**DATE**

10/24/22

**PRESENTING CLINICAL SIGNS**

Known Hyperthyroid. Lethargic and not eating. Seen by RVM and BW pending. Convenia injection given. Foaming at mouth and worse this pm.

Current Medications: buprenorphine, maropitant

Lab Results: See attached.

Radiographs: Dilated stomach, Suspicious area in the intestines, mass effect.

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.

**PATIENT**

Pumpkin Baharlou

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

8/8/09

**WEIGHT**

8.3 lbs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. Pelvic urethra was slightly dilated and was visible 3.0 cm beyond the cystourethral junction. 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** revealed irregular contour and microinfarcts with pyelectasia. The left kidney measured 3.86 cm. The right kidney revealed pyelectasia that measured 0.21 cm. The right kidney measured 3.48 cm.

**Adrenal Glands**

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.7 cm. The right adrenal gland measured 0.61 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was volume contracted and subnormal in size measuring 0.5 cm.

**Liver**

The **liver** revealed slightly increased portal markings. The gallbladder and common bile duct were unremarkable.

**HOSPITAL NAME**

Animal Emergency  
Hospital

**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.

**REFERRING VET**

Dr. Ruby

**INVOICE**

42097

**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.

**ULTRASONOGRAPHIC FINDINGS**

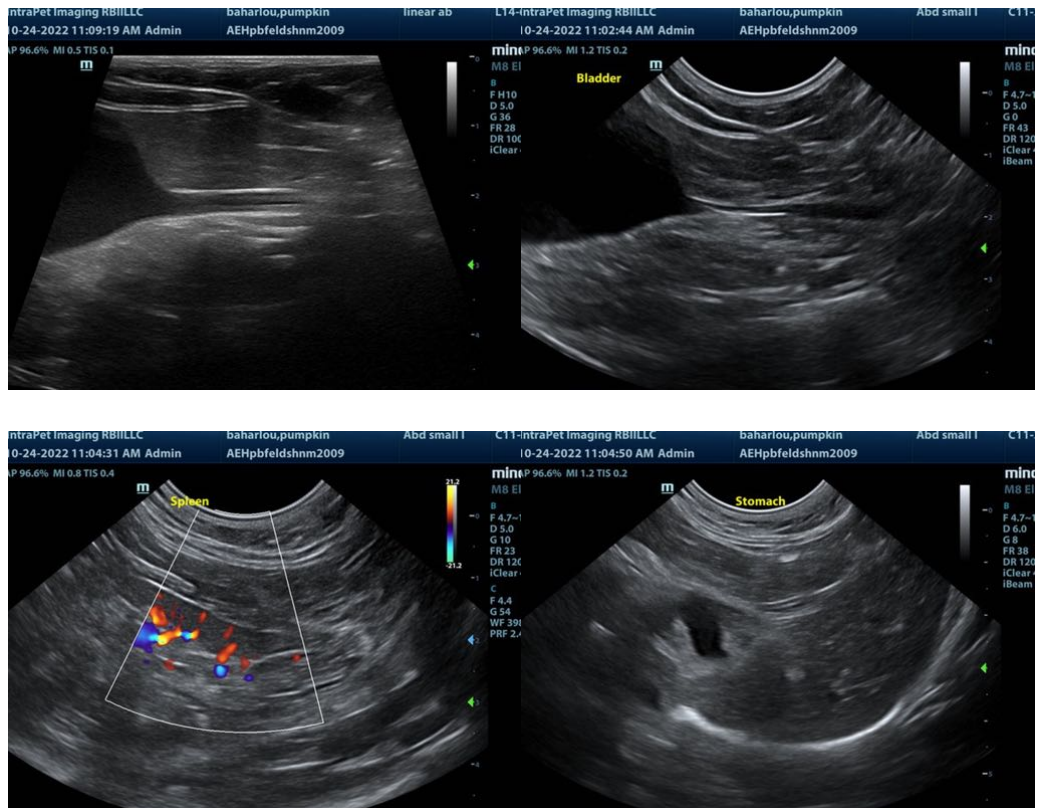
Acute on chronic renal failure with pyelectasia. The pyelectasia may be owing to infection or fluid therapy. Stress adrenal glands.

