

**PATIENT**

Meeps Ciattei

**PRESENTING CLINICAL SIGNS**

History: Underweight. History of chronic diarrhea

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Non regenerative anemia. HCT 18%. Reticulocytes 0.9% Enterococcus on urine culture

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**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.

**SEX**

Spayed Female

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 left kidney measured 3.92 cm. The right kidney measured 3.92 cm. Corticomedullary calculi noted in the right kidney. Pyelectasia noted, measuring 0.5 cm x 0.5 cm in the right kidney. Inflammatory pattern noted around the right kidney with heterogenous irregular parenchymal changes, active infarcts and nephritis likely.

**AGE**

12 Years

**WEIGHT**

4.6 Pounds

**Adrenal Glands**

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

**Spleen**

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP, Cert. IVUSS

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.

**HOSPITAL NAME**

Edgewood AC

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**REFERRING VET**

Dr. Kimball

**INVOICE NUMBER**

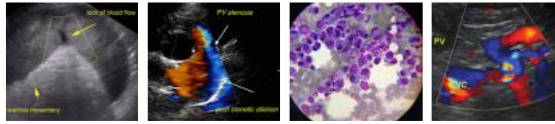
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**Gastrointestinal**

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

**DATE**

10/2/21



**PATIENT**

**Pancreas**  
Meeps Ciattei The **pancreas** revealed minor heterogeneous parenchymal changes.

**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

Feline

- Acute on chronic nephritis in the right kidney with pyelectasia and calculi
- Mild dystrophic changes left kidney
- Minor heterogeneous pancreatic changes- History of pancreatitis likely
- Stomach ingesta
- Age-related hepatic changes

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Spayed Female

Full urinary work up, 48-72 hour IV fluid protocol, pain management and antibiotics recommended. The cause of anemia is unclear. CBC path review warranted. No evidence of hemorrhage.

**AGE**

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**WEIGHT**

4.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP, Cert. IVUS

**HOSPITAL NAME**

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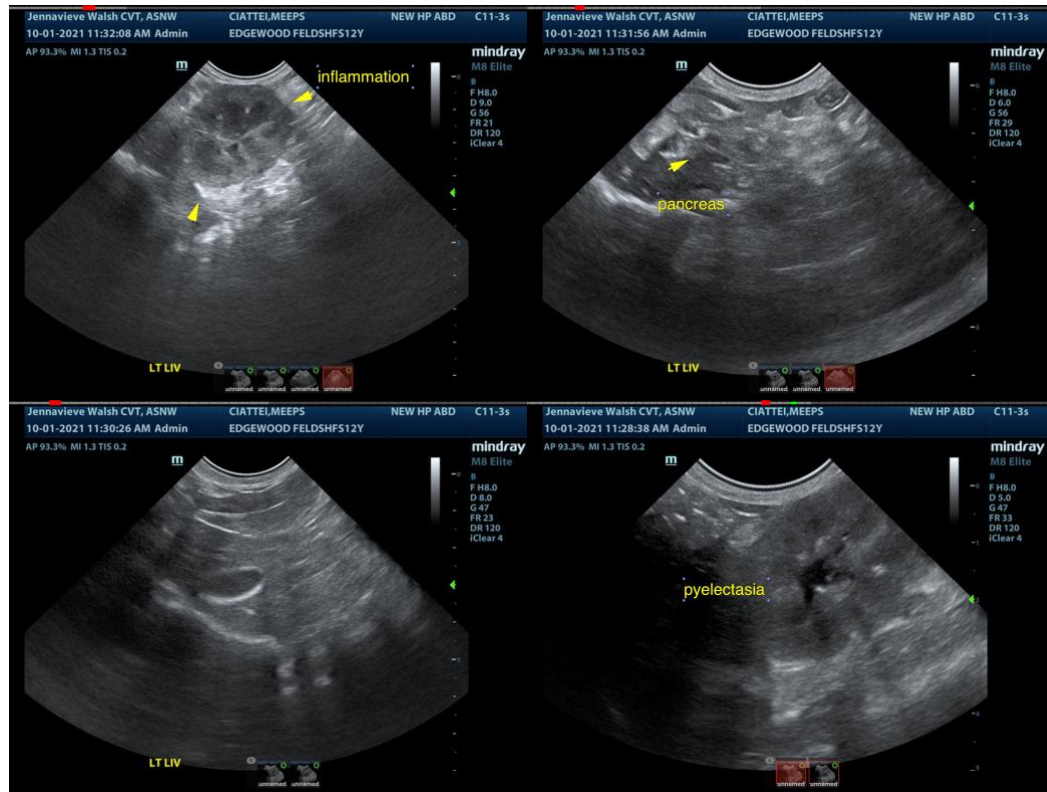
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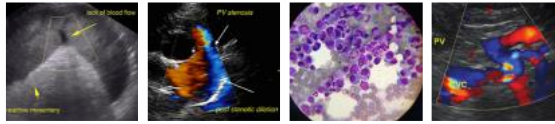
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**PATIENT**

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**SPECIES**

Feline

**BREED**

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**SEX**

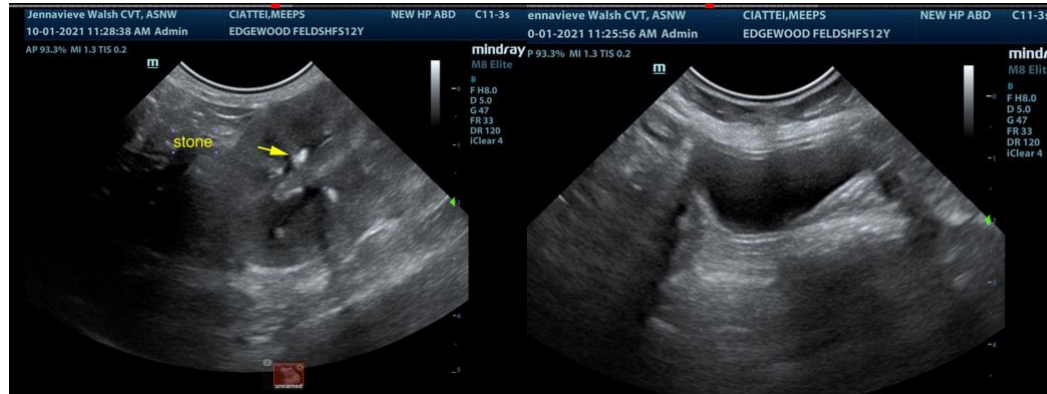
Spayed Female

**AGE**

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**WEIGHT**

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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.**

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

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  
Eric.Lindquist@SonoPath.com

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