



PATIENT

Pip Waugaman

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

17 Years

WEIGHT

2.75 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Meyer

HOSPITAL NAME

VEG- Denver

REFERRING VET

Simone Meyer

INVOICE

13963

DATE

10/22/21

PRESENTING CLINICAL SIGNS

History: Pip is presenting to the ER for anorexia for 3 days. Owner notes that Pip is not interested in treats. Pip has vomited white foam a few times. Owner saw Pip nibble on food last night. Pip is a mostly indoor cat. current medications: none previous medical history: none

Abnormal PE/Chem/CBC/UA Results: PE largely unremarkable, slightly tense in cranial abdomen. Bloodwork attached. UA - pending. Sent out scopio to confirm that the machine wasn't reading the WBC breakdown correctly in house. Creat 3.8, BUN 43, GGT 47, WBC 23,000

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. Iliac trifurcation was unremarkable.

Increased cortical echogenicity was noted in the **kidneys**. Adequate blood flow was noted on power doppler assessment. The left kidney presented swollen contour and retroperitoneal fluid accumulation with dilated ureter. The cause of the left ureteral dilation is unclear. Slight mineralization was noted in the left renal pelvis. Pyelectasia was noted (5.0 mm). Both kidneys measured 4.0 cm.

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 minor variable thickening with a slight regional mesenteric enhancement.

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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Feline

- Left renal nephritis with pyelectasia and pelvic mineralization. Left hydroureter. Age-related renal changes otherwise.
- Variable thickening in the gastrointestinal tract with a slight regional mesenteric enhancement

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The cause of the hydroureter is unclear. It appeared to taper in the sublumbar region. No evidence of bladder calculi noted. Ureteral stricture or embedded non-visible calculus suspected. The remainder of the abdomen appears unremarkable. Supportive care should prove effective. I recommended 72-hour fluid support and reassessment of the sonogram to assess if IV fluid/diuresis allows for liberation of the left ureter. Recheck sonogram in 48-72 hours. Blood pressure measurements recommended. Full urinary work up +/- culture indicated.

