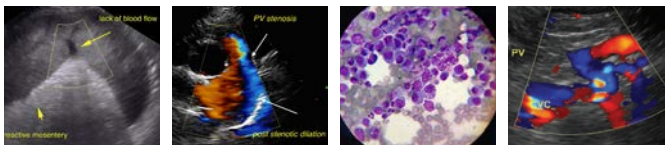
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Oscar Nusbaum

SPECIES
Feline

BREED
DLH

SEX
Neutered Male

AGE
18 Years

WEIGHT
N/A

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
Rockaway AH

REFERRING VET
Dr. Bednar

INVOICE
42693

DATE
11/10/22

PRESENTING CLINICAL SIGNS

chronic regurgitation. previous scan on feb 2022 showed renal changes /pyelectasia and right renal swelling; left hepatic cyst. 6/22/22 scan showed liver cyst, moderative degenerative renal changes with pyelectasia. not on any meds.

Abnormal PE/Chem/CBC/UA Results: TP 9.2, glob 5.9, GGT 11; UA: incr wbcs and rbcs; cocci and rods

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 were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 4.02 cm with trace pyelectasia noted. The right kidney measured 4.17 cm with trace pyelectasia.

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 measured 0.38 cm. The right adrenal gland measured 0.25 cm.

Spleen

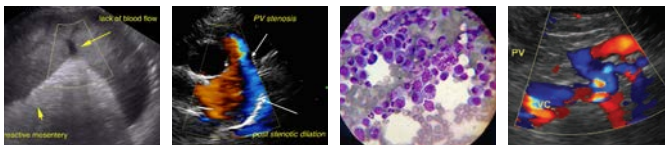
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or 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 age-related parenchymal remodeling was noted but likely not clinically significant at this time. An anechoic cyst was noted in the caudal aspect of the left lateral liver measuring 1.85 cm x 1.56 cm. 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

The **stomach** revealed a minor amount of excessive chyme and gas. No overt obstruction noted. However, delayed outflow is likely an issue, yet no physical cause of obstruction. Minor distal small



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Oscar Nusbaum

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

18 Years

WEIGHT

N/A

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Bednar

INVOICE

42693

DATE

11/10/22

intestinal thickening without loss of mural detail. Slight reactive mesenteric lymph nodes noted, noted measuring 1.0 cm x 0.50 cm.

Pancreas

The right limb of the **pancreas** was enlarged and hypoechoic, measuring 1.0 cm. Dilated duct noted. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

ULTRASONOGRAPHIC FINDINGS

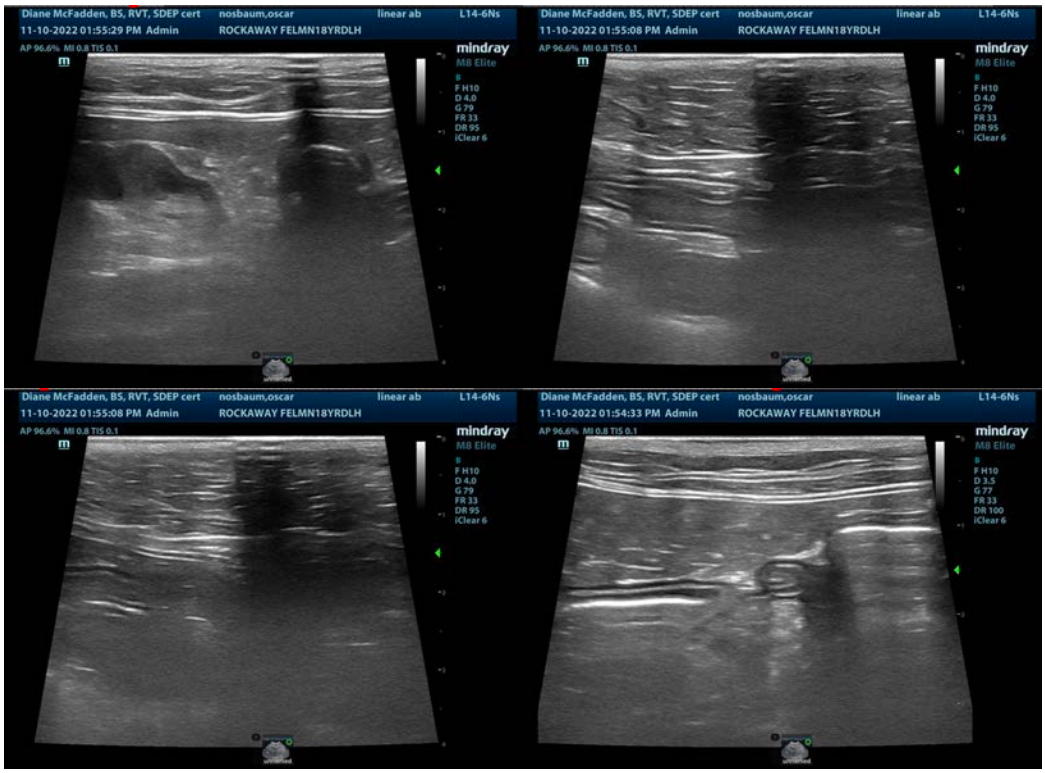
- Delayed outflow gastric pattern with reactive mesenteric lymph nodes
- Right limb pancreatitis
- Benign hepatic cyst
- Moderate age related renal changes with minor pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

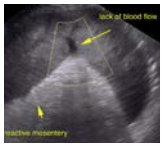
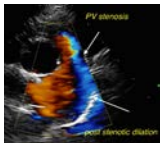
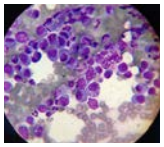
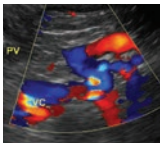
4-6 week treatment for UTI indicated after culture.

