



PATIENT

Bijoux Brayley

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10 Years

WEIGHT

4.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Focused Ultrasound
Resources

HOSPITAL NAME

Focused Ultrasound
Resources

REFERRING VET

Veterinary Emergency
Group

INVOICE

13844

DATE

10/18/21

PRESENTING CLINICAL SIGNS

History: Lethargy, Anorexia, Constipation Stage 4 CKD

Abnormal PE/Chem/CBC/UA Results: Creat 10 Bun > 130 Phos > 16.1 K 3.0 VSG 1012 No protein

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 **right kidney** was subnormal in size (approximately 3.4 cm) with a pelvic calculus (approximately 7.0 mm), cortical infarcts and pyelectasia. Severe dystrophy was noted. Minimal blood flow to the right kidney was noted.

The **left kidney** revealed similar changes to the right. The left kidney measured 3.5 cm. Infarcts, remodeling and mineralization were noted.

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 right adrenal gland measured 0.48 cm. The left adrenal gland measured 0.43 cm at the cranial pole and 0.46 cm at the caudal pole.

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 common bile duct measured 0.23 cm. 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 **pancreas** revealed generalized enlargement (up to 1.13 cm and was hypoechoic and irregular with undulating contour and enhanced surrounding mesentery.

SPECIES

Feline

- Subjectively end stage degenerative renal disease with dystrophy, calculi, infarcts, pyelectasia and minimal blood flow
- Concurrent pancreatitis

ULTRASONOGRAPHIC FINDINGS

BREED

DLH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both prerenal and renal azotemia is likely playing a role in this patient. 72-hour IV fluid protocol, broad spectrum antibiotics, pain management, blood pressures +/- urine culture all indicated. Guarded to poor prognosis. The kidneys subjectively appear end-stage.

