



**PATIENT PRESENTING CLINICAL SIGNS**

Tali Brunner P is in for exam for vomiting. started 2 1/2 - 3 months ago. not eating very much but is drinking. Lethargic for 2-3 months. thin; oral good, pink mm; h/l tachycardia, gallop; thyroid slip; soft mass cranial left abd; small bladder

**SPECIES** Abnormal PE/Chem/CBC/UA Results: labs- cbc wnl, T4 7, IOF:ALT 108, BUN 162, CA 12.2, P>20, CRE 3.6, K 3.4

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DSH 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.

**SEX**

Spayed Female The **right kidney** revealed a pelvic calculus measuring approximately 9.0 mm with mild hydronephrosis. Other smaller calculi also noted. Chronic interstitial nephrosis pattern noted. The right kidney measured 3.9 cm.

**AGE**

10 Years The **left kidney** was significantly subnormal in size at 1.65 cm with minimal blood flow and end stage degenerative changes with a large pseudocyst that measured 5.0 cm. The left kidney presents minimal functionality.

**WEIGHT**

5.18 Pounds

**Adrenal Glands**

The **left adrenal gland** was 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 0.38 cm. The region of the **right adrenal gland** was unremarkable.

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**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 was collapsed and empty, not pathological.

**HOSPITAL NAME**

Liberty AH

**Gastrointestinal**

**REFERRING VET**

Dr. Paoletti

The **stomach** was mildly overdistended with chyme and/or hair accumulation with progressively shadowing material. The small intestine and colon were unremarkable.

**DATE**

10/28/21

**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

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## PATIENT

Tali Brunner

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

## SPECIES

Feline

- Right kidney calculi
- Subnormal left kidney size with large pseudocyst
- Volume contracted spleen
- Possible hairball accumulation in stomach

## BREED

DSH

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## SEX

Spayed Female

This is a form of end stage renal disease. However, the pelvic calculus in the right kidney with possible concurrent infection and degenerative changes likely playing a role. The pseudocyst formation in the left kidney (even though extremely large) is likely a secondary issue owing to chronic degenerative end stage left renal changes. 72 hour IV fluid protocol and attempt to stabilize the azotemia could be considered, followed eventually by left nephrectomy.

## AGE

10 Years

Ultrasound guided drainage of the pseudocyst could be considered, yet the therapeutic effect would likely be minimal. Right nephrotomy could be considered to remove the right renal calculus with culture and cytology. However, this may damage the kidney further, as it is not necessarily obstructive, but is likely irritative. Blood pressure measurement, urine culture, hydration status should all be further evaluated in this patient. Prognosis is extremely guarded to poor long-term depending upon response to therapy. If the patient was NPO at the time of the sonogram, then hairball accumulation in the stomach is likely complicating issues as well. No evidence of or suspicion of neoplasia.

## WEIGHT

5.18 Pounds

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUS

For an additional charge, 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>

## IMAGING PERFORMED BY

Jenna Walsh, CVT

## HOSPITAL NAME

Liberty AH

## REFERRING VET

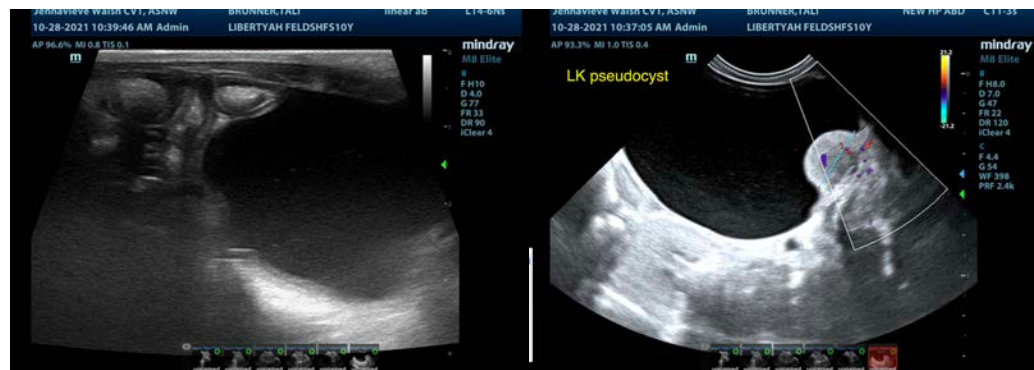
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**PATIENT**

