

DATE

10/17/22

PATIENT

Spook Kirkwood

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5/31/06

WEIGHT

7.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

40096

PRESENTING CLINICAL SIGNS

Has been having a decline in appetite for a few weeks but has been drinking more water Since his appointment with the eye specialist: appears weaker, disoriented, and is not walking - has not been interested in eating or drinking Has been urinating and defecating where he lays Owner noted that he is known to get depressed when sick Presented to rdvm: - PE: bradycardia (100-120) - Bw: Bun 53, Wbc 23.19, Neu 21.07, Mono 0.74 - Ua: Usg 1.022 - pending culture - BP: 100 mmhg - Tonometry: OD 61 mmhg, OS 51 mmhg Evaluated by Animal Vision Center of Virginia Beach on Friday: - dx with uvveitits and bilateral glaucoma - started on Cosopt: 1 drop OU 4x/day, Diclofenac: 1 drop OU 2x/day - Cosopt decreased to BID today per ophthalmologist recommendation, noted that could be the cause of clinical presentation - Uveitis panel pending

Current Medications: ampicillin/sublactam, gabapentin, maropitant, entyce, cosopt, dicofenac
Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brillhart, RDMS.

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 was noted. Ureteral papillae were normal.

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 chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney had a hyperechoic medullary rim sign. The left kidney measured 4.12 cm in length and 1.15 cm of pyelectasia. The right kidney revealed pyelectasia that measured 0.54 cm with irregular contour and interstitial nephrosis pattern with cortical infarct. Blood flow to the kidneys appeared to be subnormal on color flow assessment.

Adrenal Glands

The right **adrenal gland** was enlarged and measured 1.49 x 0.86 cm. The left adrenal gland measured at the upper limits of normal and measured 0.69 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** revealed increased portal markings. The gallbladder and common bile duct were unremarkable. Comet tail lung sign was noted through the diaphragm as well as the lung mass.

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

The **pancreas** was enlarged, hypoechoic and irregular measuring 1.4 cm.

Thorax

The right thorax revealed an extensive lung mass that is hypoechoic and irregular. The mass measured 5.2 x 2.0 cm.

Heart

The heart was volume contracted adequately and structurally unremarkable. Trace pericardial effusion was noted, yet this is non-cardiogenic.

