



PATIENT

Simba Perry

PRESENTING CLINICAL SIGNS

History: Resistant Staph infection June 21, chronic sinus congestion with nose bleeds, elevated Kidney enzymes, weight loss, on K+ supplementation
HCT 27.5, Hmg 8.4 Creat 2.4 BUN 43, Potassium 3.2

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 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

Neutered male

AGE

18 years

The **kidneys** 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. The ureters were not visible and assumed to be normal. 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. Cortical infarcts were noted in both kidneys with an infarct and subcapsular fluid accumulation noted in the right kidney. Pelvic mineralization was noted in both kidneys and was non-obstructive at the time of the sonogram. The left kidney measured 3.73 cm. The right kidney measured 3.79 cm. Blood flow to the kidneys was subnormal on Power Doppler assessment.

WEIGHT

8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.5 cm. The left adrenal gland measured

IMAGING PERFORMED BY

Dr. Caughman

Spleen

The **spleen** is slightly enlarged and folded upon itself caudally.

HOSPITAL NAME

Dogwood AH

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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder and common bile duct were unremarkable.

REFERRING VET

Dr. Caughman

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Gastrointestinal

Retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable with areas of mucosal fogging. This may be associated with malassimilation.

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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.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

Chronic end stage degenerative renal disease.

Domestic Shorthair

Interstitial nephrosis pattern with infarcts, mineralization and subcapsular pseudocysts.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered male

Treatment for chronic renal failure is indicated. Blood pressure measurements +/- urine culture is warranted if any inflammatory sediment is present. There was no evidence of neoplasia.

AGE

18 years

For an additional charge an internal medicine consult can be utilized through [SonoPath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

WEIGHT

8 lbs

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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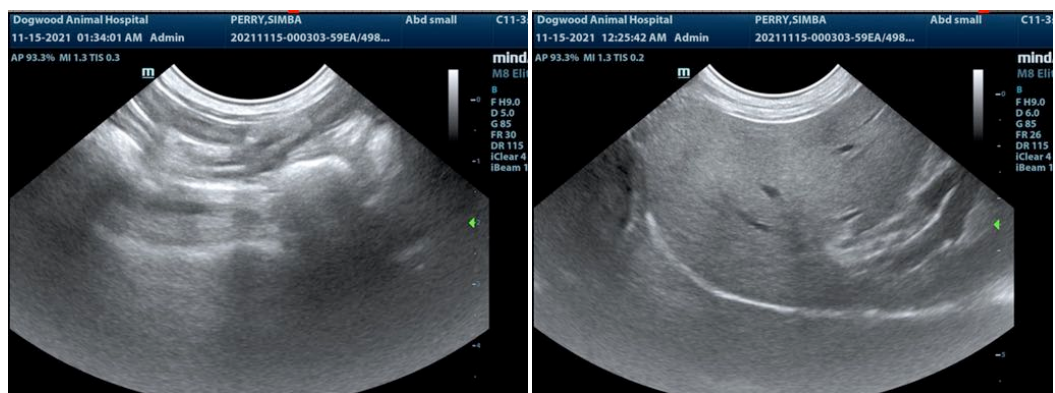
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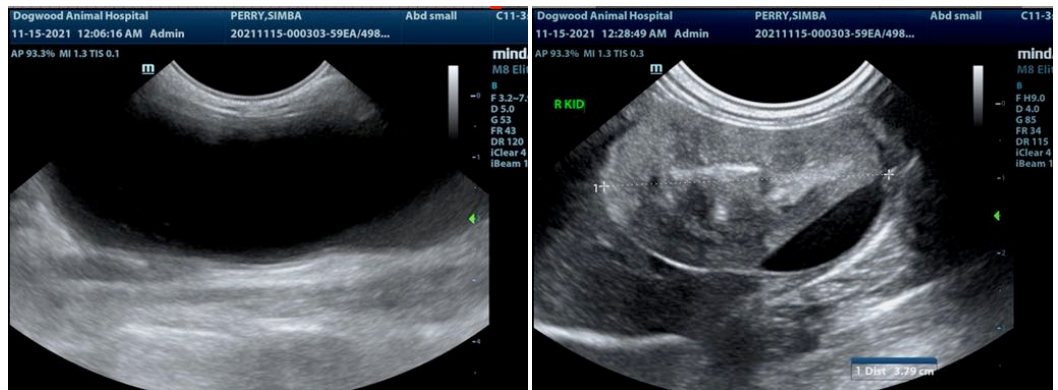
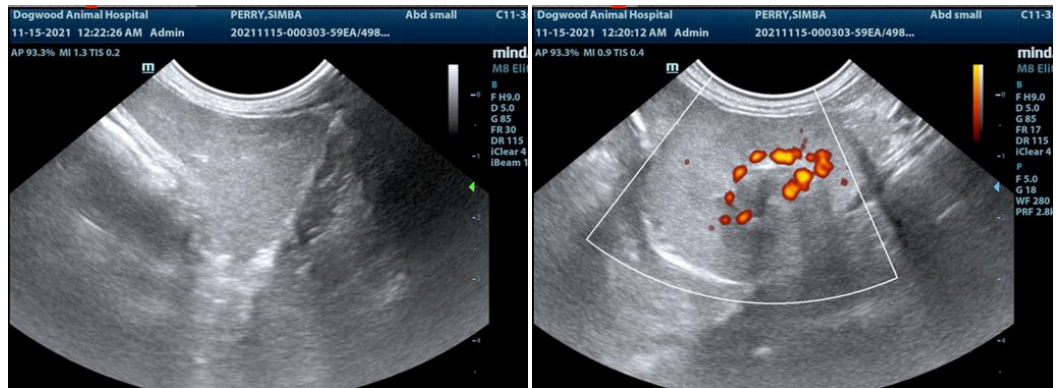
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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