



PATIENT

Gemma Manasek

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years

WEIGHT

5.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Alpine 24/7

REFERRING VET

Dr. Bruce

INVOICE

26594

DATE

10/21/21

PRESENTING CLINICAL SIGNS

Anorexic vomiting and lethargic. Suspect ate lilies. Previous history of renal disease as a yearling but has been stable up to now.

Abnormal PE/Chem/CBC/UA Results: Severe elevation BUN and creatinine Urine SG 1015

36 still images submitted, 1 video.

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 **kidneys** were swollen, yet structurally unremarkable. Free fluid noted in the retroperitoneal space. The cause of the free fluid is unclear. The left kidney measured 4.58 cm.

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 0.41 cm. The left adrenal gland measured 0.42 cm.

Spleen

The **spleen** presented normal size at 0.8 cm. Heterogeneous hyperechoic nodules 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

The **stomach** presented empty lumen. The small intestine and colon were unremarkable.

Pancreas

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.

Free Abdomen

Slight free fluid noted adjacent to the spleen and liver.



PATIENT

Gemma Manasek

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with mild areas of free fluid, primarily around the kidneys
- Myelolipomatous changes in the spleen

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute renal insult such as toxin or infectious agents should be considered. 72-hour IV fluid protocol, blood pressure measurements, full urinary workup and culture indicated.

BREED

DSH

SEX

Spayed Female

AGE

5 Years

WEIGHT

5.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Alpine 24/7

REFERRING VET

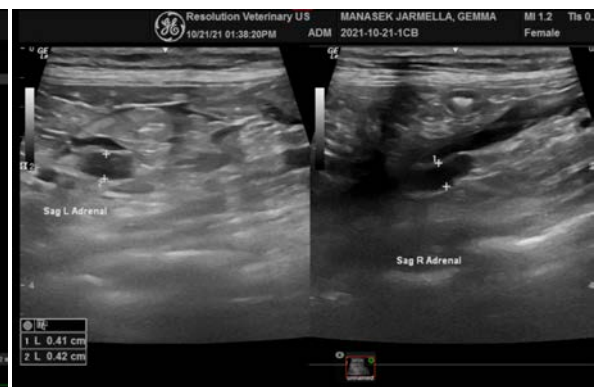
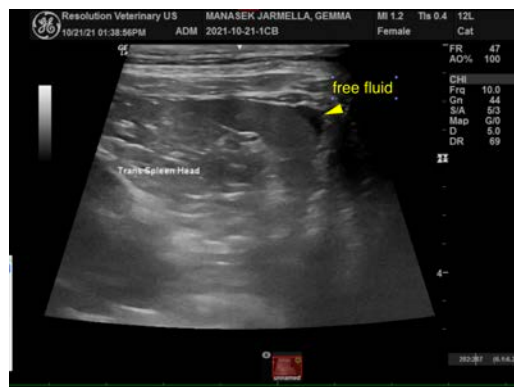
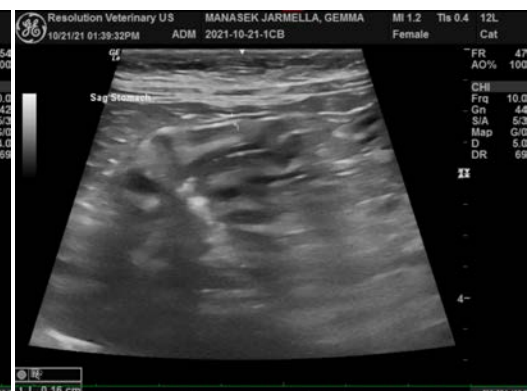
Dr. Bruce

INVOICE

26594

DATE

10/21/21





PATIENT

Gemma Manasek

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years

WEIGHT

5.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

Alpine 24/7

REFERRING VET

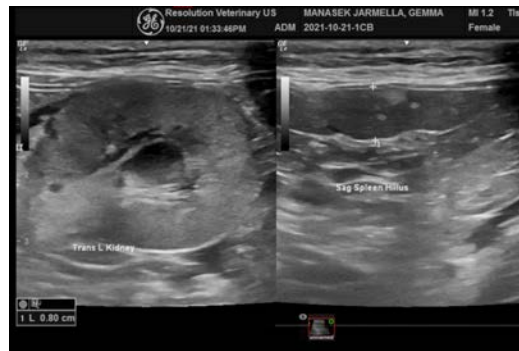
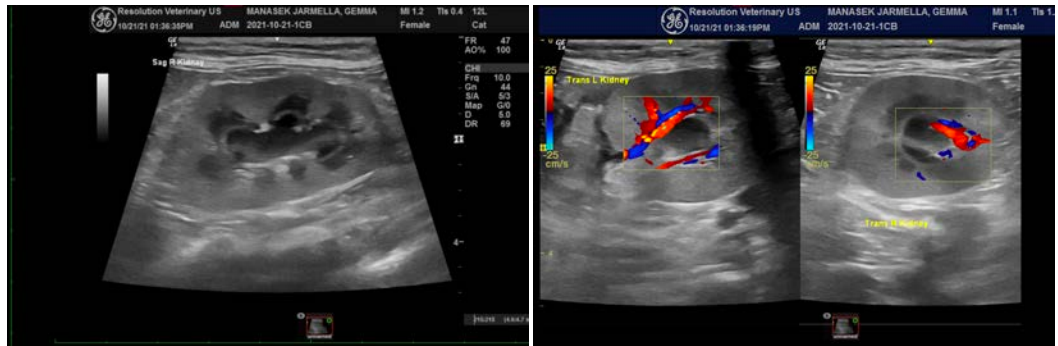
Dr. Bruce

INVOICE

26594

DATE

10/21/21



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