



**PATIENT PRESENTING CLINICAL SIGNS**

Ghost Volk Possible toxicity, mouse consumption/poison

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Feline 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 were noted. Ureteral papillae were normal.

**BREED**

DSH

**SEX**

Neutered Male

The **left kidney** was swollen at 4.79 cm (compensatory hypertrophy) and presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected.

**AGE**

11 Years

The **right kidney** was dystrophic, measuring 2.19 cm with pyelectasia and mineralization.

Blood flow to the kidneys appeared to be subnormal on power doppler assessment, mild on the left, severe on the right.

**WEIGHT**

11.2 Pounds

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**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.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**Liver**

**Hepatic** parenchyma was uniform. However, intrahepatic venous thrombosis noted without complete occlusion. Mildly echogenic gallbladder, yet without overdistention.

**HOSPITAL NAME**

Rockaway AH

**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. 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.

**REFERRING VET**

Dr. Maniar

**Pancreas**

**INVOICE**

41901

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 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.

**DATE**

10/7/22



**PATIENT**

Ghost Volk

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

11.2 Pounds

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Rockway AH

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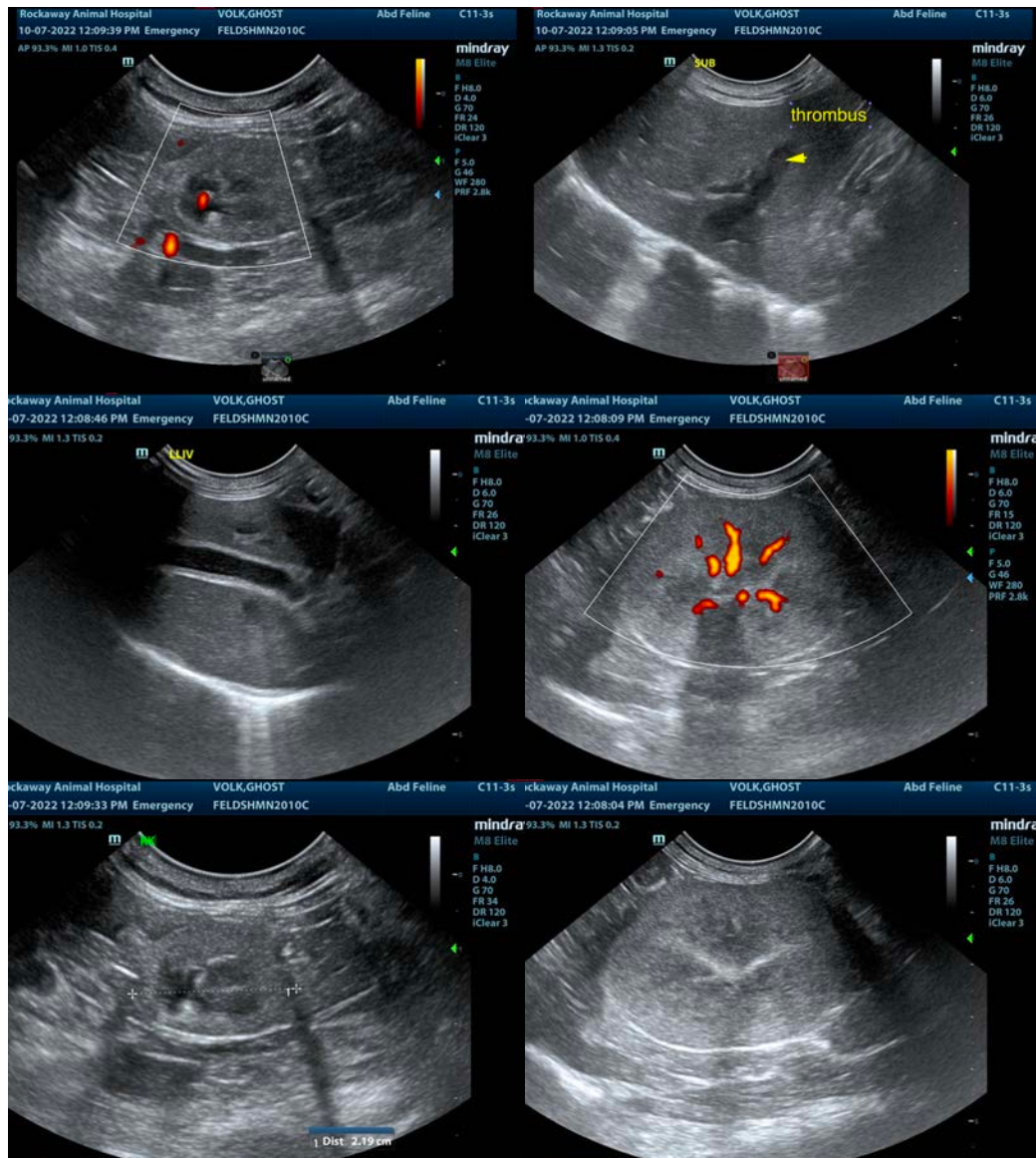
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**ULTRASONOGRAPHIC FINDINGS**

- Dystrophic right kidney
- Compensatory hypertrophy and interstitial nephrosis of the left kidney
- Mild cholangitis liver pattern with intrahepatic thrombosis
- Pancreatic remodeling

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Supportive care warranted for poison ingestion. Recheck sonogram in 3-5 days, earlier if clinical decline is occurring. Assessment of renal function recommended, given the chronic renal changes. No evidence of neoplasia.





**PATIENT**

Ghost Volk

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.

**SPECIES**

Feline

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

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