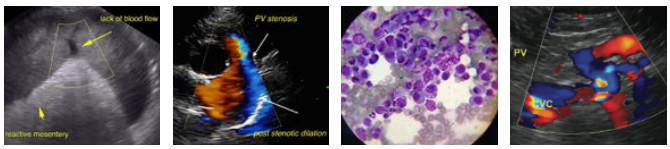
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Burshi Meyer

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
11 years

WEIGHT

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jessica Miller, RDMS

HOSPITAL NAME
Animal General on Hudson

REFERRING VET
Dr. Dima

INVOICE
43823

DATE
4/12/23

PRESENTING CLINICAL SIGNS

History: Vomiting, decreased appetite, chronic constipation for few months (megacolon?) Current meds: Cisapride, Miralax, Lactulose

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a small amount of sand that was non-obstructive.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Non-obstructive, pinpoint mineralization was noted. The right kidney measured 4.53 cm. The left kidney measured 4.41 cm.

Adrenal Glands

The left **adrenal gland** revealed slight areas of mineralization noted. This is an age related change. The left adrenal gland measured 0.29 cm. The right adrenal gland measured 0.36 cm.

Spleen

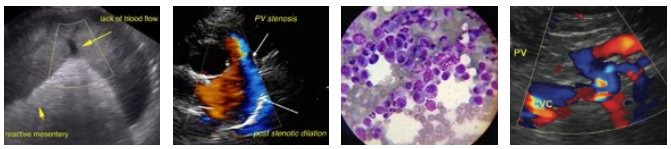
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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.

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



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Burshi Meyer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Dima

INVOICE

43823

DATE

4/12/23

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Age related renal changes with slight, pinpoint, non-obstructive nephrolithiasis.

Minor bladder sand, non-obstructive.

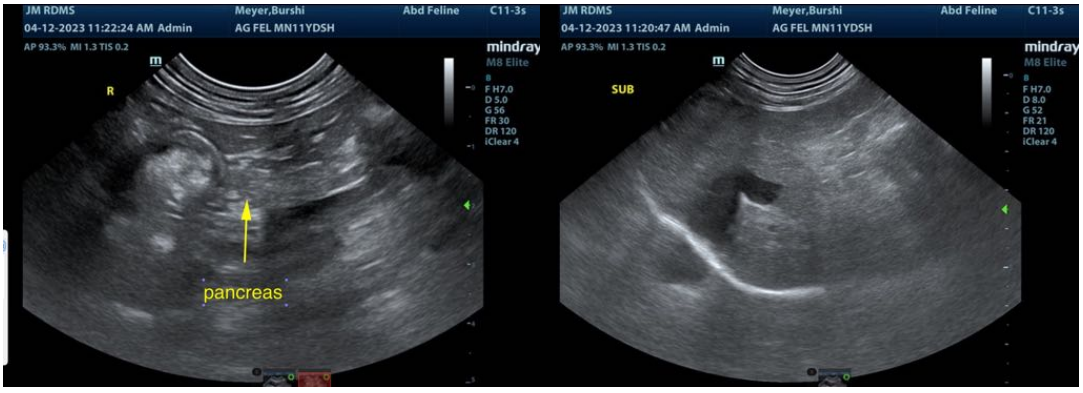
Age related liver changes.

Dystrophic mineralization of the adrenal glands is recommended.

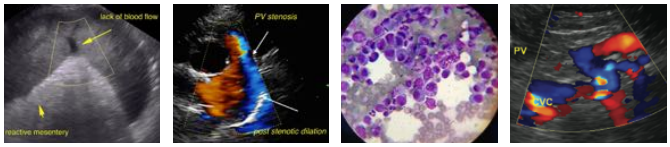
Minor remodeling of the pancreas, suggestive of history of pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease. There was no structural evidence of GI disease noted in this patient. Periodic loss of appetite may occur when calculi are moving from the kidneys to the lower urinary tract. If sand is persistent in the bladder then justification to cystotomy and sand analysis can be considered with GI biopsies at that time to further investigate the GI presentation even though structurally the GI tract appears unremarkable. If cystotomy is to be performed I strongly recommend a sonogram just prior to surgery to ensure that the sand is persistent.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Burshi Meyer

SPECIES

Feline

BREED

Domestic Shorthair

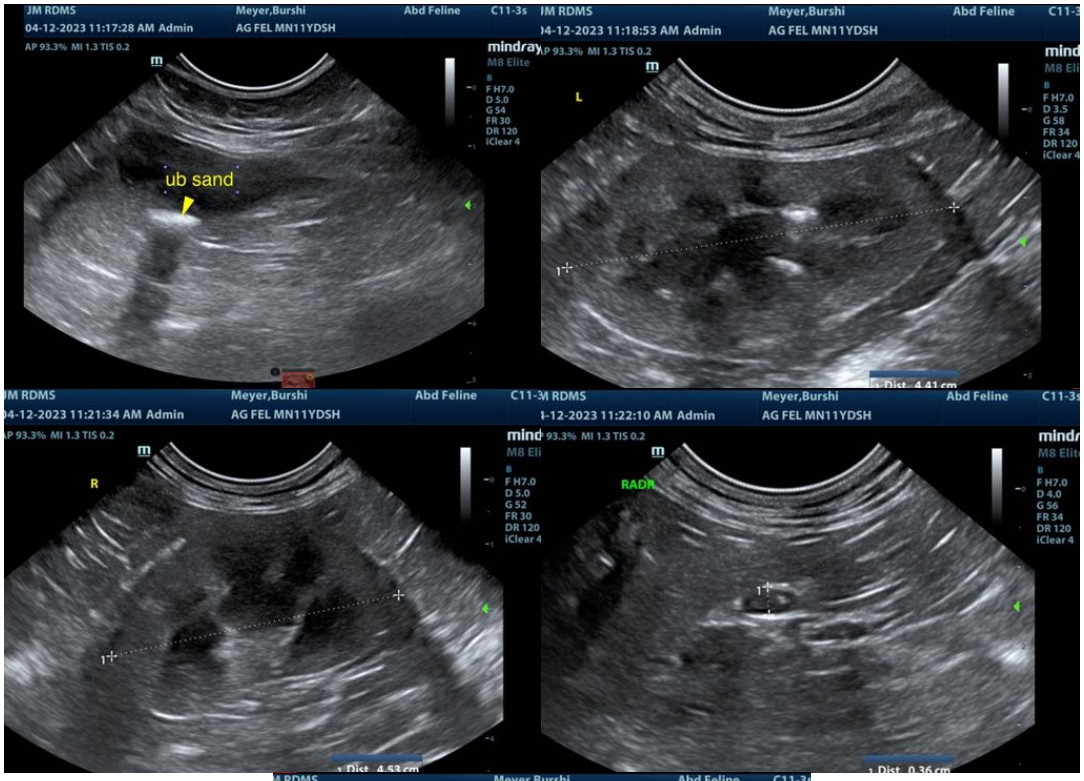
SEX

Neutered male

AGE

11 years

WEIGHT



INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Dima

INVOICE

43823

DATE

4/12/23

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