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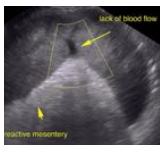
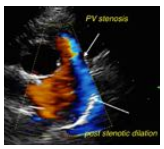
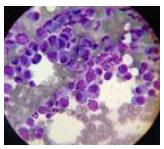
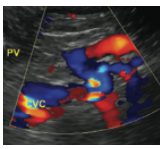

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Hoot Barash

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Netuered male

AGE
16 years

WEIGHT
14.3 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway

REFERRING VET
Dr. Maniar

INVOICE
42011

DATE
1/10/23

PRESENTING CLINICAL SIGNS

History: recheck prev u/s showed unremarkable abd with hepatic remodeling and lobar biliary mineralization, chronic interstitial nephrosis renal pattern with infarcts, low grade inflammation possible .... Cat is continuing to vomit

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 left kidney measured 4.9 cm. The right kidney measured 3.95 cm with mineralization at the corticomedullary junction measuring 0.5 cm. Blood flow to the kidneys appeared to be subnormal.

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** 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** revealed remodeling. Vascular and biliary tracts were of normal volume with no evidence of congestion. Lobar mineralization was noted. 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.

Gastrointestinal

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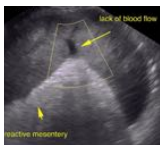
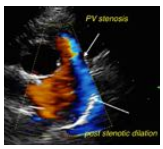
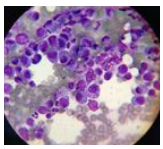
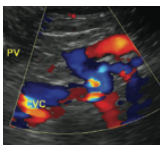

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The **stomach** was over distended with chyme and partially shadowing material. Gas accumulation was noted in the stomach. Visibility in the upper GI was poor. Areas of mucosal fogging was noted in the small intestine. The colon was unremarkable.

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.

ULTRASONOGRAPHIC FINDINGS

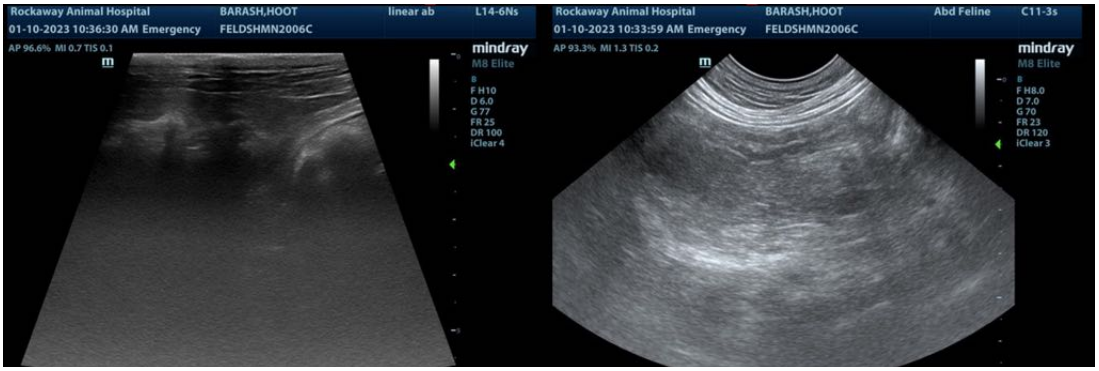
Gastric stasis. Over distended stomach with poor visibility.

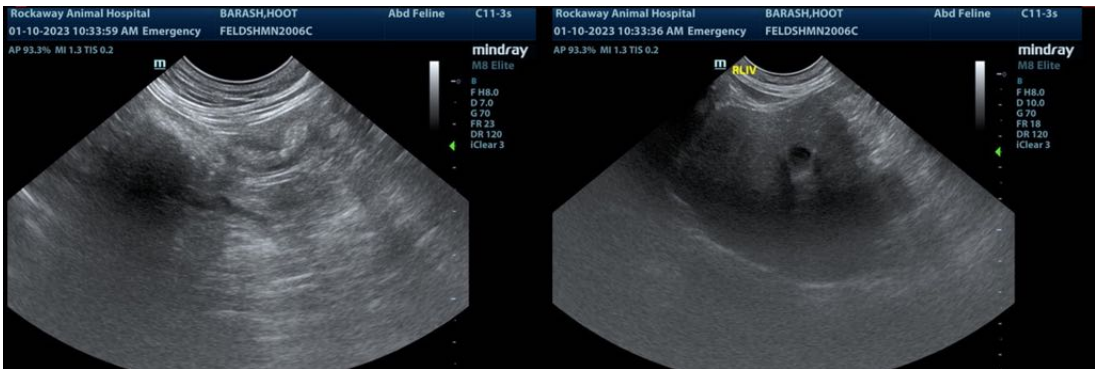
Moderate, chronic interstitial nephrosis pattern.

