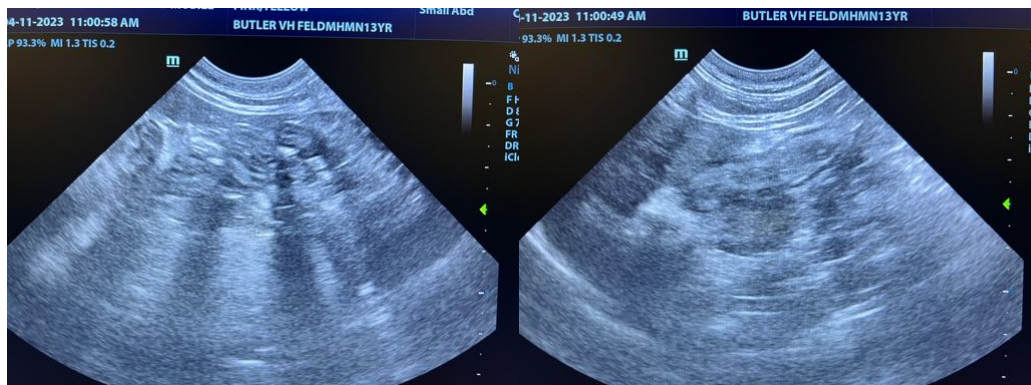
Dr. Garro

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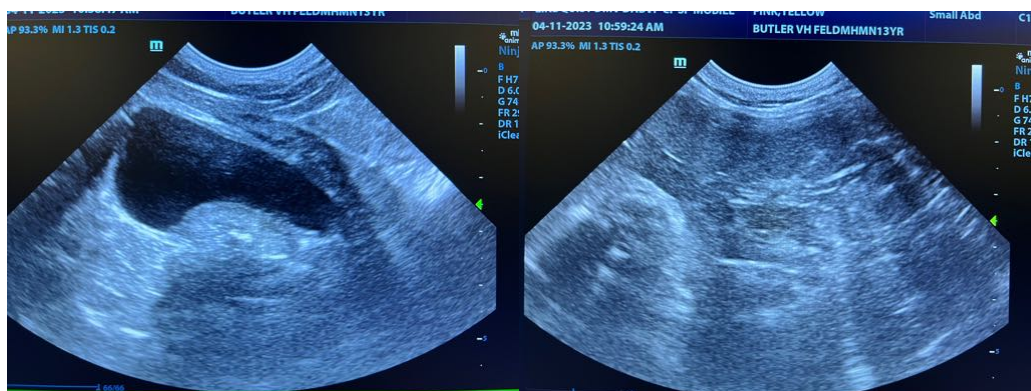
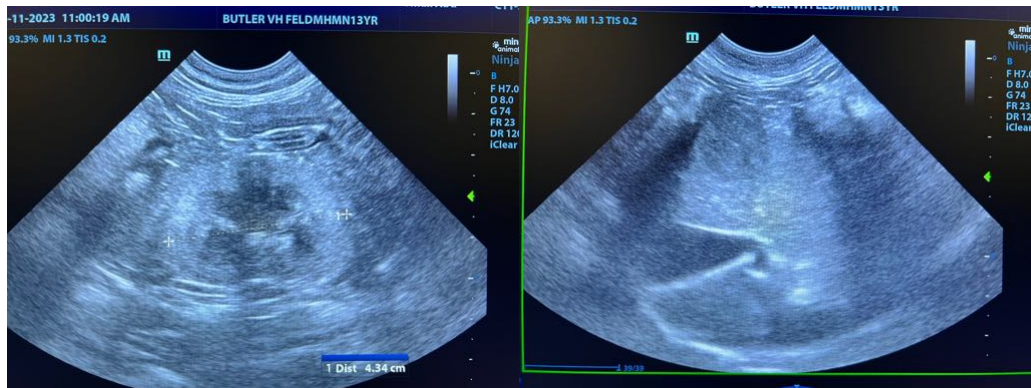
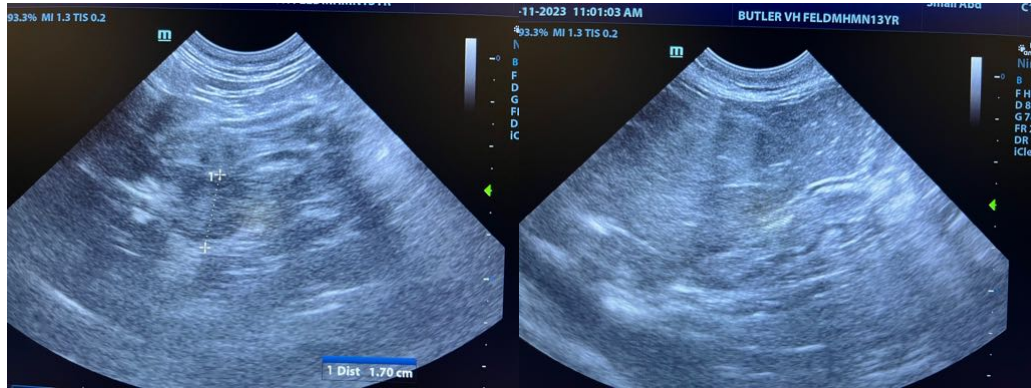
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HOSPITAL NAME

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REFERRING VET

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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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