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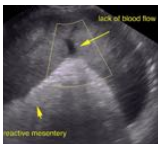
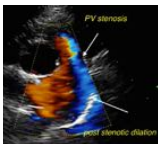
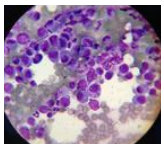
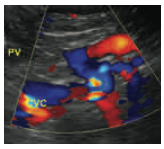

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1-800-838-4268 info@sonopath.com

PATIENT
Melvin Schmidt

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
15 years

WEIGHT
8.4 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Parrish

HOSPITAL NAME
Local Mobile VS

REFERRING VET
Dr. Parrish

INVOICE
92607

DATE
10/25/21

PRESENTING CLINICAL SIGNS

History: renal disease, including prior imaging of the left kidney and being told it was small early on in this cat's life, also previous veterinarian felt this cat had ropey small intestines, cat has been vomiting and had a seizure
Abnormal PE/Chem/CBC/UA Results: BUN: 55, Cr: 3.1, SDMA: 19, Trace Protein in the urine

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 was noted. Ureteral papillae were normal.

The left **kidney** is significantly subnormal in size and measured 1.9 cm. The left kidney was dystrophic with slight pyelectasia, infarcts and disrupted architecture. Minimal blood flow was noted upon Power Doppler assessment. The right kidney was moderately enlarged and loss of corticomedullary detail with slight pyelectasia. Increased cortical echogenicity was noted. The right kidney measured 4.78 cm. Blood flow appeared to be mildly subnormal.

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 0.3 cm. The left adrenal gland measured 0.37 cm.

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 was 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.

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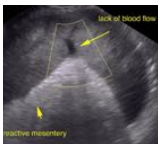

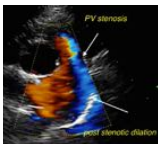

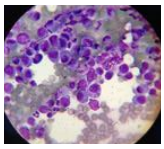
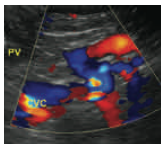

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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. The mesenteric lymph nodes were reactive and measured up to 1.0 x 0.5 cm. Other mid to cranial abdominal lymph nodes were enlarged and reactive.

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.

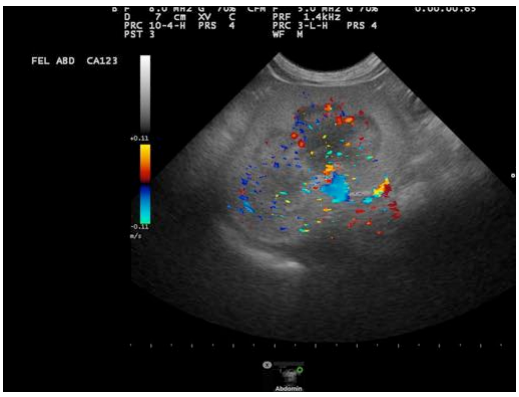
ULTRASONOGRAPHIC FINDINGS

Dystrophic left kidney with compensatory hypertrophy of the right kidney with potential emerging round cell neoplasia/lymphoma.

Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel with 25-gauge FNA of the right renal cortex as well as the mesenteric lymph nodes is recommended. Guarded prognosis long term.



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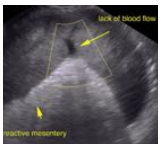
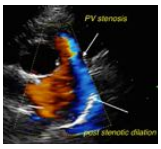
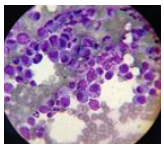
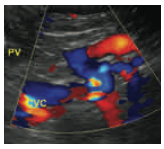

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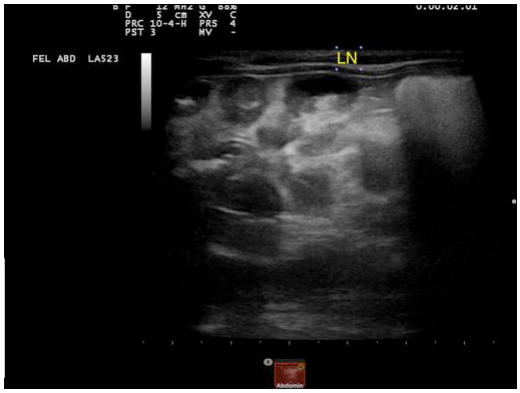

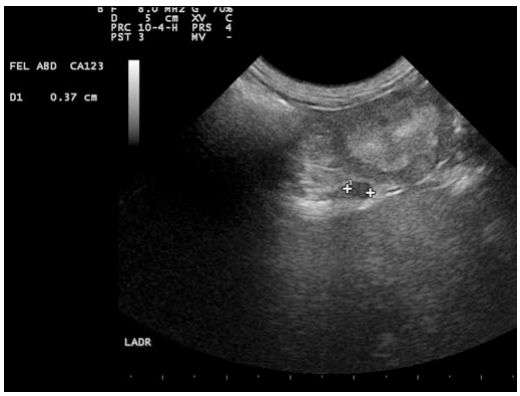

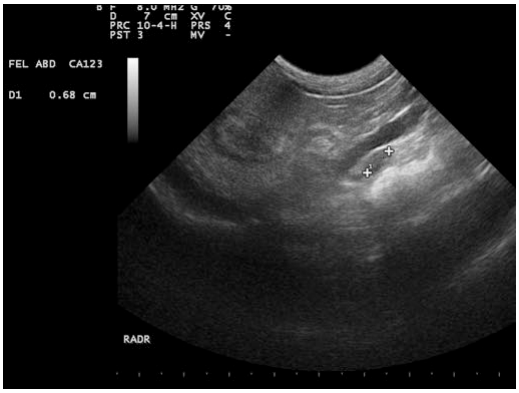

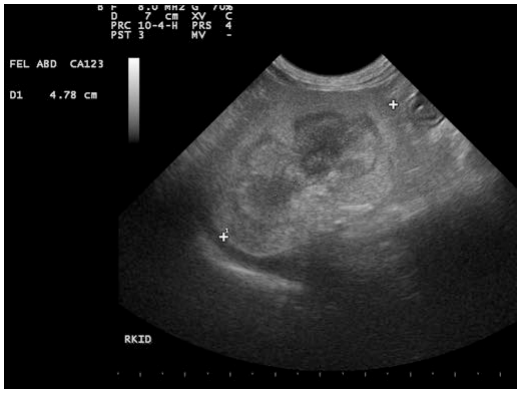

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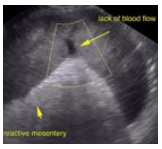

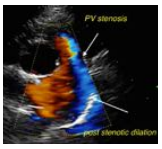

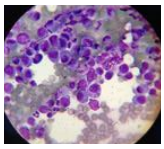
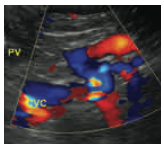

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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