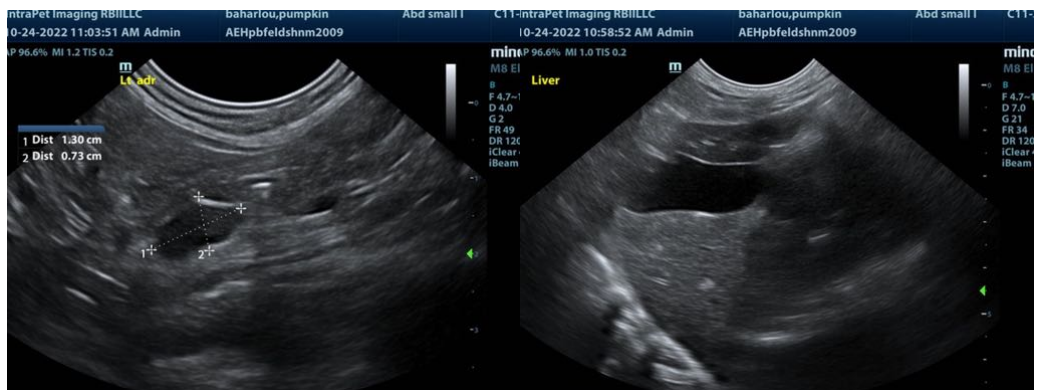
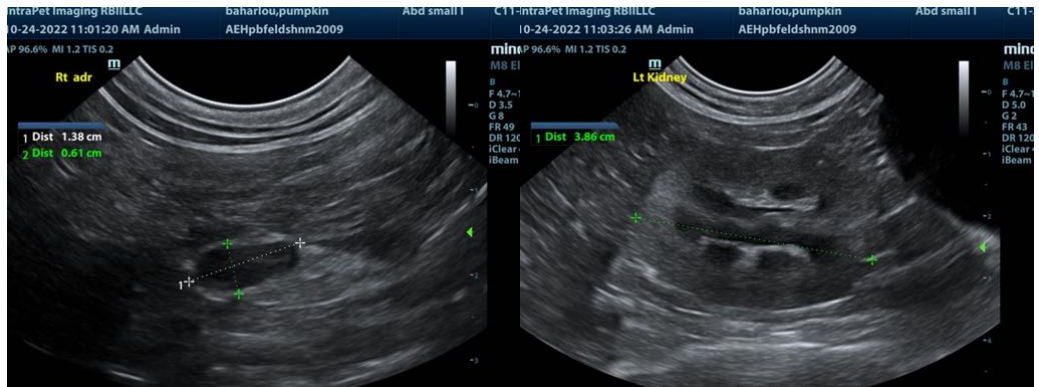
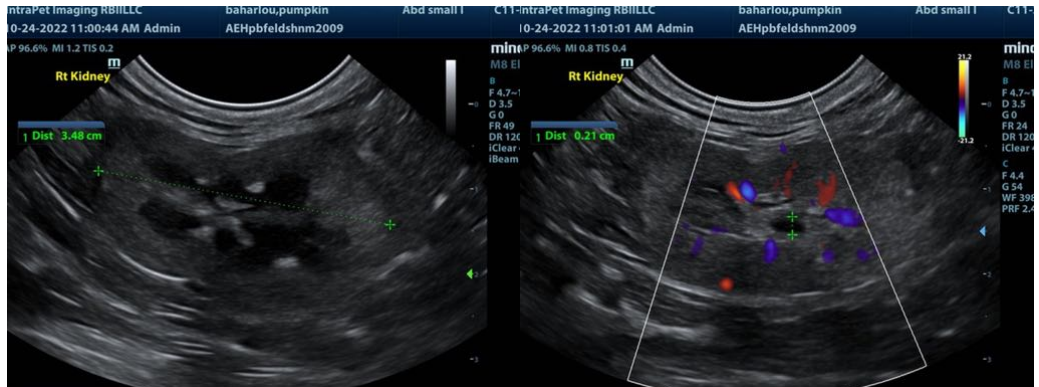
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute insult such as toxin exposure should be considered or the possibility of infectious disease. Blood pressure measurements, urine culture and aggressive acute renal protocol is recommended. Catheter passage to assess for distal partial obstructive pathology is indicated.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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  
 Eric.Lindquist@SonoPath.com