



**PATIENT**

Penguin Helbein

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

2 years

**WEIGHT**

11.3 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Rodriguez

**HOSPITAL NAME**

Foxfield

**REFERRING VET**

Dr. Rodriguez

**INVOICE**

95343

**DATE**

1/18/22

**PRESENTING CLINICAL SIGNS**

Pemphigus foliaceus. Inappropriate litter box use.  
Abnormal PE/Chem/CBC/UA Results: Fructosamine WNL, WBC: 37.6, Netu: 82, Lymph 14. Urine protein 3+, urine glucose 2+, urine blood 3+ urine WBC: 4-10 USG: 1.058. Urine culture negative

**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. A minor amount of debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** were bilaterally enlarged with thickened cortices. This is consistent with non-specific renomegaly. The right kidney measured 5.29 cm. The left kidney measured 5.45 cm. A cortical infarct was noted at the dorsal cortex of the left kidney. Blood flow to the kidneys appeared to be adequate on color flow assessment.

**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 0.53 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** was normal in size and contour with mildly increased portal markings. 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**

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



<b>PATIENT</b>	demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.
Penguin Helbein	
<b>SPECIES</b>	<b>Pancreas</b>
Feline	The base and limbs of the <b>pancreas</b> 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.
<b>BREED</b>	
Domestic Shorthair	
<b>SEX</b>	Interstitial nephrosis pattern with bilateral renomegaly and infarcts.
Neutered male	Urinary debris.
	Minor hepatic remodeling.
<b>AGE</b>	
2 years	
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11.3 lbs	

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urine culture and sensitivity is warranted. Coagulation panel and 25-gauge FNA of the renal cortex is warranted to assess for granulomatous changes. FNA of the liver could also be considered to assess for granulomatous changes. There is a mild potential for underlying dry form FIP.

**INTERPRETED BY** For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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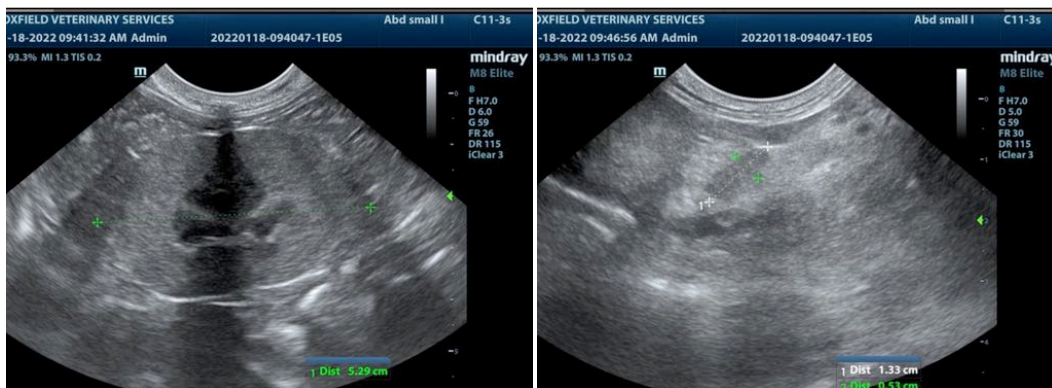
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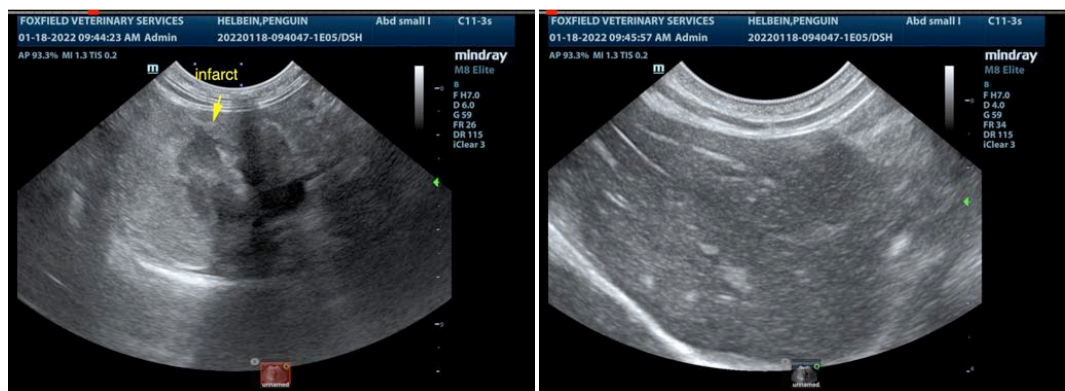
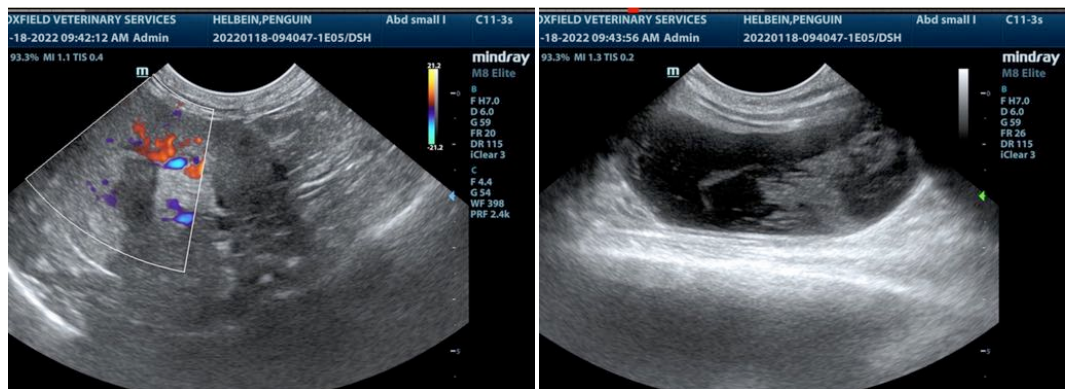
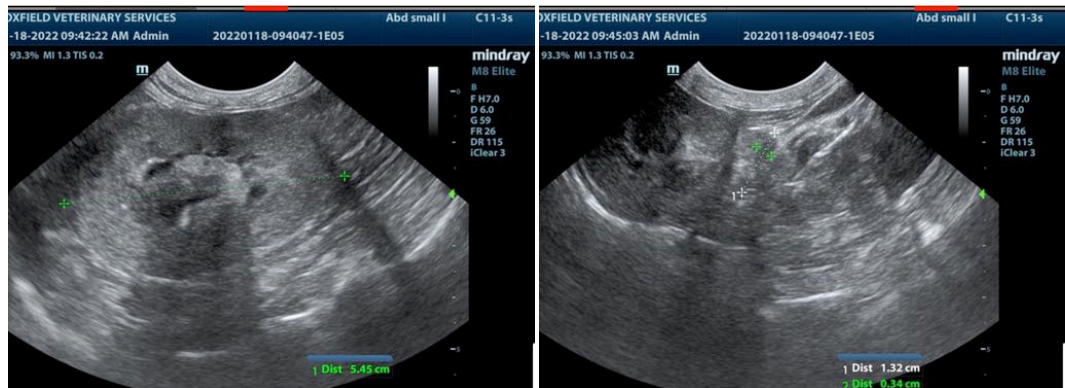
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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