Tali Brunner

**SPECIES**

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**BREED**

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**SEX**

Spayed Female

**AGE**

10 Years

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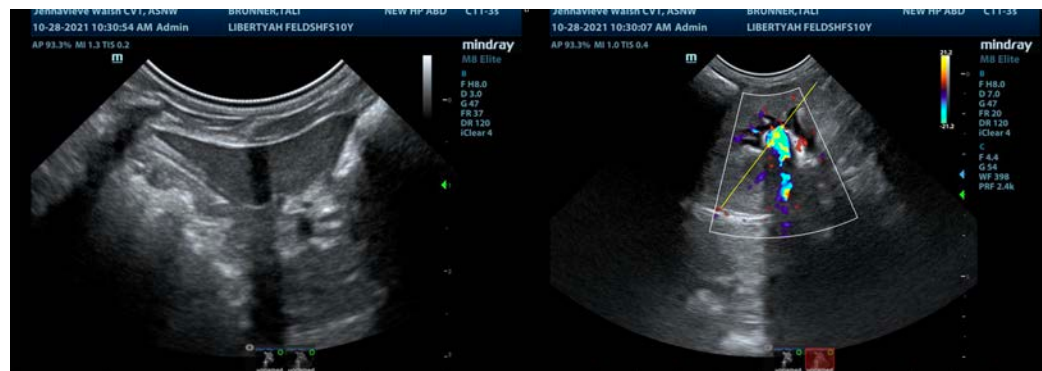
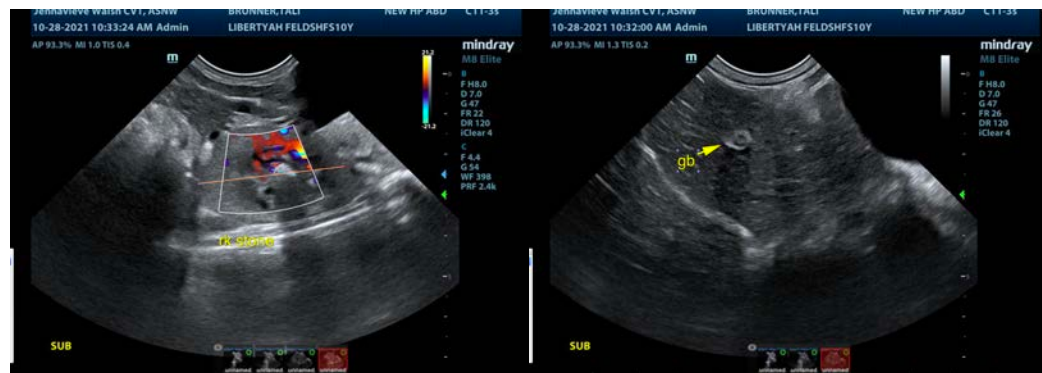
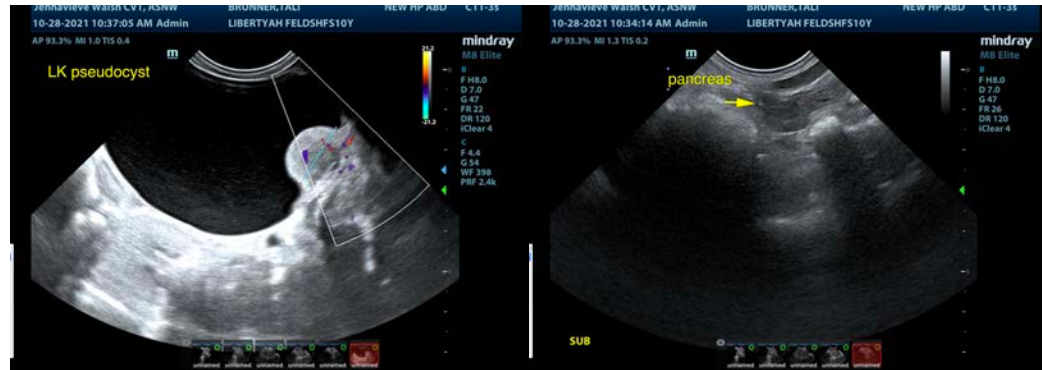
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**BREED**

DSH

**SEX**

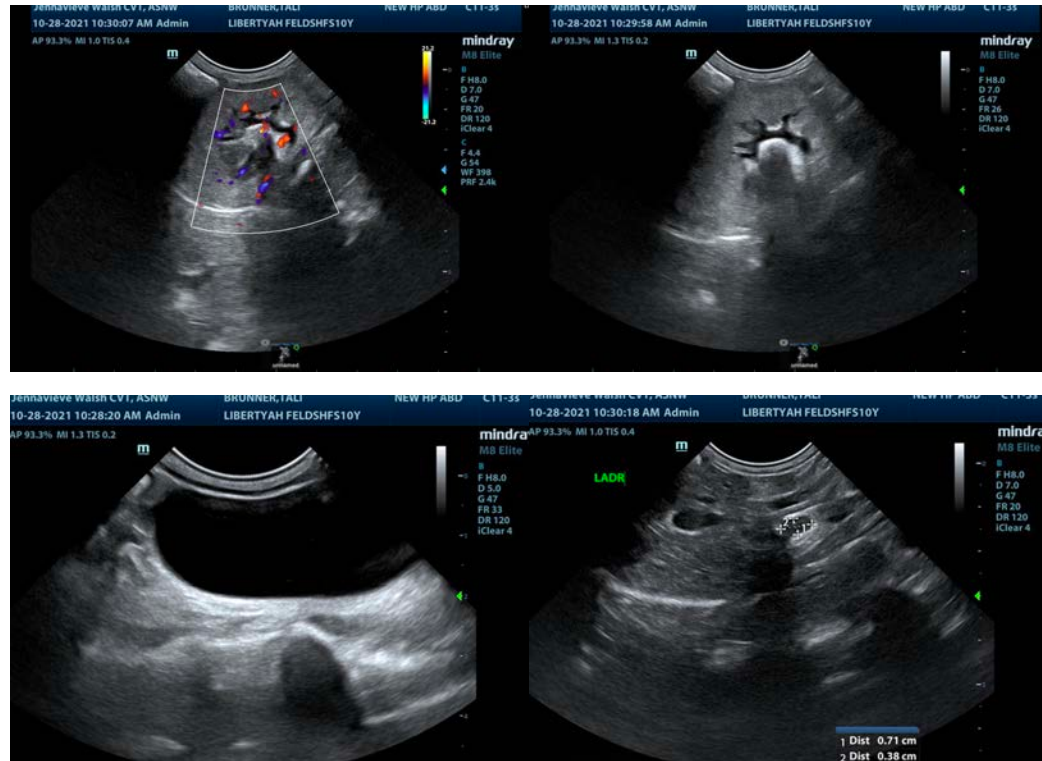
Spayed Female

**AGE**

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**WEIGHT**

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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.

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