

**DATE PRESENTING CLINICAL SIGNS**

11/16/21 History: Not Eating, &amp; Hypersalivation – Drooling.

**PATIENT** Date: 11-14-2021 Notes: lethargic, not drinking or eating, excessive salivation. unsure when last time he urinated/defecated as he

Jake Malek shares the litter box with our other cat ATO- History of tooth issues, extractions 2019/2020- few days ago eating and drinking less, history of chronic vomiting- may hack up hairball or eat food to fast/ too much Unsure urination. Today puddle of drool Full panel 1-2 yrs ago bloodwork- normal. No history of DI- same diet- but did get bacon 2d ago but stopped drinking before getting that. Usually urinates large amounts.

**SPECIES**

Feline Current Medications: Gabapentin Tablets 50mg, O Clavamox Sus (per ml), Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL), Pantoprazole (Protonix) 40mg/vial Injection (Per mL), Oral Buprenorphine 0.3mg/ml, Vitamin B12 1,000mcg/mL Injection (Per mL)

**BREED**

Lab Results: Attached

**SEX**

Radiographs: Abdomen 2 View- Heart enlarged Right kidney very small and mis shaped; left kidney mildly mis shaped; renoliths

**SEX**

Date of Previous IntraPet Ultrasound: No previous.

Neutered Male

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**AGE****ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

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**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.**WEIGHT**

11.5 Pounds

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 and /no evidence of pelvic dilation was present. Pelvic mineralization noted in the right kidney measured 0.60 cm. The right kidney measured 3.62 cm. A cortical infarct was noted in the caudal pole of the left kidney. The left kidney measured 3.96 cm. with an adjacent calculus. Blood flow to the kidneys appeared to be adequate on color flow assessment. Degenerative changes considered moderate.**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Kalwa

**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.**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 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**INVOICE**

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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** presented progressively shadowing material, consistent with hairball accumulation or post-prandial presentation. The gastric material measured approximately 3.0 cm. A mesenteric lymph node was rounded and hypoechoic, measuring 0.64 cm x 0.54 cm. Minor transit of chyme appeared to be present in the small intestine.

### ***Pancreas***

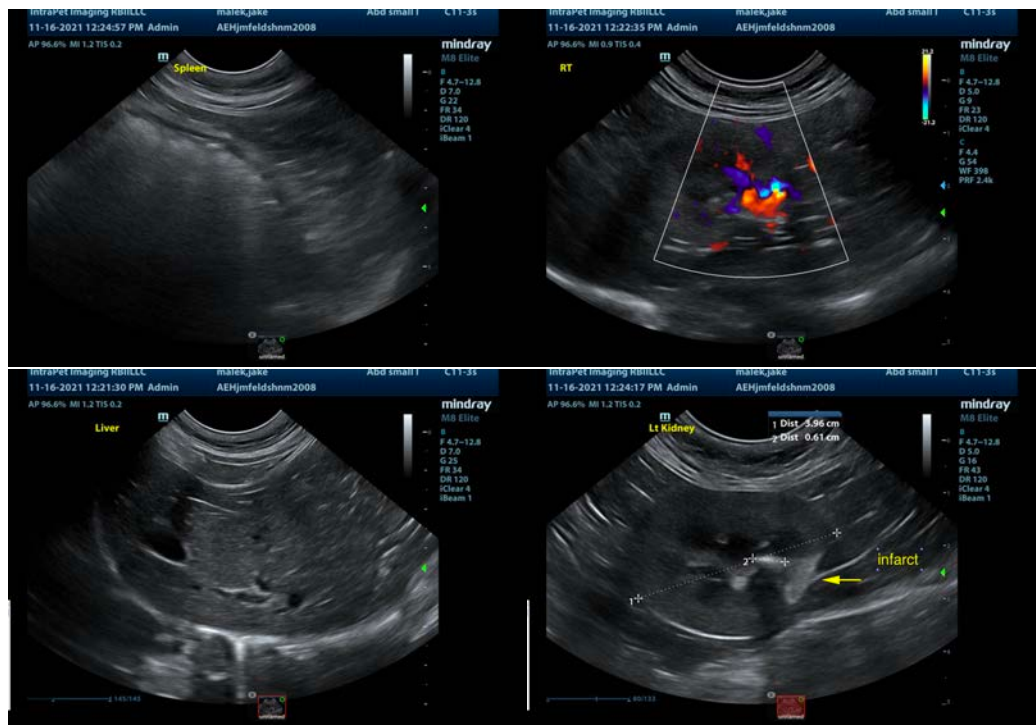
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

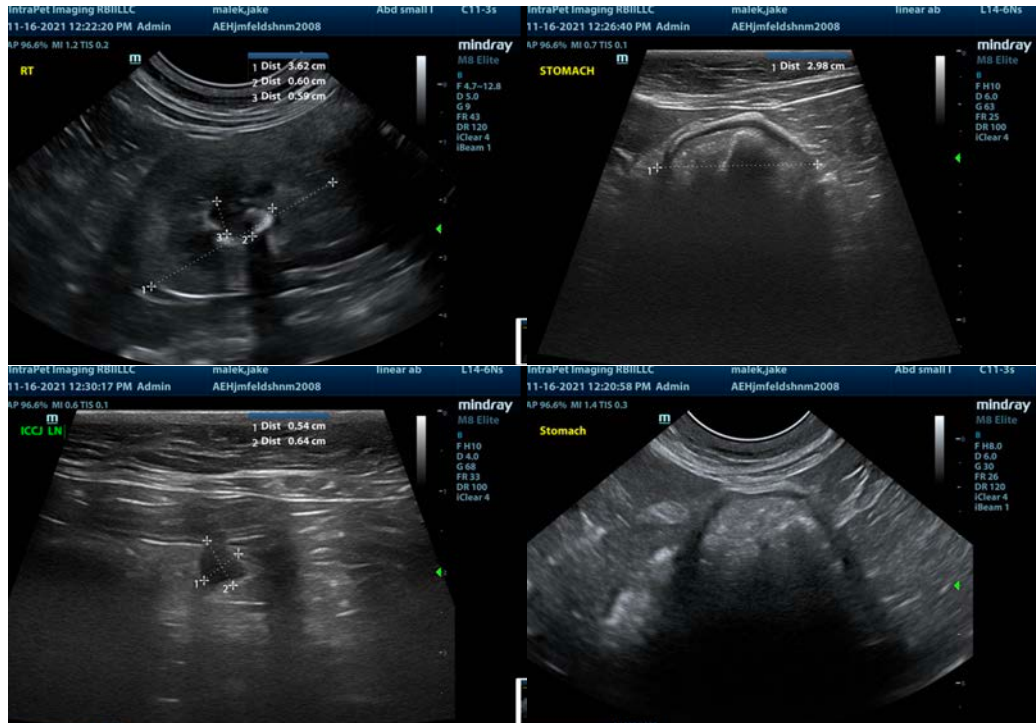
## **ULTRASONOGRAPHIC FINDINGS**

- Renal dystrophy and calculi with infarcts
- Retention of ingesta, hairball or other foreign matter in the stomach
- Structurally unremarkable abdomen otherwise

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The kidneys appeared to be stable, yet passage of calculi has likely occurred in this patient's history. Empirical treatment for hairballs warranted and recheck sonogram in 1-2 weeks.





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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