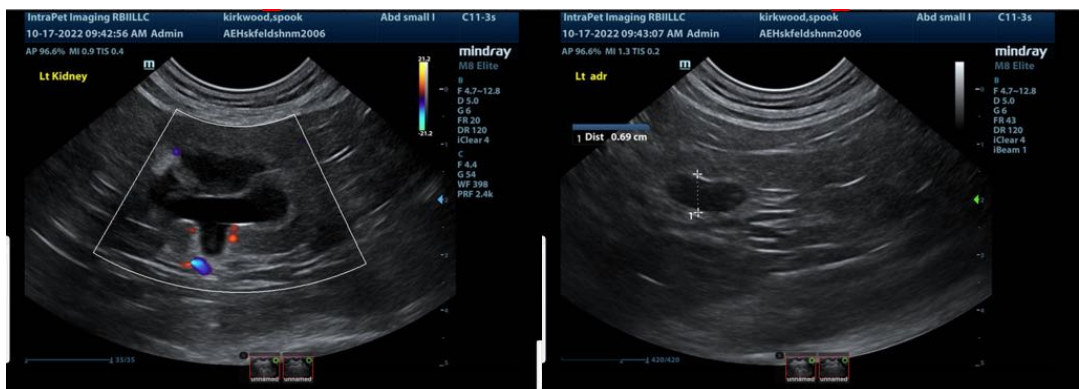
ULTRASONOGRAPHIC FINDINGS

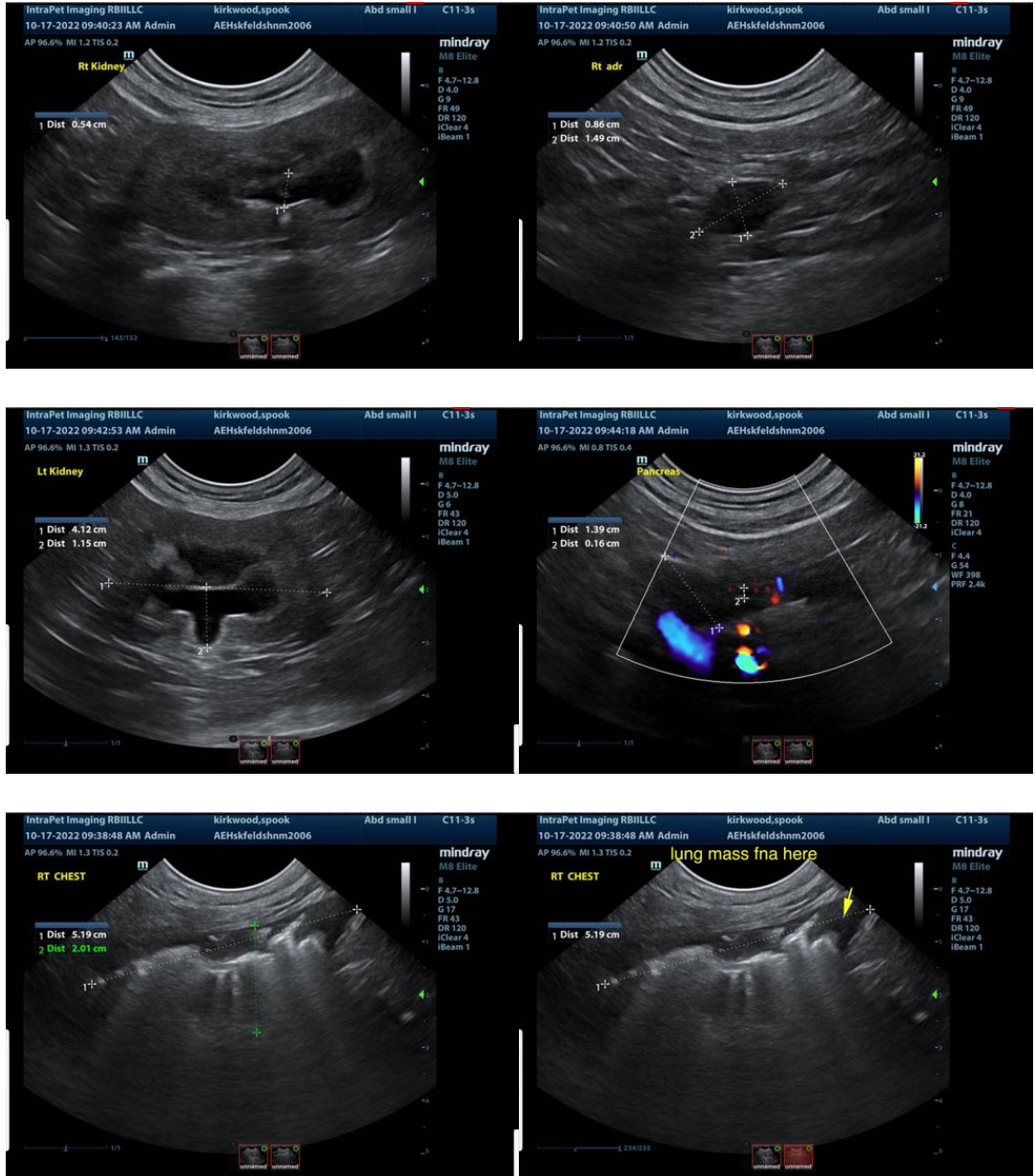
Extensive thoracic pathology, lung mass. Suspect lung carcinoma with the possibility of necrosis and pneumonitis. FNA is indicated.

Enlarged right adrenal, upper limit enlargement of the left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The integrity of the diaphragm is in question in this patient as the curvilinear patterns appear to be somewhat disruptive by the caudal lung pathology. Ultrasound-guided FNA of the lung consolidation is recommended.





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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