



PATIENT

Toki Thomas-Peterson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

6.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small

REFERRING VET

Dr. Brent Sadahiro

INVOICE

42455

DATE

10/27/22

PRESENTING CLINICAL SIGNS

Chronic hx of stable stage 3 CKD exam 8/22 - significant weight loss; UTI symptoms. BW stable; UTI diagnosed. Started on amoxicillin. Recheck exam 9/15/22 for ongoing UTI symptoms despite amoxicillin; UTI confirmed again - E. coli cultured; changed to clavamox x 14 days. Recheck urine culture 107/22 - E. coli persistently cultured; abx changed to enrofloxacin x 28 days. Sensitivity to E. coli showed sensitivity to clavamox and enrofloxacin. Decreased appetite @ home

Abnormal PE/Chem/CBC/UA Results: Weight loss w/ moderate MCS atrophy dorsum, otherwise NSF on PE BW: BUN 35mg/dL Creat 2.6mg/dL Eosinophilia 1443 (0-1000/ml) T4 normal 1.7 USG 1.018 trace protein Bacterial Rods >100

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **right kidney** presented a chronic interstitial nephrosis pattern with loss of corticomedullary definition and minor pyelectasia. The right kidney measured 3.27 cm.

The **left kidney** presented a chronic interstitial nephrosis pattern with loss of corticomedullary definition and minor pyelectasia. The right kidney measured 3.44 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 left adrenal gland measured 0.43 cm. The right adrenal gland measured 0.28 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 were noted.

Liver

The left medial **liver** revealed a cystic mass measuring 2.7 cm, consistent with benign cystadenoma. Age related changes noted otherwise. The gallbladder and common bile duct were unremarkable.

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.



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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

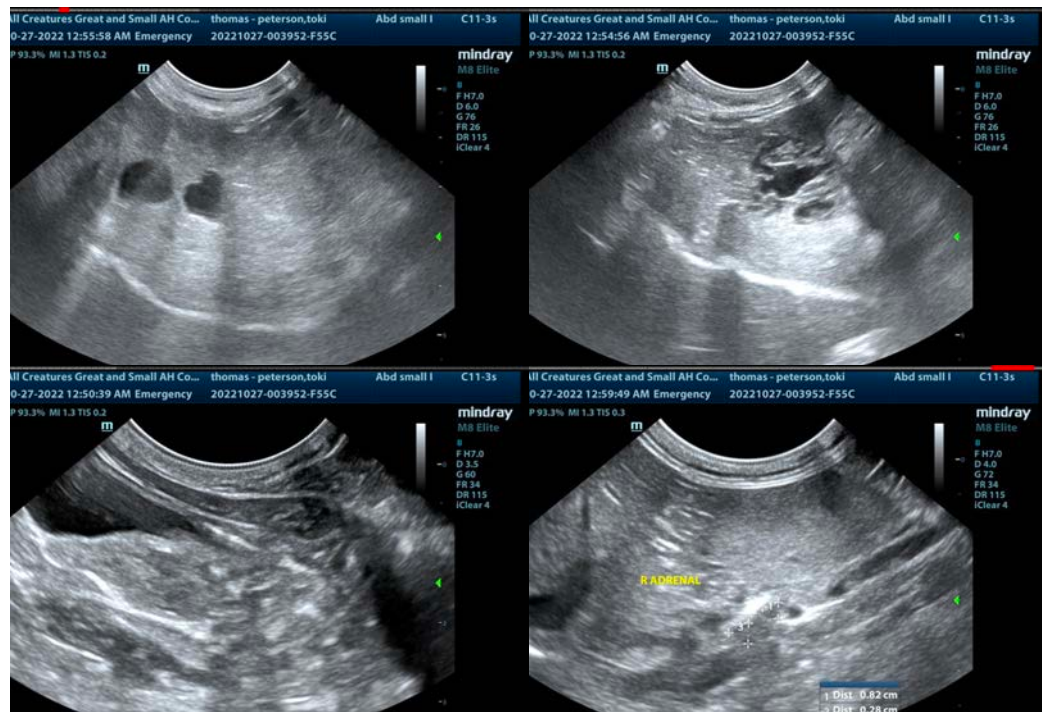
- Cystadenoma type, subjectively benign left medial liver mass
- Moderate chronic degenerative renal changes with pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass appears resectable. The pyelectasia presented minor echogenic debris, which would suggest infection. Given the patient history of chronic pyelonephritis, a 4-6 week period of antibiotics may be necessary to clear the infection. Pulse antibiotics may be in the best interest of this patient. Blood pressure measures, renal oriented diet, and hydration protocol indicated. 72-hour IV fluid protocol with injectable antibiotics may prove fruitful. I do not believe that the liver mass is a clinical issue.

