



PATIENT

Effie Timinski

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

6 years

WEIGHT

6.66 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Anderson

INVOICE

98164

DATE

4/8/22

PRESENTING CLINICAL SIGNS

History: Not doing normal Effie things. Hiding. Not eating well. Noticed the other day she wanted to get up to the sink and couldn't figure out how to get there when usually she is very nimble. Maybe because Aster was in her way and didn't want to go around her. Effie usually cuddles but she hasn't been recently. Yesterday she had to pull her out from behind the bed. She is a nibbler usually but Katherine can tell she hasn't been eating well. Put her in the bathroom for the appointment today and when she went to go get her she was all wet which was strange because she had a cat box in there. Getting skinny for Effie - feeling boney. Ate pretty well last week. Standing in sink but this week she was having trouble getting to the sink that she usually gets her water from. She seems like she doesn't have the strength to get up there. Anytime she has been out she is drinking. Katherine does have 5 cats so it's hard to tell who is doing this but recently the clumping litter isn't even clumping the litter it's so much. Also noted is that something seems to grow on a litter box if it gets missed like crystal growth looking things
Abnormal PE/Chem/CBC/UA Results: PE: Extreme dehydration, Stage 2 dental Extreme muscle loss, 2 masses on the body wall on both sides of the Abdomen. No recent lab work will be sending some out today. (Pending)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a moderate amount of debris.

The **kidneys** presented severe polycystic changes with minimal recognizable parenchyma. Severe renomegaly was noted in both kidneys and measured up to 8.0 cm. Pelvic mineralization was noted in both kidneys.

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.

Spleen

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

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

The **gastrointestinal tract** was deviated owing to renal mass effects, yet there was no evidence of neoplasia.

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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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ULTRASONOGRAPHIC FINDINGS

Severe polycystic renal changes with pelvic mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prognosis is poor.

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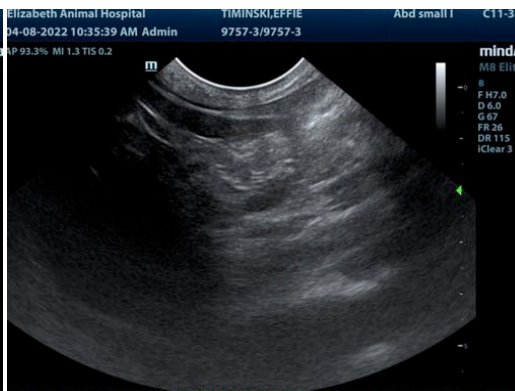
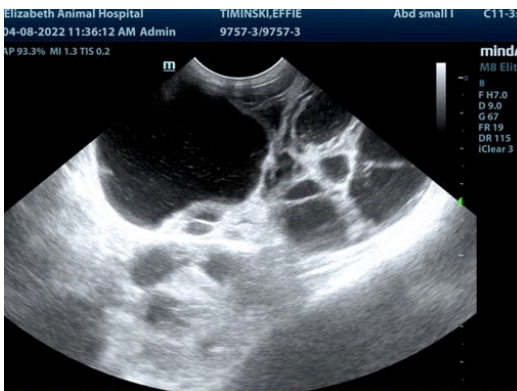
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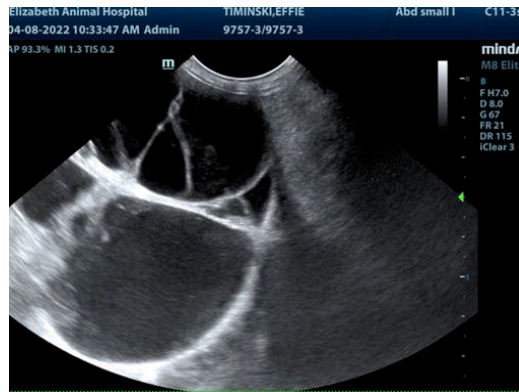
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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