Chronic UTI Protocol

I recommend **Enrofloxacin** (5-10 mg/kg SID PO) (In patients > 1 year of age) in late pm after urination to maximize urinary concentrations overnight. This assumes that culture supports this use. Repeat **culture** at 3-4 weeks and continue treatment at least 7-10 days post negative urinary sediment and negative culture. *Note: Negative culture does not necessarily mean lack of UTI.* Other favorite antibiotics for chronic UTI include third generation Cefa (Ceftiafur or similar s.i.d. injectable) or Clavamox. If suspicion of occult urinary incontinence is present then **phenylpropanolamine (PPA)** (1-2 mg/kg BID) can be employed long term to enhance urethral tone.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Oscar Nusbaum

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

18 Years

WEIGHT

N/A

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Rockaway AH

REFERRING VET

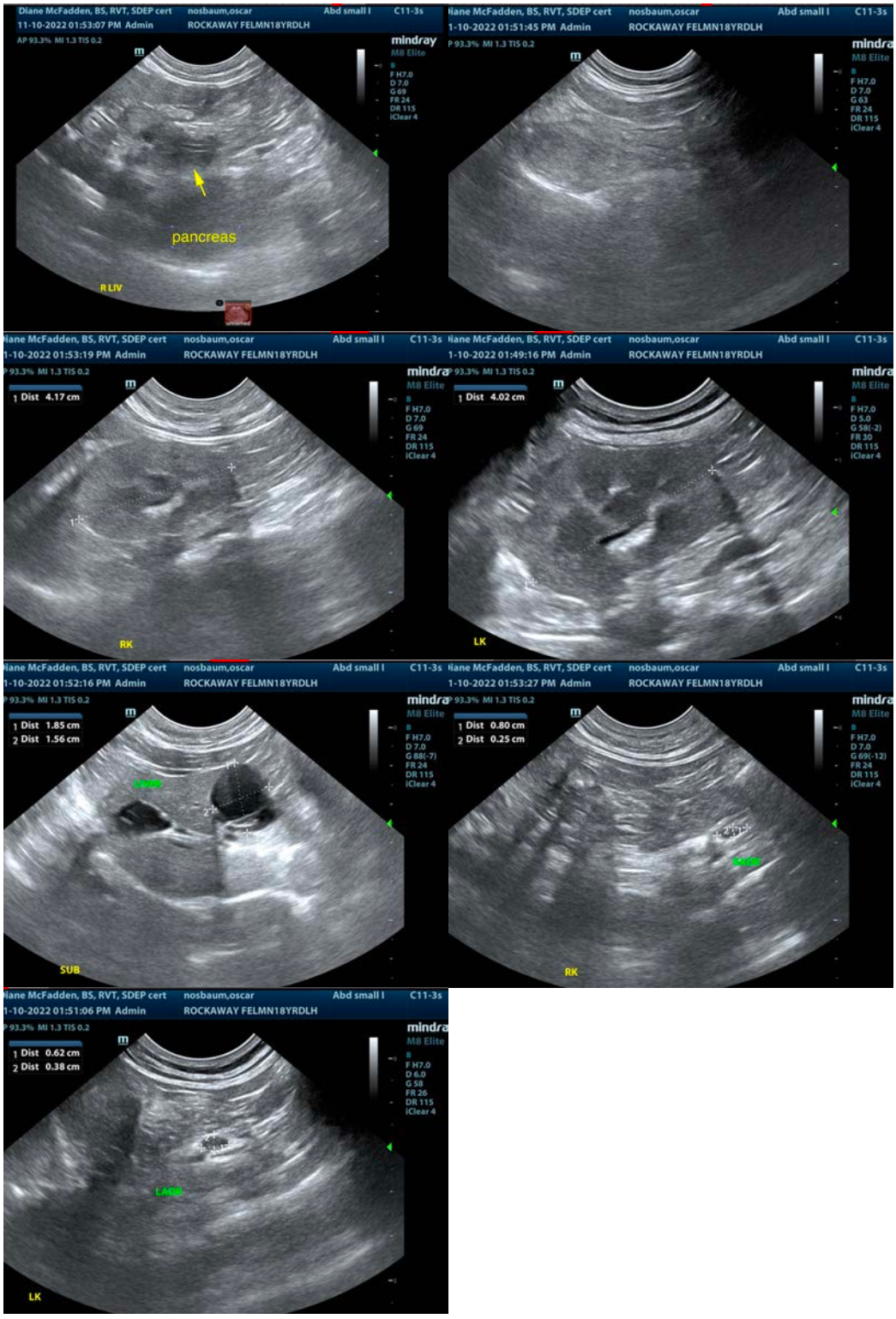
Dr. Bednar

INVOICE

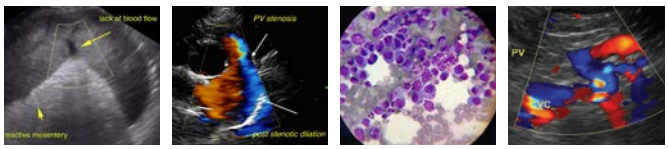
42693

DATE

11/10/22



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Oscar Nusbaum

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

18 Years

WEIGHT

N/A

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Bednar

INVOICE

42693

DATE

11/10/22

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