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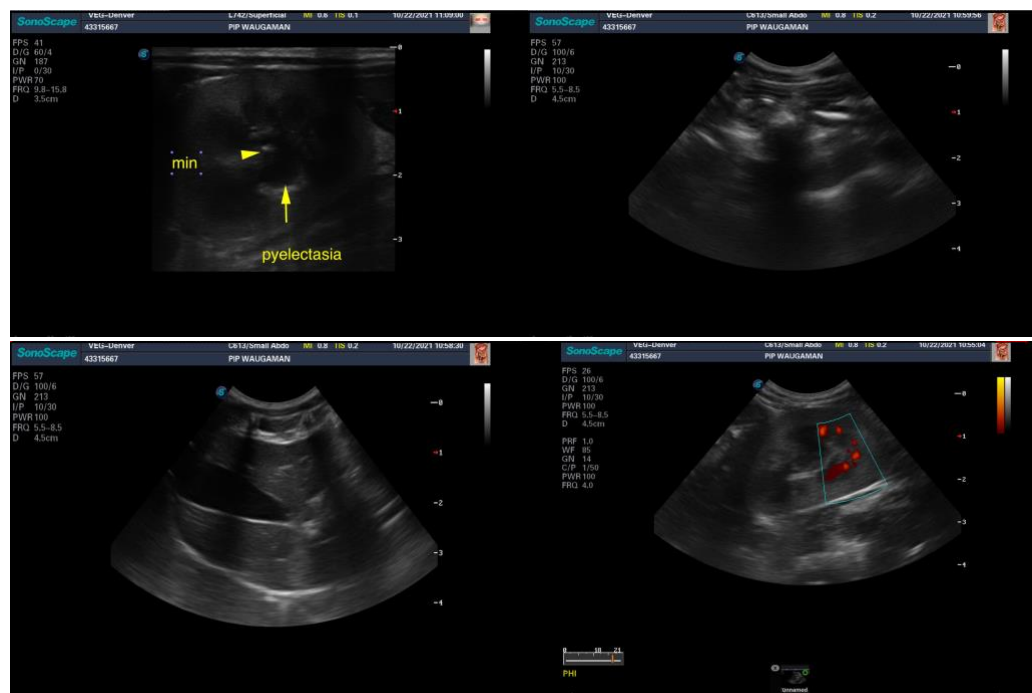
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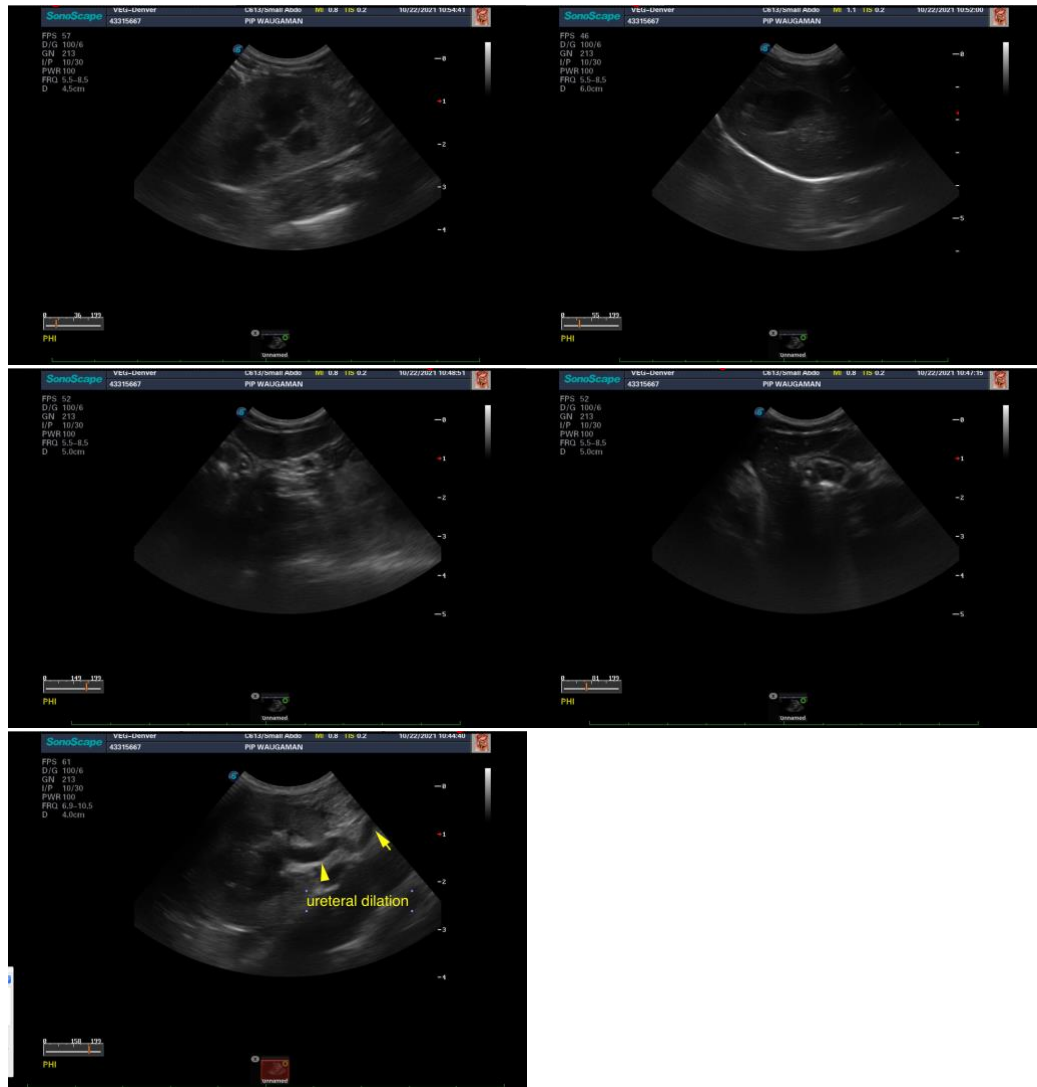
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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