



PATIENT

Hershey McNemar

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

7.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Evanna

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Villari

INVOICE

13396

DATE

10/1/21

PRESENTING CLINICAL SIGNS

History: weight loss, vomiting , PU/PD ravenous , hypercalcemia, stomach wall appears irregular on x-ray,

Abnormal PE/Chem/CBC/UA Results: IONIZED CA⁺ 1.59 ,BUN⁺33, CREAT⁺2.40 ALT⁺251 GLOB ⁺5.8 HGB DECREASED 9.4 ,RETIC DECREASED 2.7 LYMDECREASED 0.55 EOS DECREASED 0.06, PLT DECREASED 38, PCT DECREASED 0.06

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 moderate chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 3.92 cm. Pinpoint mineralizations were noted in the right kidney. The left kidney revealed similar changes to the right with hyperechoic medullary rim sign. The left kidney measured 3.5 cm in length. Blood flow to the kidneys was subnormal indicative of chronic disease.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** revealed slight irregular contour and uniform parenchyma, likely a reactive state, however, emerging round cell neoplasia cannot be entirely ruled out.

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

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.

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

- Chronic interstitial nephritis renal pattern
- Slight splenic enlargement
- Unremarkable abdomen otherwise

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

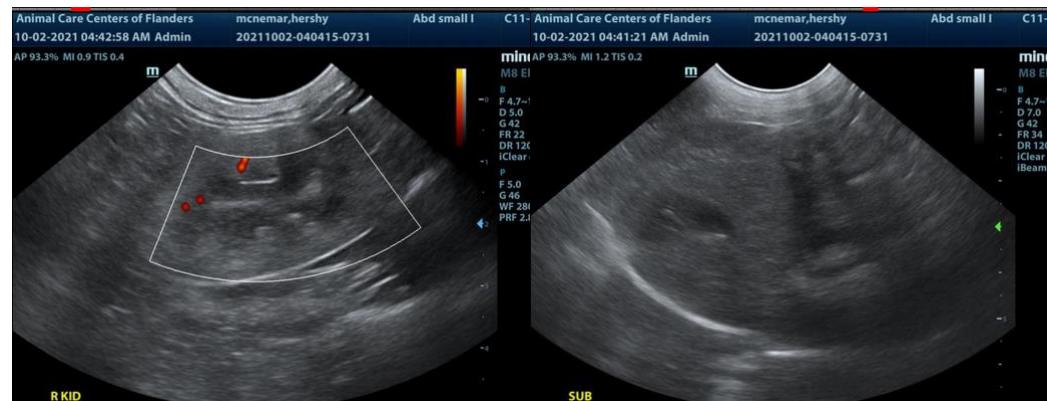
Treatment for azotemia/renal failure indicated over the next 72 hours and reassessment of the clinical profile. No evidence of neoplasia. If inflammatory sediment is present in the urine, urinalysis and culture indicated. Blood pressure measurements indicated. The cause of weight loss is not evident unless chronic renal failure is playing a role.

AGE

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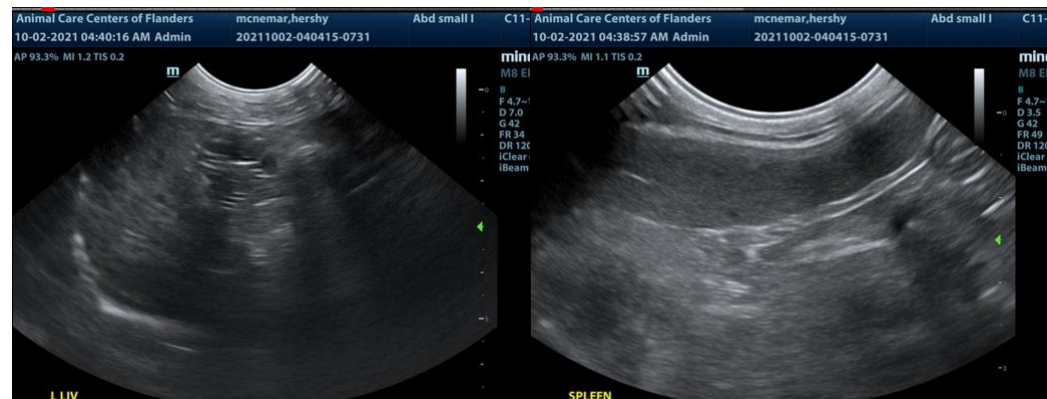
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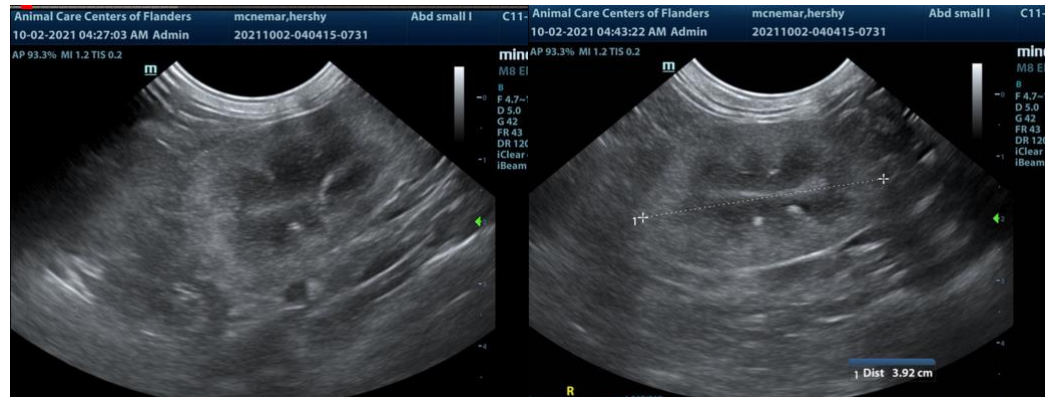
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com