



PATIENT

Furiosa Smith

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years

WEIGHT

4.1 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

17682

DATE

10/14/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for lethargy, mild anorexia, hiding, overall malaise. Previous Health Concerns: MRSA infection in the renal pelvis of right kidney, underdeveloped right kidney.

Abnormal PE/Chem/CBC/UA Results: Bloodwork: MON# 0.04; NEU% 83.5; MON% 0.5; MCHC 37.3; pCO2 30.6; K 3.4; Ca 1.10; GLU 177; Chem wnl (GLU 186) Previous Sonopath AUS: 6/15/22 and 7/1/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was structurally unremarkable. A minimal amount of urine was present at the time of the sonogram. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **left kidney** was hypertrophied with corticomedullary calculi (nonobstructive at the time of the sonogram). Minor subcapsular fluid accumulation was present, suggestive for recent insult. The left kidney measured 4.27 cm.

The **right kidney** was subnormal in size measured 2.62 cm. Moderate degenerative changes were noted.

Adrenal Glands

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

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 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. Some hairball-type density was noted in the stomach.

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

- Swollen left kidney with calculi
- Dystrophic right kidney
- Hairball type density in the stomach
- A minimal amount of urine was present in the urinary bladder

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Spayed Female

Full urinary work up and supportive care should prove effective in this patient. Hairball therapy is indicated. Reassessment of the patient age, as the pathology noted is typically that of an older cat, as opposed to a younger cat, unless primary renal dysplasia is an issue (regarding the right kidney). No overt evidence of neoplasia. No evidence of obstructive disease.

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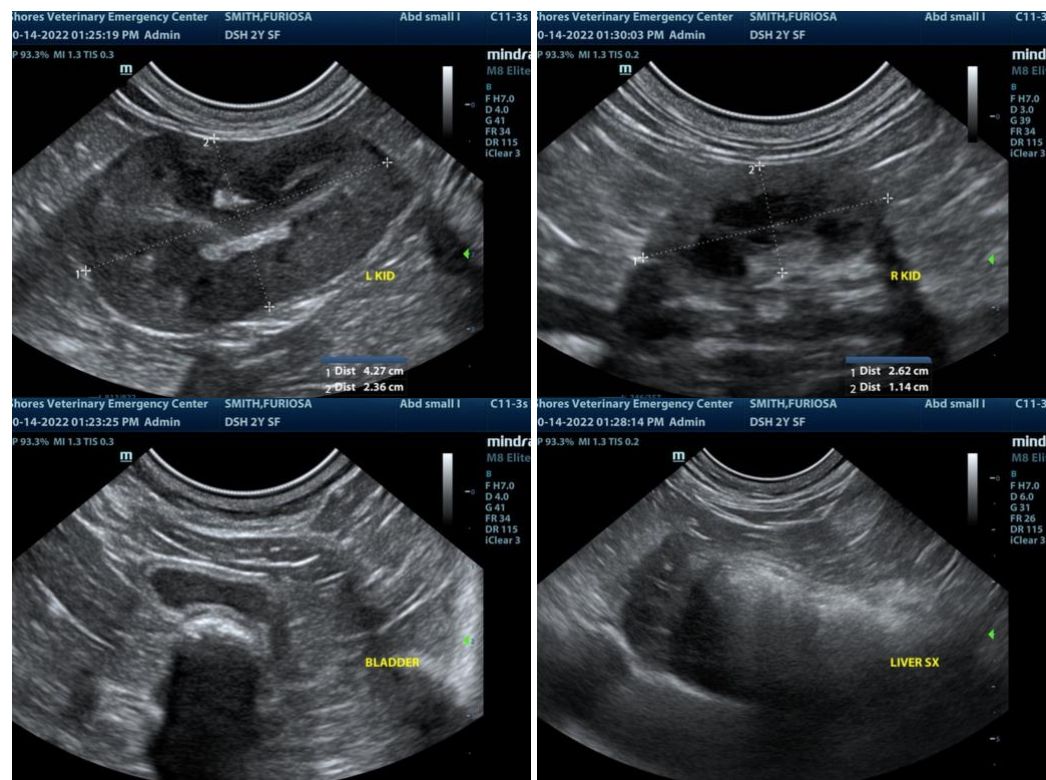
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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