



PATIENT PRESENTING CLINICAL SIGNS

Tilty Jung History: rapid weight loss

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Labs showed renal disease, hyperthyroidism, hypokalemia, hyperphosphatemia Different size of kidneys on ultrasound, though architecture is normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

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.

SEX

Spayed Female

The **right kidney** revealed chronic interstitial nephrosis pattern, measuring 3.38 cm in length. Minor pyelectasia noted in the right kidney.

AGE

17 Years

The **left kidney** was subnormal in size, measuring 2.27 cm with chronic interstitial nephrosis, cortical infarcts, remodeling and loss of corticomedullary definition.

Adrenal Glands

WEIGHT

2.5 kg

The **adrenal glands** were visualized. No evidence of pathology.

Spleen

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Singh

Liver

HOSPITAL NAME

Balmy Beach PH

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.

REFERRING VET

Dr. Singh

Gastrointestinal

INVOICE

13553

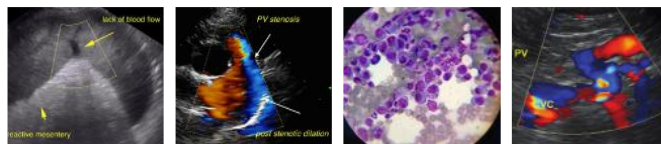
Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

DATE

1/21/22

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat.



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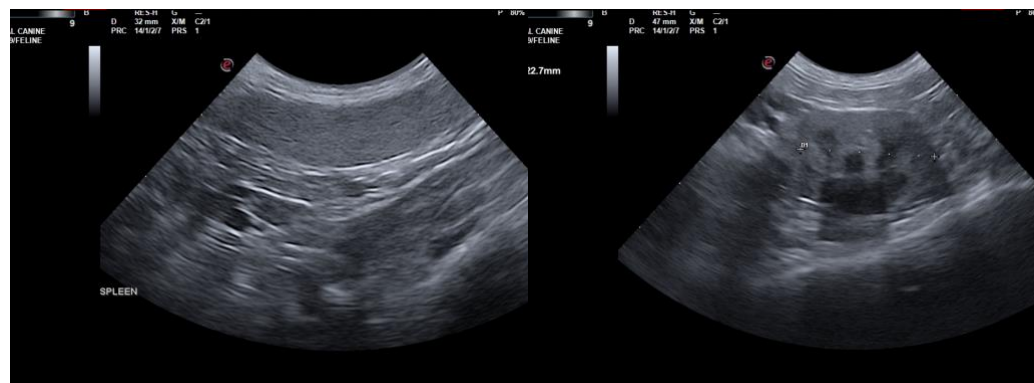
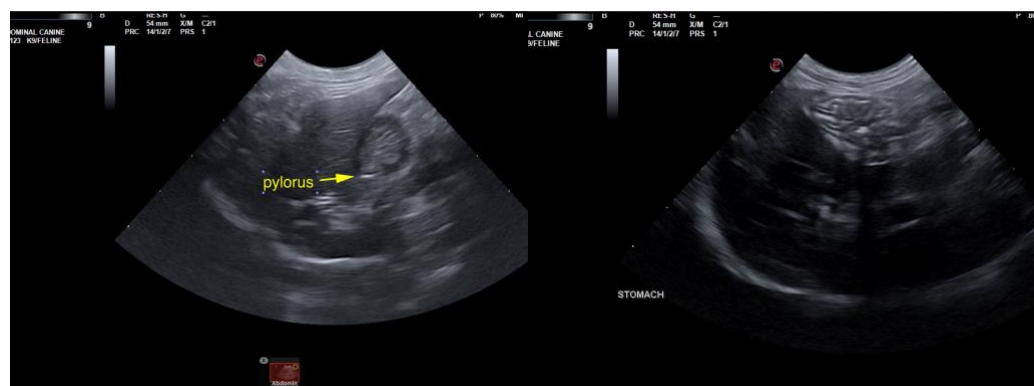
Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Chronic degenerative renal disease. Interstitial nephrosis pattern. Right kidney pyelectasia. Dystrophic left kidney.
- Age-related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the kidneys appear near end-stage in this patient. Focus on renal function recommended regarding therapy. Blood pressure measurements warranted. Full urinary work up warranted, if not already performed.





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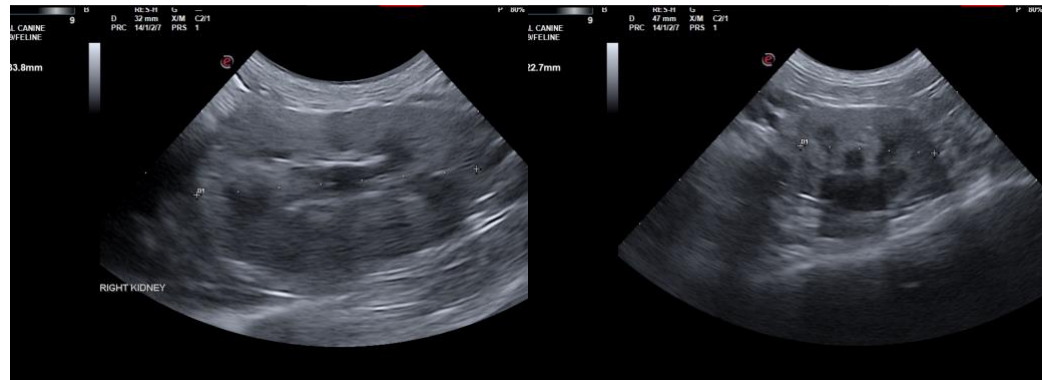
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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