SEX

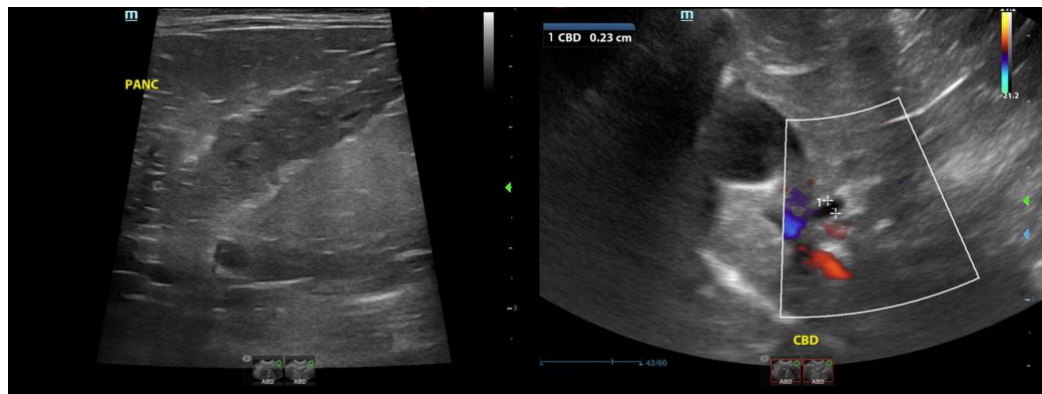
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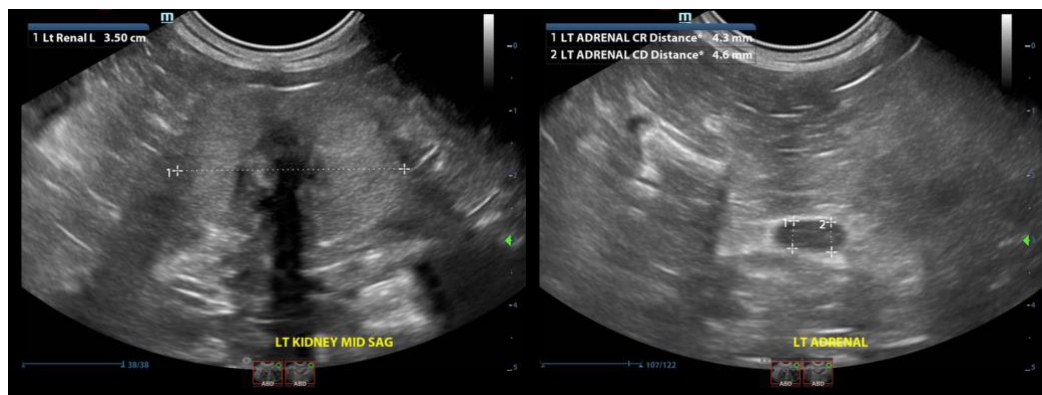
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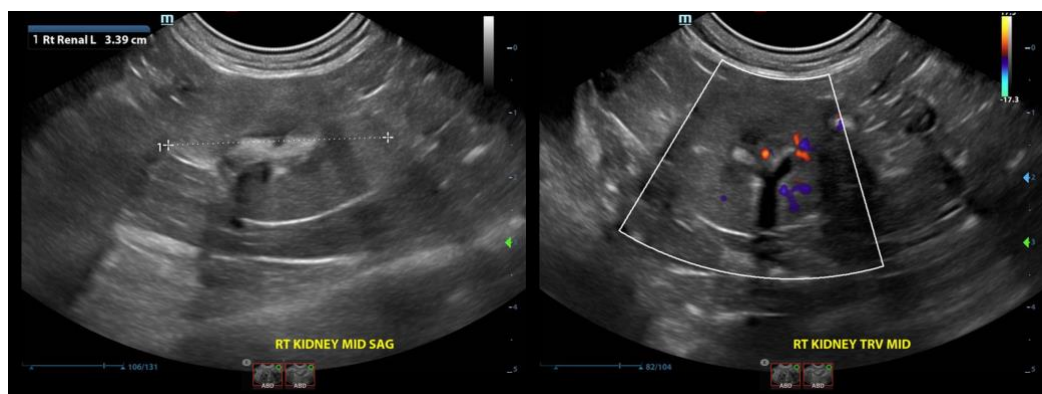
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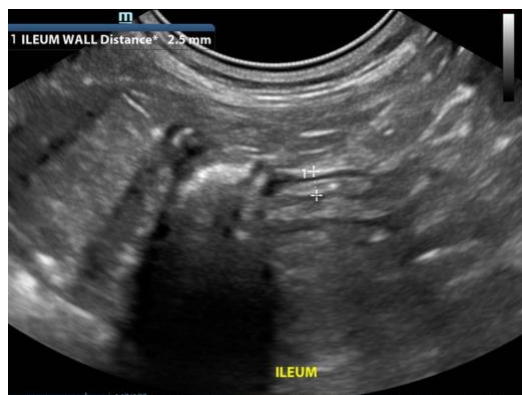
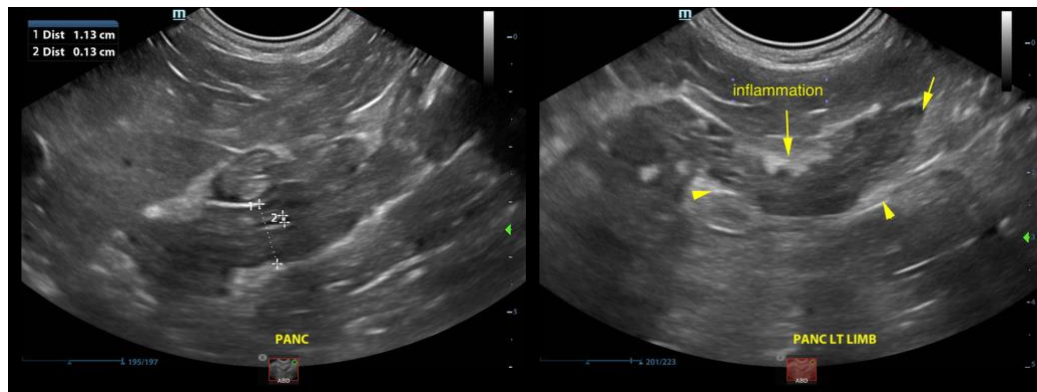
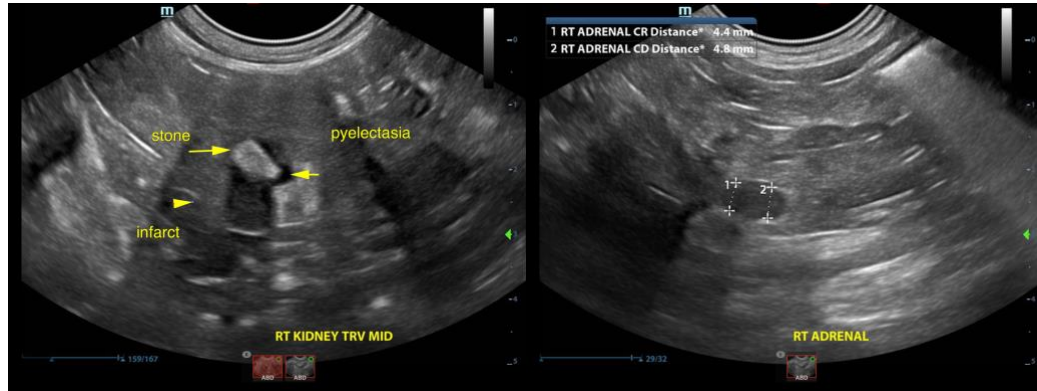
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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