



PATIENT PRESENTING CLINICAL SIGNS

Lily Morris

History: Vomiting food past 2 days.
Abnormal PE/Chem/CBC/UA Results: Renomegaly right. No abdominal pain. Chemistry mild increase BUN 35. CBC normal. UA normal. Survey abdominal films right kidney enlargement.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic Shorthair

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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

Spayed Female

AGE

1 year

The **left kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsule was acceptably uniform without significant irregularities. The left kidney measured 4.3 cm. The right kidney revealed significant disruption of architecture with subcapsular halo, pyelectasia and complete loss of corticomedullary definition. Hydroureter was also noted. Blood flow appeared to be normal or adequate in the right renal cortex. Retroperitoneal fluid accumulation was noted.

WEIGHT

8.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Beard

Spleen

HOSPITAL NAME

West Prince AH

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.

REFERRING VET

Dr. Beard

Liver

INVOICE

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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. B lines were noted through the diaphragm. This is suggestive for alveolar disease.

DATE

10/5/21



PATIENT *Gastrointestinal*

Lily Morris 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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Domestic Shorthair

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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Nephritis/hydronephrosis pattern with retroperitoneal fluid escape.

AGE

1 year

Undefined pulmonary lung pattern.

WEIGHT

8.4 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs are warranted to assess for pulmonary pathology followed by exploratory surgery of the right kidney to assess if liberation of the ureter is possible or direct right nephrectomy would be necessary. Guarded prognosis. No overt neoplastic criteria is met. Stricture of the right ureter is likely owing to passage of calculi or even congenital defect or other type of acute renal insult. There is a minimal potential for right renal neoplasia or FIP.

INTERPRETED BY

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DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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HOSPITAL NAME

West Prince AH

REFERRING VET

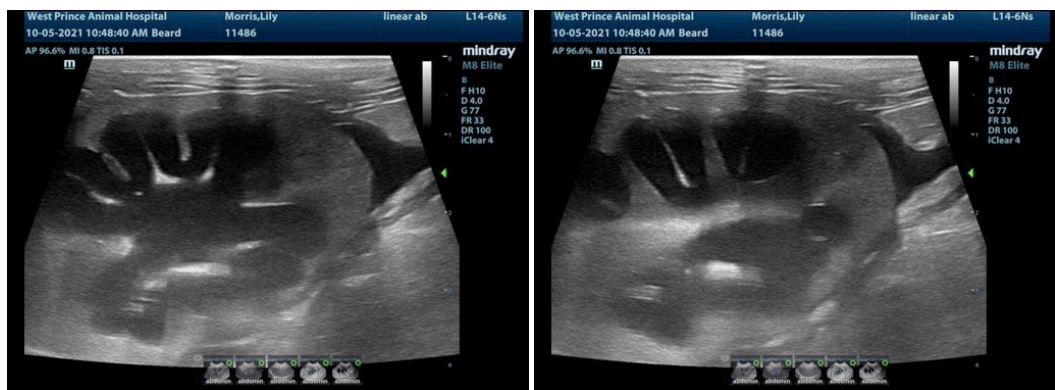
Dr. Beard

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PATIENT

Lily Morris

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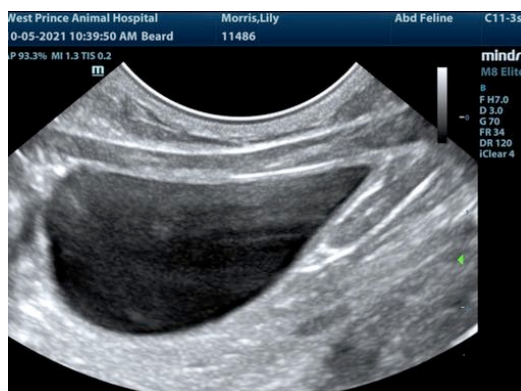
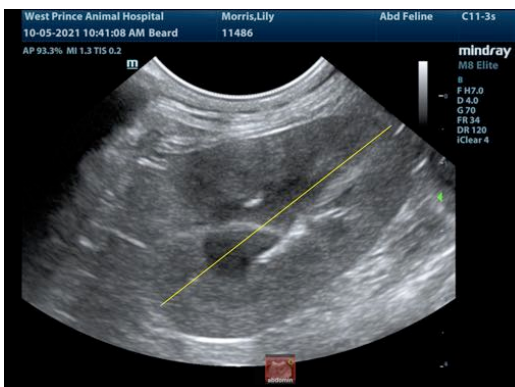
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PATIENT

Lily Morris

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.

SPECIES

Feline

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

1 year

WEIGHT

8.4 lbs

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