Chronic UTI Protocol

I recommend **Enrofloxacin** (5-10 mg/kg SID PO) (In patients > 1 year of age) in late pm after urination to maximize urinary concentrations overnight. This assumes that culture supports this use. Repeat **culture** at 3-4 weeks and continue treatment at least 7-10 days post negative urinary sediment and negative culture. *Note: Negative culture does not necessarily mean lack of UTI.* Other favorite antibiotics for chronic UTI include third generation Cefa (Ceftiafur or similar s.i.d. injectable) or Clavamox. If suspicion of occult urinary incontinence is present then **phenylpropanolamine (PPA)** (1-2 mg/kg BID) can be employed long term to enhance urethral tone.





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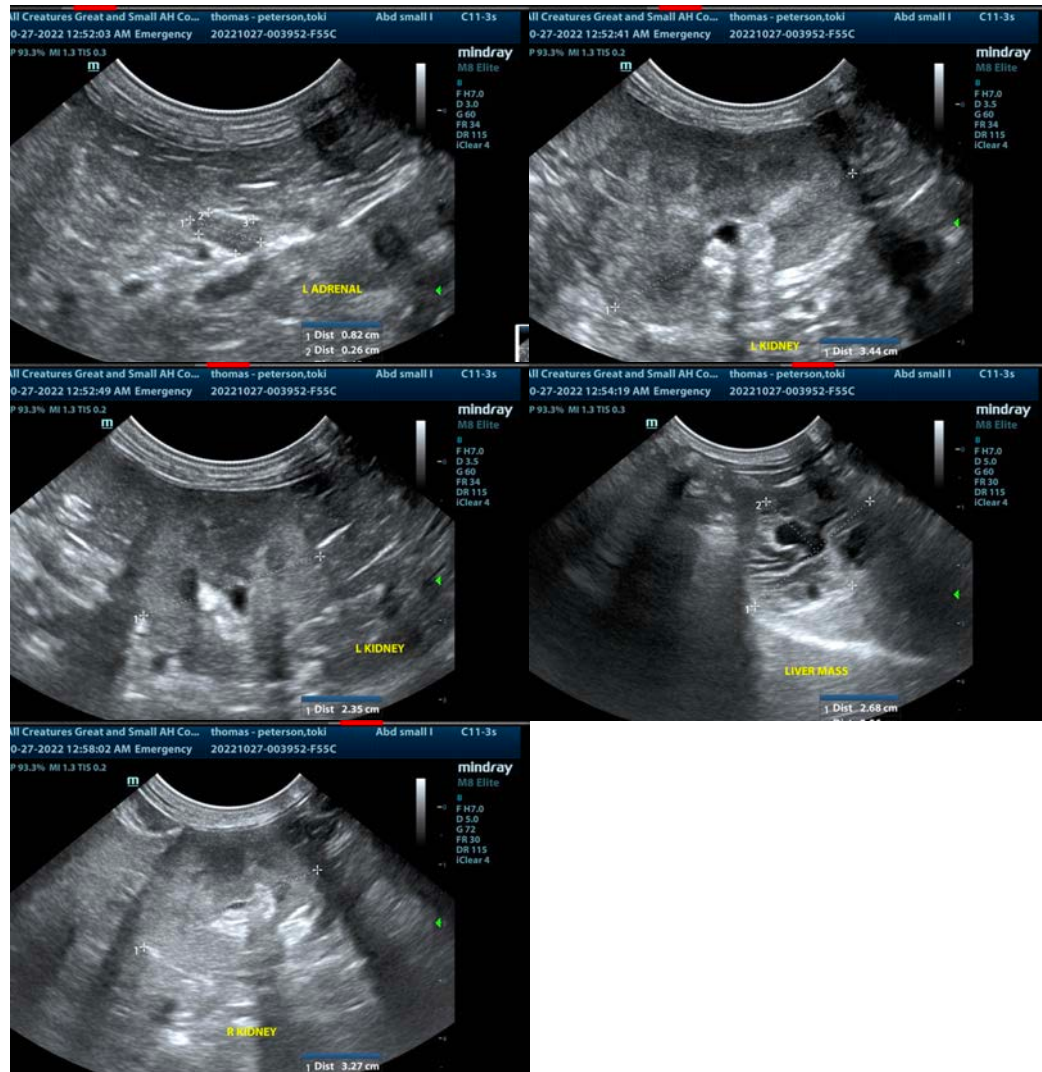
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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