Hepatic remodeling and lobar mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was n.p.o. at the time of the sonogram then I recommend exploratory surgery/gastrotomy is indicated. GI biopsies are warranted as well.





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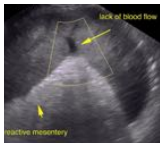
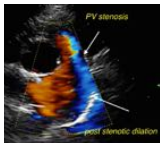
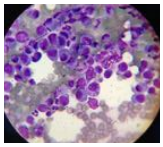
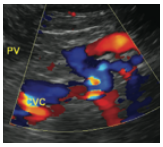

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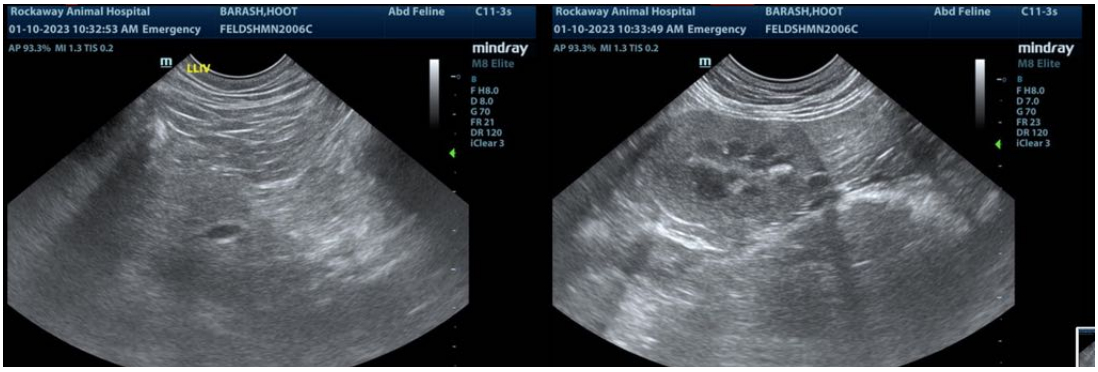

