



PATIENT

Lulabell Mitchell

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

4 Years

WEIGHT

3.11 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wepprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Anna Wepprich

INVOICE

17563

DATE

10/3/22

PRESENTING CLINICAL SIGNS

History: P stopped eating 3-4 days ago. P has been hiding and lethargic, PE L. Kidney is enlarged, MM are icteric, very dehydrated.

Abnormal PE/Chem/CBC/UA Results: HCT 27 % , every thing else within normal limits. UA results : protein, glucose, and bilirubin present. Rods bacteria present. USG 1.050. Color is bright yellow.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. This is a mild change. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

Pyelectasia was noted in the **left kidney** with multiple calculi. The left kidney was swollen and irregular in contour. Multiple other smaller calculi were also noted distally. The left ureter presented a calculus, measuring 3.0 mm with echogenic debris, consistent with pyoureter. Slight areas of free fluid were noted around the left ureteral calculi and left kidney.

The **right kidney** was structurally unremarkable, uniform in size and contour, measuring 4.0 cm. Trace pyelectasia was noted.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal



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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. 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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Other

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Pleural effusion was noted through the diaphragm. A comet tail lung pattern was noted through the diaphragm.

AGE

4 Years

- Pyelonephritis, pyoureter with left ureteral calculi
- Urinary bladder debris
- Mild degenerative right renal changes
- Age-related hepatic changes
- Slight free fluid
- Thoracic fluid
- Comet tail lung pattern

WEIGHT

3.11 kg

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Thoracic work up is recommended in addition to stabilization of the pyelonephritis. Investigation of the thoracic effusion is recommended with echocardiogram and chest radiographs. CBC path review is indicated. Urine culture and sensitivity indicated. Concurrent hemolytic disease is suspected. Prognosis is guarded. Investigation of the thoracic effusion is recommended with echocardiogram and chest radiographs. CBC path review is indicated.

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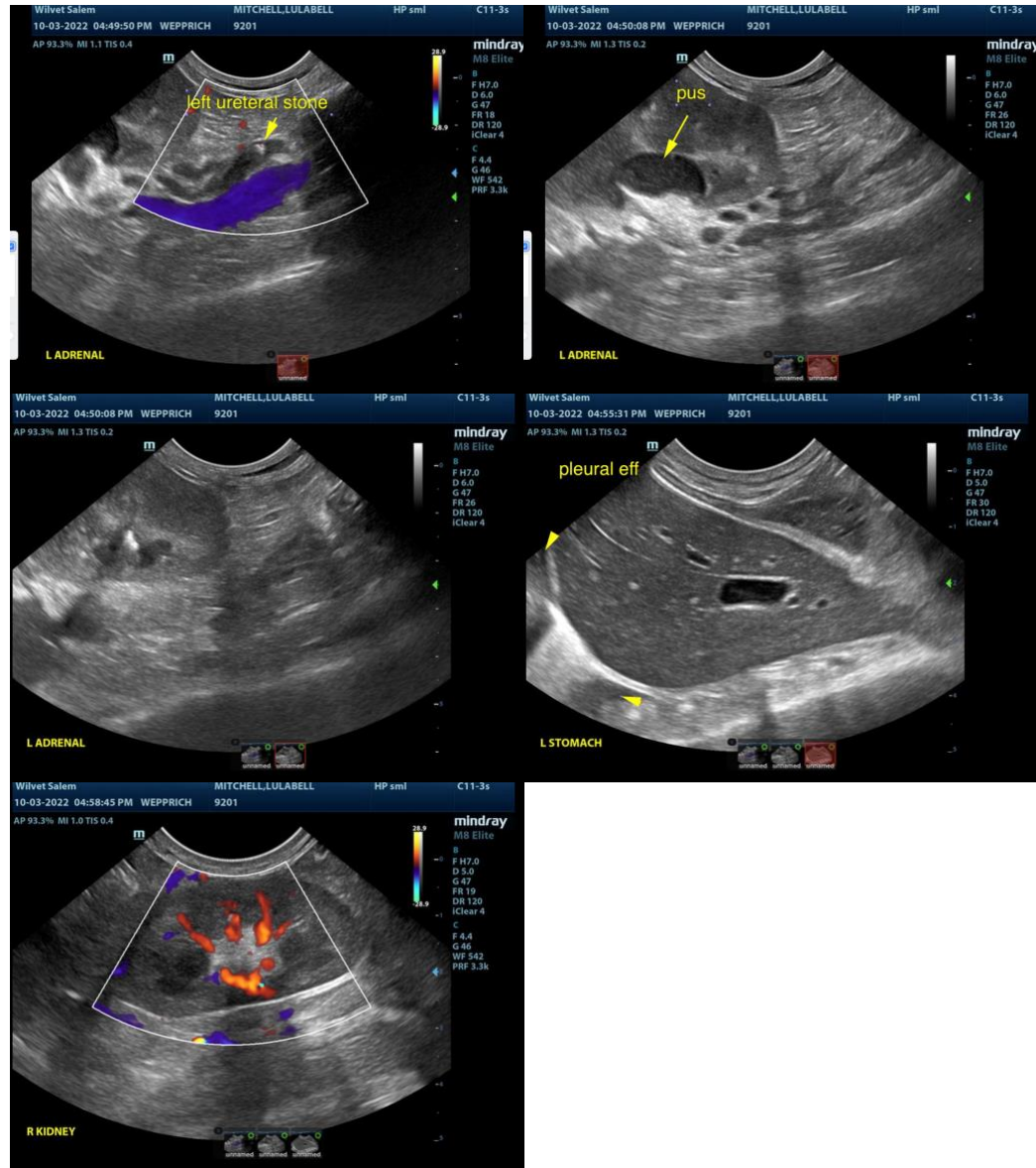
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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