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Clinical Sonography & Telecytology
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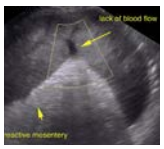
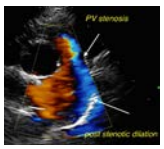
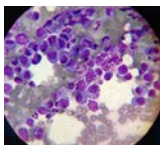
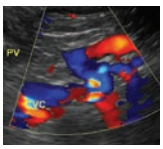

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1-800-838-4268 info@sonopath.com

PATIENT
Bear Bacha

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
5 Years

WEIGHT
6.4 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Lupole

INVOICE
34242

DATE
1/14/22

PRESENTING CLINICAL SIGNS

Started on Dec 27th for dandruff on his back, dx flea bite rxn – started on revolution plus, also gave Rabies and Distemper vx. Seemed ok, a little lethargic, dandruff improved. Then 1 week ago, owner noticed pet not eating as much and has become more and more lethargic. Will only eat if owner brings it to him. Usually pet very eager to eat. Took to rdvm for bloodwork and UA and rads, results pretty much non remarkable, rec AUS, switched to A/D science diet, eats it well but owner has to carry around to litterbox, seems weak, UR smells sweet per owner. Has lost 1lb since visit in December. Appetite/When did they eat last: this morning ¼ can a/d mixed with water
Abnormal PE/Chem/CBC/UA Results: Abdominal: tense abdomen on palpation Rdvm bloodwork: EOS 0.04; PLT 138; GLOB 5.6; SDMA>100; TT4 3.7; FELV/FIV negative; USG 1.043. Rdvm rads: No obv masses. Fat deposition. Small bladder. GI tract uniform. Kidneys look a little plump. Possible enlarged LN's with ventral displacement/hard 90* turn of colon? Chest: no obv metastasis present.

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 were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.87 cm. The right kidney measured 4.79 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 were noted.

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.

Gastrointestinal

Partially shadowing material noted in the **stomach**, likely hair accumulation, not likely a clinical issue. The small intestine and colon were unremarkable.

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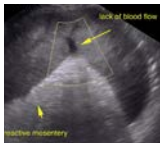
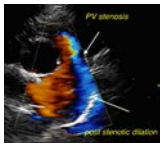
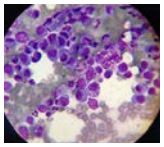
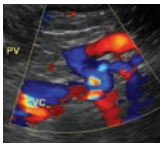

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Pancreas

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.

Free Abdomen

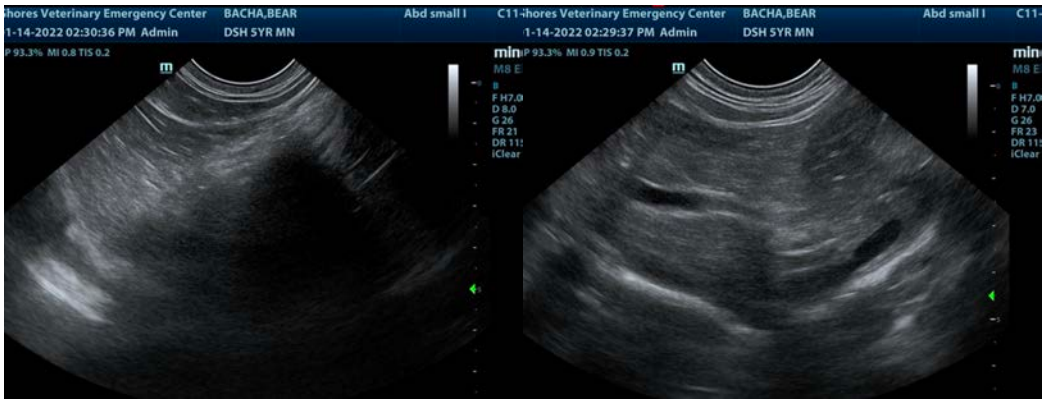
A large amount of abdominal fat was noted.

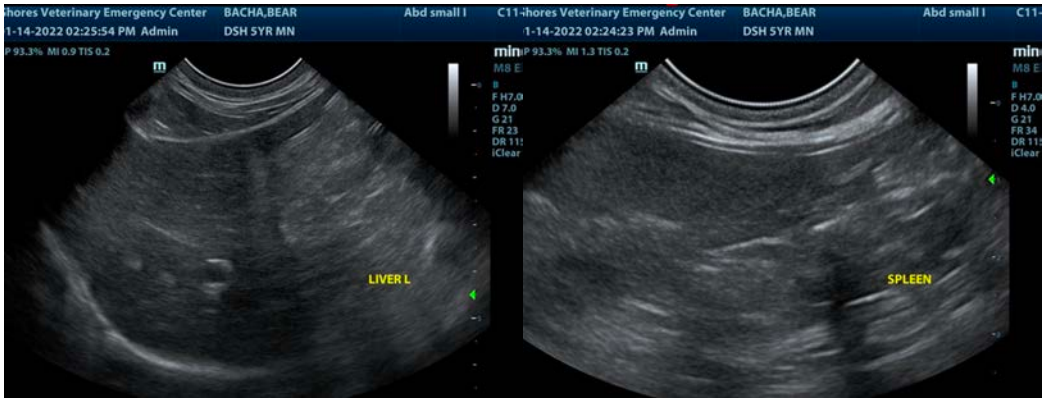
ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology contributing to the clinical signs. Abdominal tension may be referred back pain in this patient. Even though the SDMA elevation is severe, the kidneys structurally appear normal, as does the lower urinary tract.





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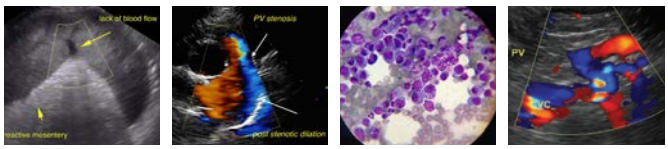

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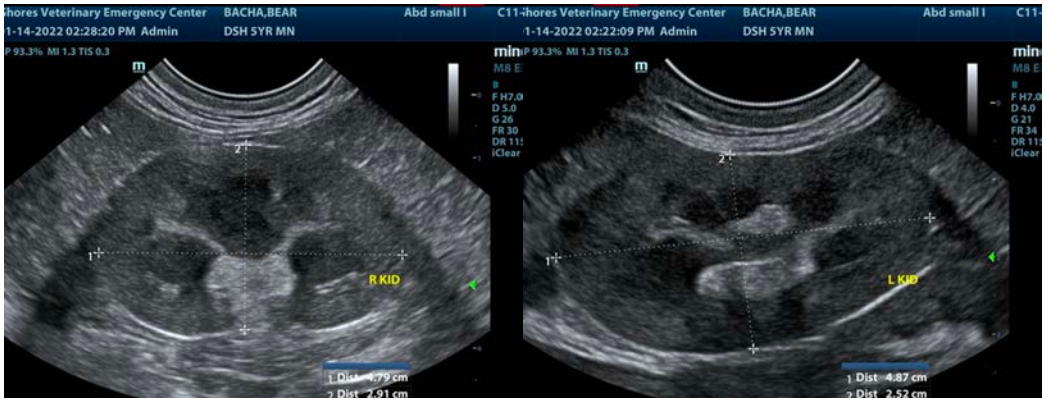

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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