



PATIENT

George Mireles

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

9.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Fowler

HOSPITAL NAME

Portland Veterinary
Wellness Center

REFERRING VET

Dr. Fowler

INVOICE

39988

DATE

10/7/22

PRESENTING CLINICAL SIGNS

History: P presented 3 days ago for history of vomiting, has been on urinary food but has not been eating any food in house from when he was sick. was wanting to eat treats. is eating a new canned food. energy is better overall (was also lethargic) still not 100%. Had two doses of cerenia, has not had in about 24 hours and has not vomited. HAS lost weight, 11.3 lbs in July and was 9.8lbs on 10.4 lbs. Abnormal PE/Chem/CBC/UA Results: RBC 5.00 6.54 - 12.20 M/ μ L Hematocrit 22.7 30.3 - 52.3 % Hemoglobin 8.5 9.8 - 16.2 g/dL MCV 45.4 35.9 - 53.1 fL MCHC 37.4 28.1 - 35.8 g/dL Monocytes *0.78 0.05 - 0.67 K/ μ L Eosinophils 0.05 0.17 - 1.57 K/ μ L Platelets 38 151 - 600 K/ μ L (clotting suspected) Plateletcrit 0.05 0.17 - 0.86 % Immature and/or toxic neutrophils likely present IDEXX SDMA 23.0 - 14 μ g/dL Creatinine 3.7 0.8 - 2.4 mg/dL BUN 59 16 - 36 mg/dL Total T4 1.3 0.8 - 4.7 μ g/dL TP albumin WNL USG: 1.015 2+ urine protein but 3+ blood, RBC >100 cysto Abnormal SNAP FPL PCV rechecked today: 20%, TP 7.8

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.

The **kidneys** revealed normal to slightly subnormal size with minor, irregular contour and increased cortical echogenicity. The kidneys revealed non-specific, degenerative changes. Minor microcystic changes were noted as well as trace pyelectasia. The kidneys each measured 3.0 cm. Blood flow was subnormal to both kidneys on color flow assessment.

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

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.

Liver

The **liver** revealed multi-focal, cystadenomatous type cystic changes with increased portal markings. Increased portal markings were present consistent with remodeling. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



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No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. Mild reactive mesenteric lymph node was noted and measured 1.0 x 0.5 cm.

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Pancreas

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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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ULTRASONOGRAPHIC FINDINGS

WEIGHT

9.8 lbs

Minor, variable intestinal thickening with reactive lymph nodes and non-specific, moderate degenerative renal changes.

Cystadenomatous type hepatic changes.

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Eric Lindquist, DMV
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively the kidneys do not appear end stage; however, this is likely a pre renal and renal component with this patient. 72 hour IV fluid protocol and reassessment of the azotemia is indicated. Urine culture and sensitivity as well as blood pressure measurements are likely valid testing.

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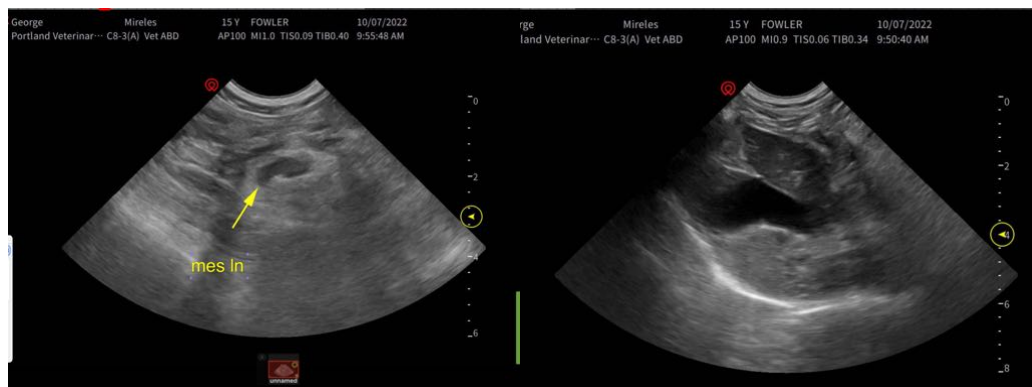
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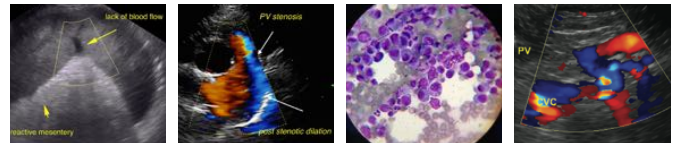
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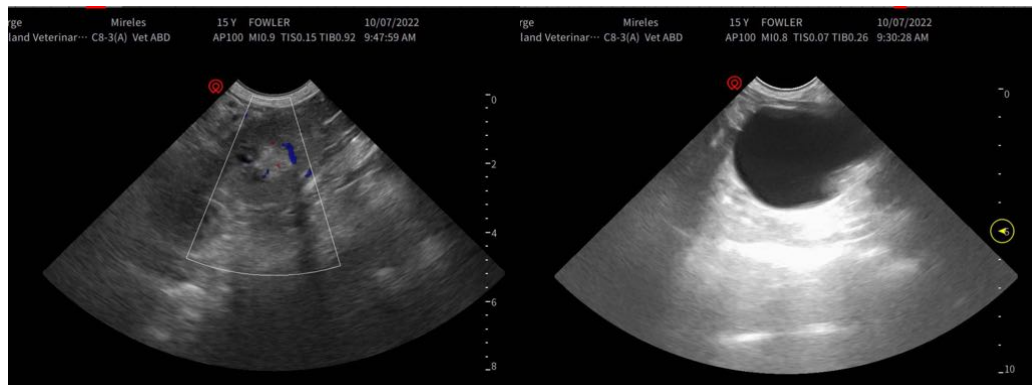
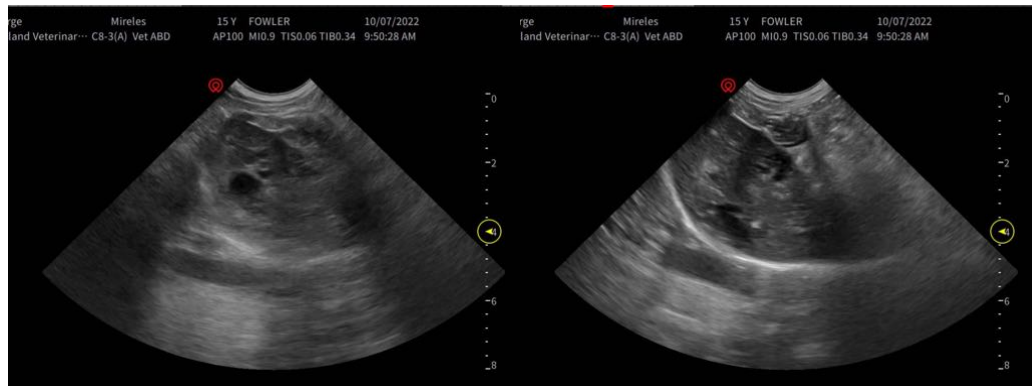
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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