



PATIENT

Tommy Becker

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14.5 Years

WEIGHT

5.5 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wendy Turner

HOSPITAL NAME

Pennsauken AH

REFERRING VET

Dr. Wendy Turner

INVOICE

44240

DATE

1/14/23

PRESENTING CLINICAL SIGNS

Hx hypertensive non-proteinuric CKD 15 months. Started amlodipine, then increased amlodipine, with minimal decrease in BP. Added telmisartan and BP was avg 300 (Doppler) at recheck appt. Pet is doing well otherwise; might be slight decrease in appetite and activity recently. Also hx stable hyperthyroidism - no current clinical signs.

Abnormal PE/Chem/CBC/UA Results: Hx hypokalemia but has been supplemented since. Stopped 4 days before latest blood draw and is 4.0 mmol/L (3.5-5.8) has been 4.5 to 5 since starting supplementation. Aldosterone pending. Latest full panel Hct 25%, Hgb 8.9, BUN/Cr stable at 60/3.6, UPCR 0.4, USG 1.009 (historically 1.013 to 1.015), TT4 3.9mg/dl

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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. Loss of corticomedullary definition noted in the left kidney. The left kidney measured 4.36 cm with slight pyelectasia. Echogenic debris noted in the left renal pelvis, suggestive for low-grade pyelonephritis. Mild inflammatory pattern noted around the left kidney. The right kidney was subjectively near end stage. The right kidney measured 3.66 cm with pyelectasia of 1.0 cm. The urine within the right renal pelvis appears to be anechoic, therefore not likely a pyelonephritis pattern. Slight right ureteral dilation noted, potential distal stricture. The right ureter measured 3.0 mm.

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. The right adrenal gland measured 0.48 cm. The left adrenal gland measured 0.40 cm. No evidence of masses.

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 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,



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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.

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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

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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

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- Low-grade chronic active pyelonephritis pattern left kidney
- Chronic right hydronephrosis/hydronephrosis with secondary degenerative interstitial nephrosis pattern/dystrophy, subjectively near end stage

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV

Urine culture and coverage for chronic UTI/pyelonephritis recommended. Prognosis long-term is guarded. No evidence of adrenal masses.

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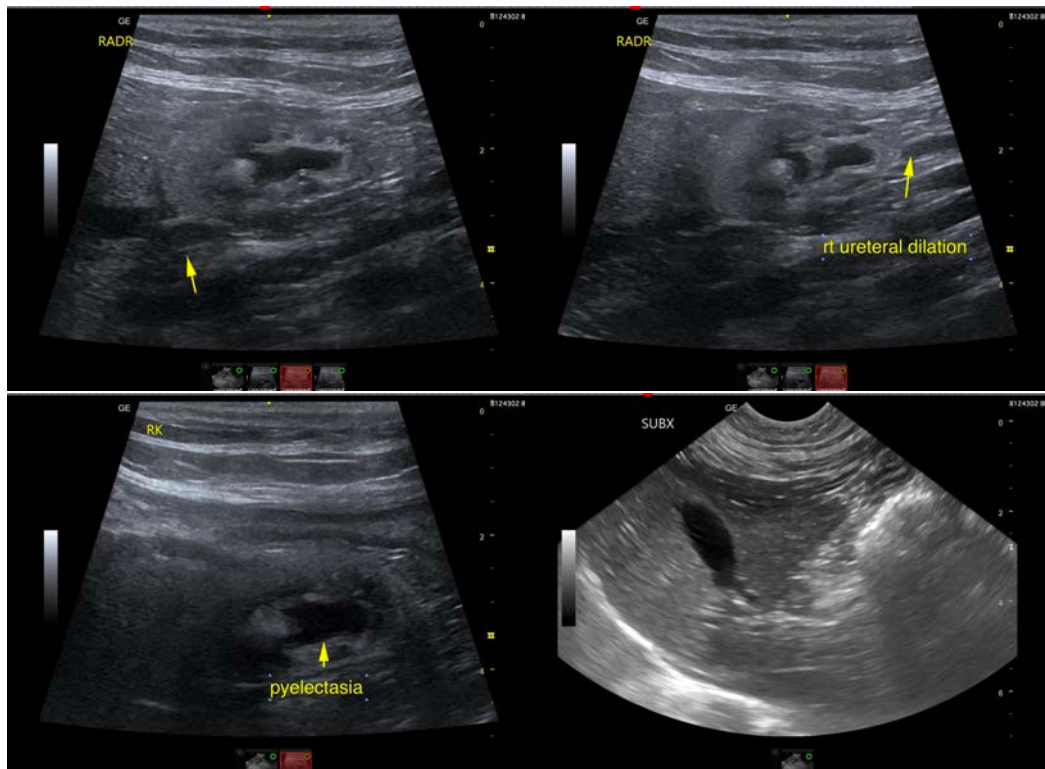
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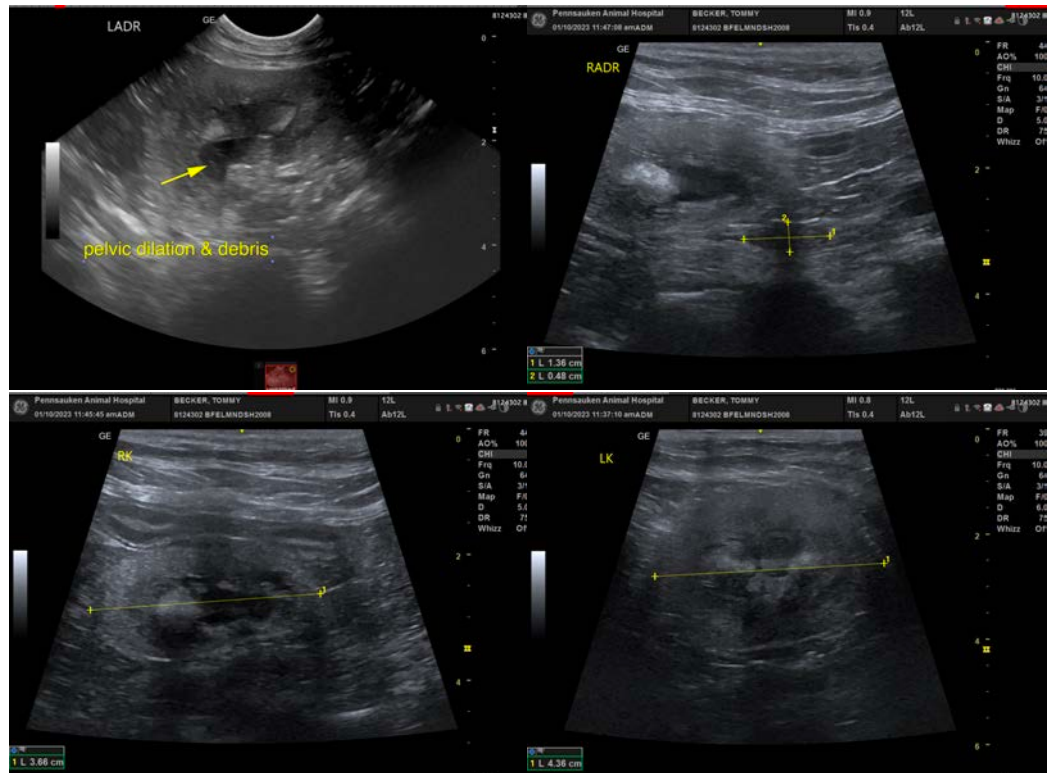
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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