



PATIENT

Kitty Smalls King

PRESENTING CLINICAL SIGNS

History: 2 day history of vomiting and lethargy. Reported to have consumed raw fish several days ago, no known ingestion of plants or exposure to other toxins.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Sensitive on abdominal palpation, CHEM: BUN>180 (10-30) mg/dL, Ca=7.2 (8.0-11.8) mg/dL, P=13.9 (3.4-8.5) mg/dL, Cr=18.0 (0.3-2.1) mg/dL, glucose=178 (70-150) mg/dL, K=7.0 (3.7-5.8) mmol/L, TP=8.3 (5.4-8.2) g/dL, fPL=35.9 (≤3.5) ng/mL

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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.

AGE

3 Years 5 Months

The **kidneys** were normal in size and contour. Pericapsular inflammatory pattern was noted around the kidneys. The left kidney measured 3.0 cm. The right kidney measured 3.0 cm.

WEIGHT

6.7 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. The left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.4 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Sarah Green

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.

HOSPITAL NAME

Healing Spirit AW

Liver

REFERRING VET

Sarah Green

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.

INVOICE

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DATE

11/13/21



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Gastrointestinal

The **stomach** revealed a minor amount of gas accumulation as well as fluid. This is likely owing to azotemia. The small intestines and colon were unremarkable.

SPECIES

Feline

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.

BREED

DSH

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Non-specific nephritis pattern.

AGE

3 Years 5 Months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Toxin or infectious exposure is suspected. 25-gauge FNA of the renal cortex could be considered for further definition. However, there was no evidence of neoplasia or FIP. 72-hour IV fluid protocol, blood pressure measurements and urine culture are all indicated.

WEIGHT

6.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing Spirit AW

REFERRING VET

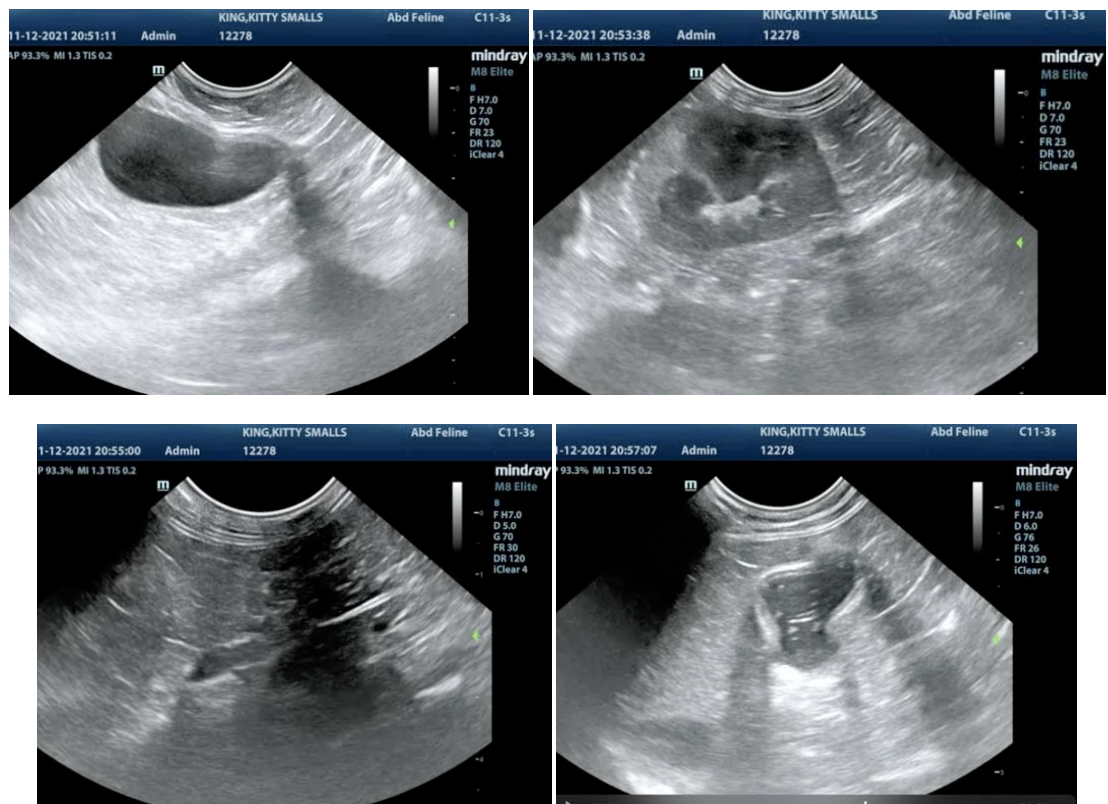
Sarah Green

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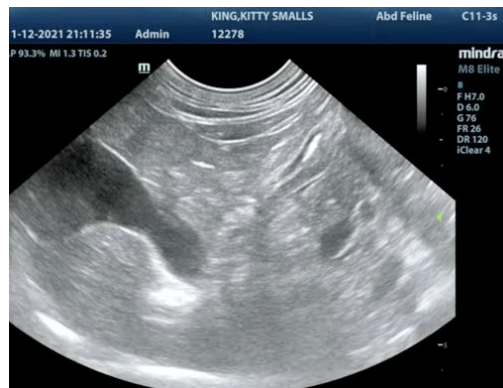
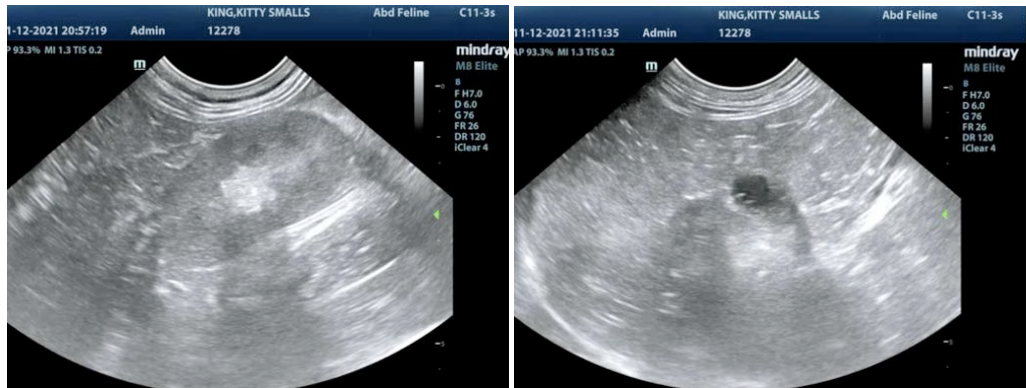
Spayed Female

AGE

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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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