



PATIENT

Tanzi Blomeyer

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

16 years

WEIGHT

9.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

M Kermendy CVT

HOSPITAL NAME

Wauwatosa VC

REFERRING VET

Dr. Haynes

INVOICE

94984

DATE

1/4/22

PRESENTING CLINICAL SIGNS

2 week history of decreased appetite. Patient also vomiting. She receives tapazole for hyperthyroidism. Mildly anemic and elevated ALP present on blood panel. Screening for cause of decreased appetite. HCT=30.7 (30.7-52.3) ALP=141 (14-111) SDMA=21 (0-14)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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** revealed largely normal structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Cortical infarcts were noted as well as multi-focal cortical collapse. The left kidney measured 3.6 cm. The right kidney was subnormal in size and measured 2.0 cm.

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 left adrenal gland measured 0.4 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** revealed coarse architecture with echogenic double layered collapsed gallbladder. There were mildly increased portal markings. The patient likely has a history of cholangitis.



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Gastrointestinal

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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.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

Dystrophic right kidney was noted owing to infarcts. Renal function of the right kidney is likely comprised.

WEIGHT

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Mild hepatic and pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
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There is no evidence of neoplasia. Palpation of the right kidney is recommended to assess for any discomfort associated with the changes. The cause of anemia is unclear. CBC path review is warranted. Smoldering, low-grade nephritis of the right kidney +/- left kidney may be playing a role in the patient's history. Full urinary work-up is warranted. Blood pressure measurements and assessment for pain associated with either kidney is recommended.

IMAGING PERFORMED BY

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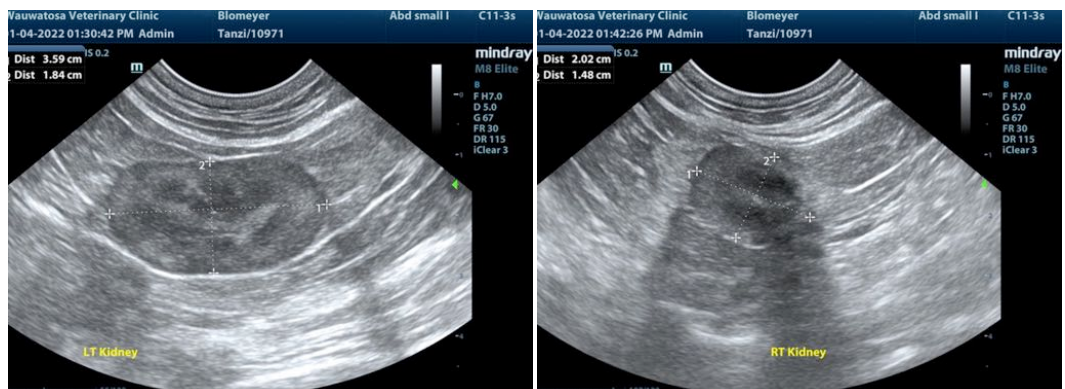
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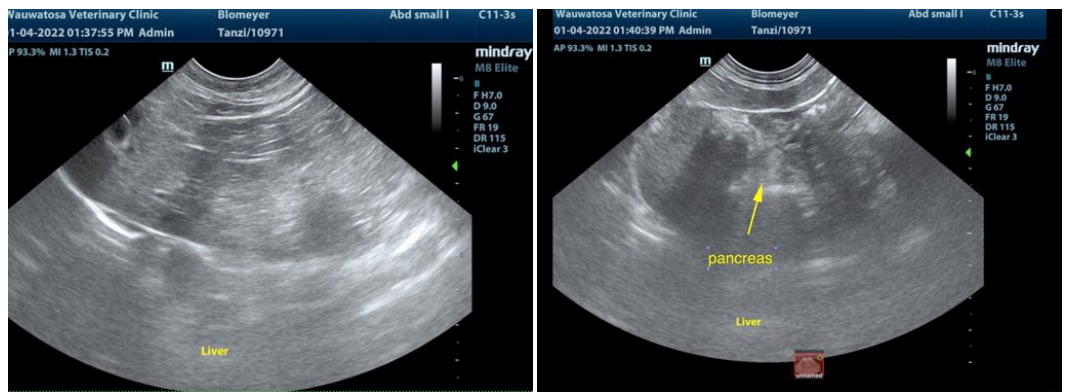
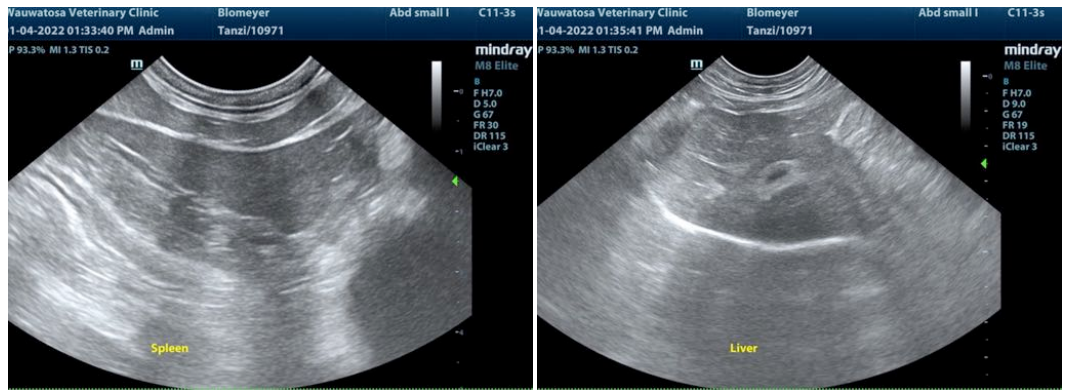
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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