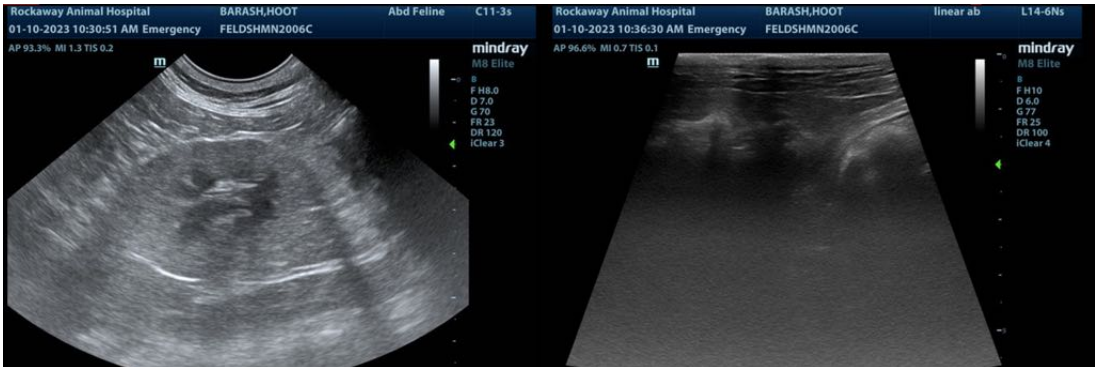

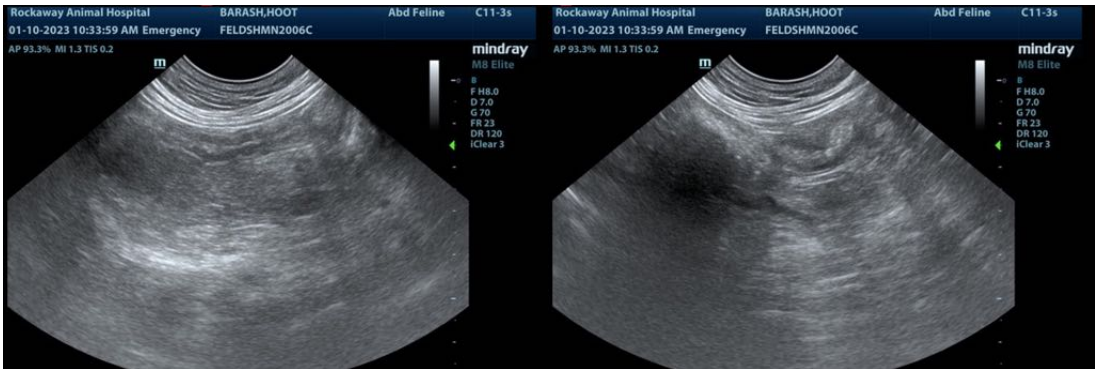

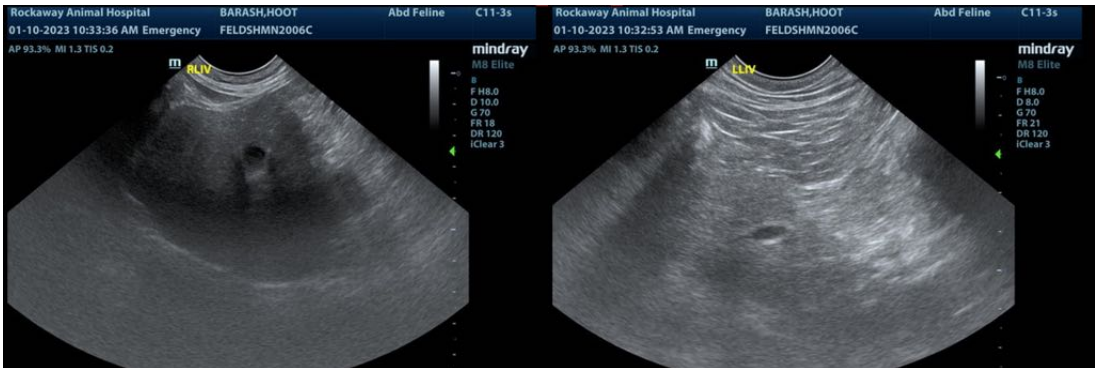

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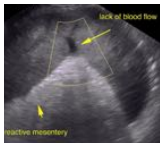
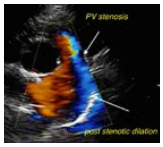
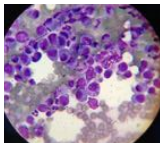
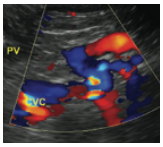

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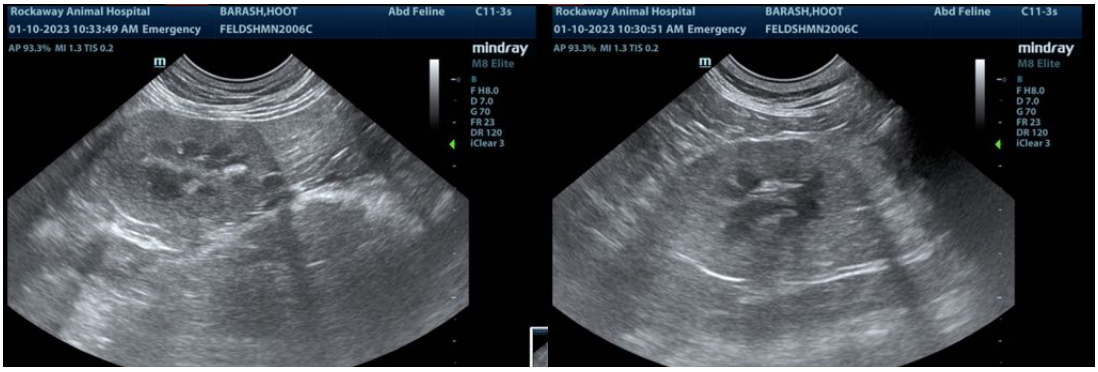

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com