

**DATE**

10/4/22

PRESENTING CLINICAL SIGNS

History of cardiac murmur - has been on Atenolol 25 mg 1/4 tablet BID for several years. Seen CVCA in March - no medication adjustments at that time. This evening when owner got home noted him hiding in closet, breathing hard and no interest in eating or drinking. Owner tried to give medication but vomited following. History of urinary issues - had PU in past.
 Current Medications: buprenorphine, maropitant, ampicillin, potassium supplementation, one dose of Lasix.
 Lab Results: See attached.

PATIENT

Roary Scott

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Domestic Shorthair

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.

SEX

Neutered male

The **kidneys** revealed increased cortical echogenicity with slight pyelectasia that measured 0.15 cm on the right. Pelvic mineralization was noted. A cortical infarct was noted in the cranial pole of the left kidney with cortical collapse. The left kidney measured 4.55 cm. The right kidney measured 4.44 cm. Blood flow was subnormal to both kidneys.

AGE

7/2/15

WEIGHT

12.6 lbs

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.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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.

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. Saubier

Liver

The **liver** revealed increased portal markings with lobar biliary mineralization. The gallbladder and common bile duct were unremarkable.

INVOICE

39911

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. Minor gastric stasis was noted. 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.

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.

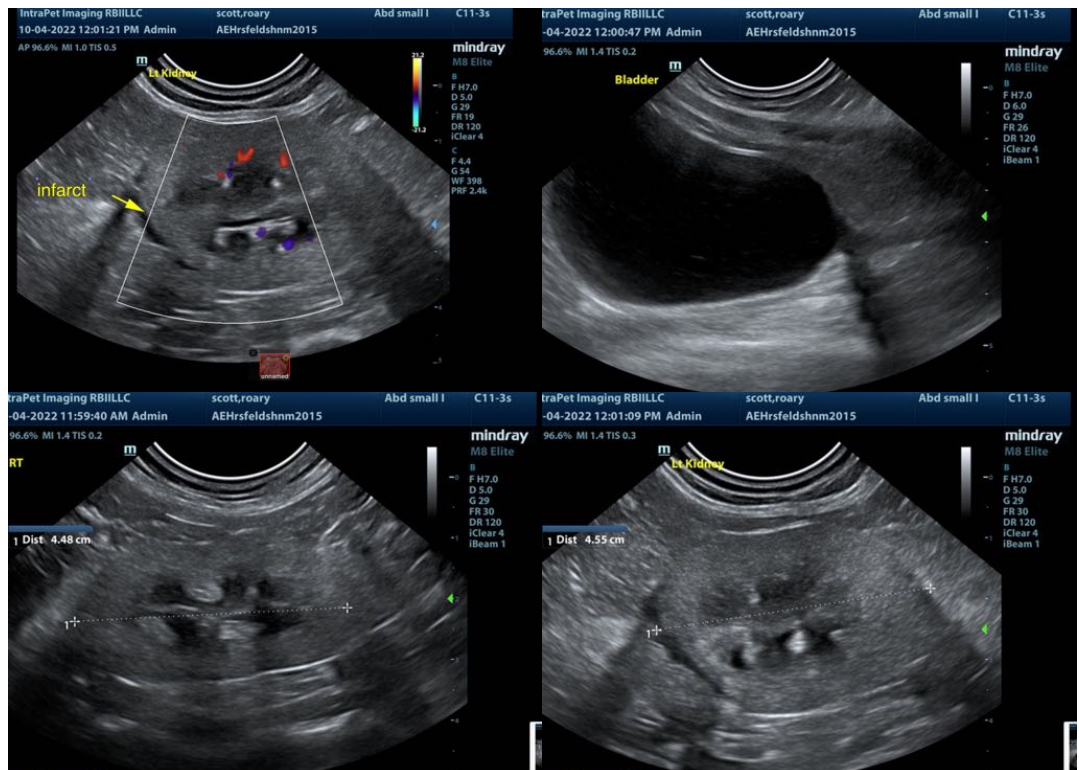
ULTRASONOGRAPHIC FINDINGS

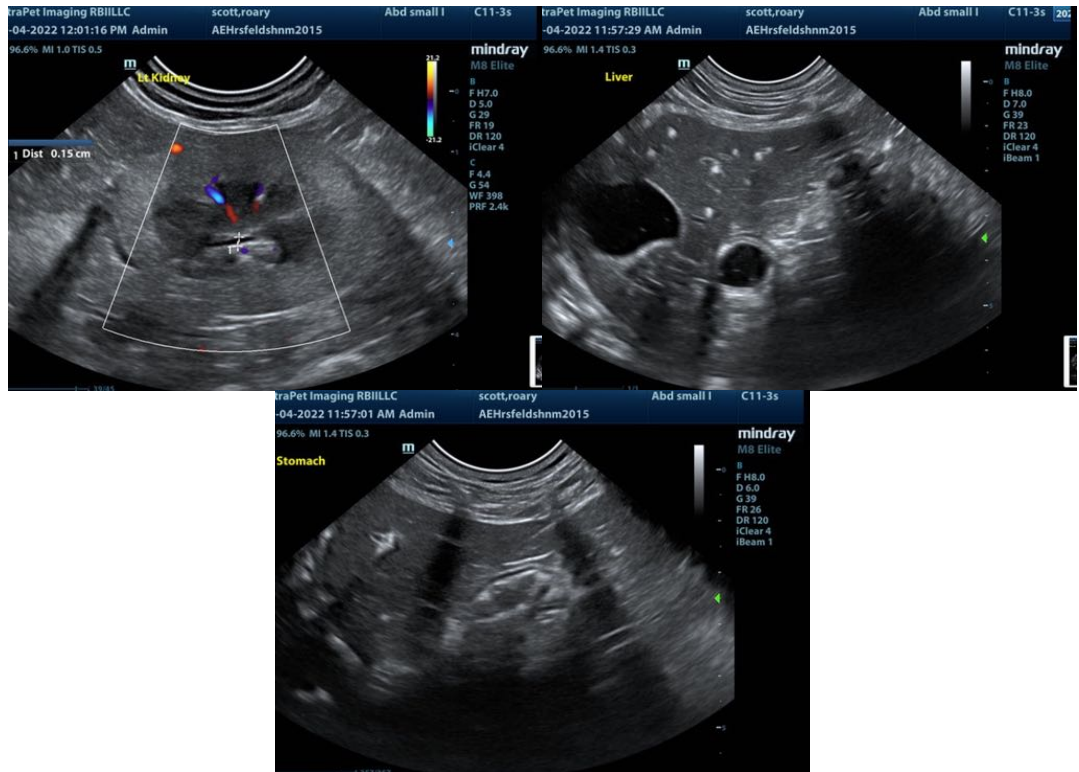
Lobar biliary calculi, non-obstructive.

Interstitial nephrosis renal pattern with non-obstructive nephrolithiasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdomen appears stable. Full urinary work-up is warranted. Movement of calculi may be an issue in this patient or periodic nephritis and infarcts.





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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