



PATIENT

Domino Atkachunas

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

8.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal Genera
on the Hudson

REFERRING VET

Dr. Dima

INVOICE

42962

DATE

11/23/22

PRESENTING CLINICAL SIGNS

Patient presents for losing weight and anorexia. No reported meds. Abnormal PE/Chem/CBC/UA Results: BUN 80, creat. 4.7, potassium 2.6, neutrophils 11704. U/A: 2+ protein, WBC 2-3, USG 1.025.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** itself was unremarkable. The urethra revealed sand accumulation in the deep pelvic urethra.

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. The right kidney measured 3.38 cm with corticomedullary mineralization noted. The left kidney measured 3.56 cm with corticomedullary mineralization and hyperechoic medullary rim sign. Cortical infarcts noted in both kidneys. Blood flow to the kidneys was subnormal on power doppler assessment.

Adrenal Glands

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

Spleen

The **spleen** presented a focal, slightly hypoechoic to isoechoic nodule measuring 5.0 mm with minor capsular expansion.

Liver

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.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. The gastric wall was mildly thickened at 0.65 cm. Early loss of mural detail noted.

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.



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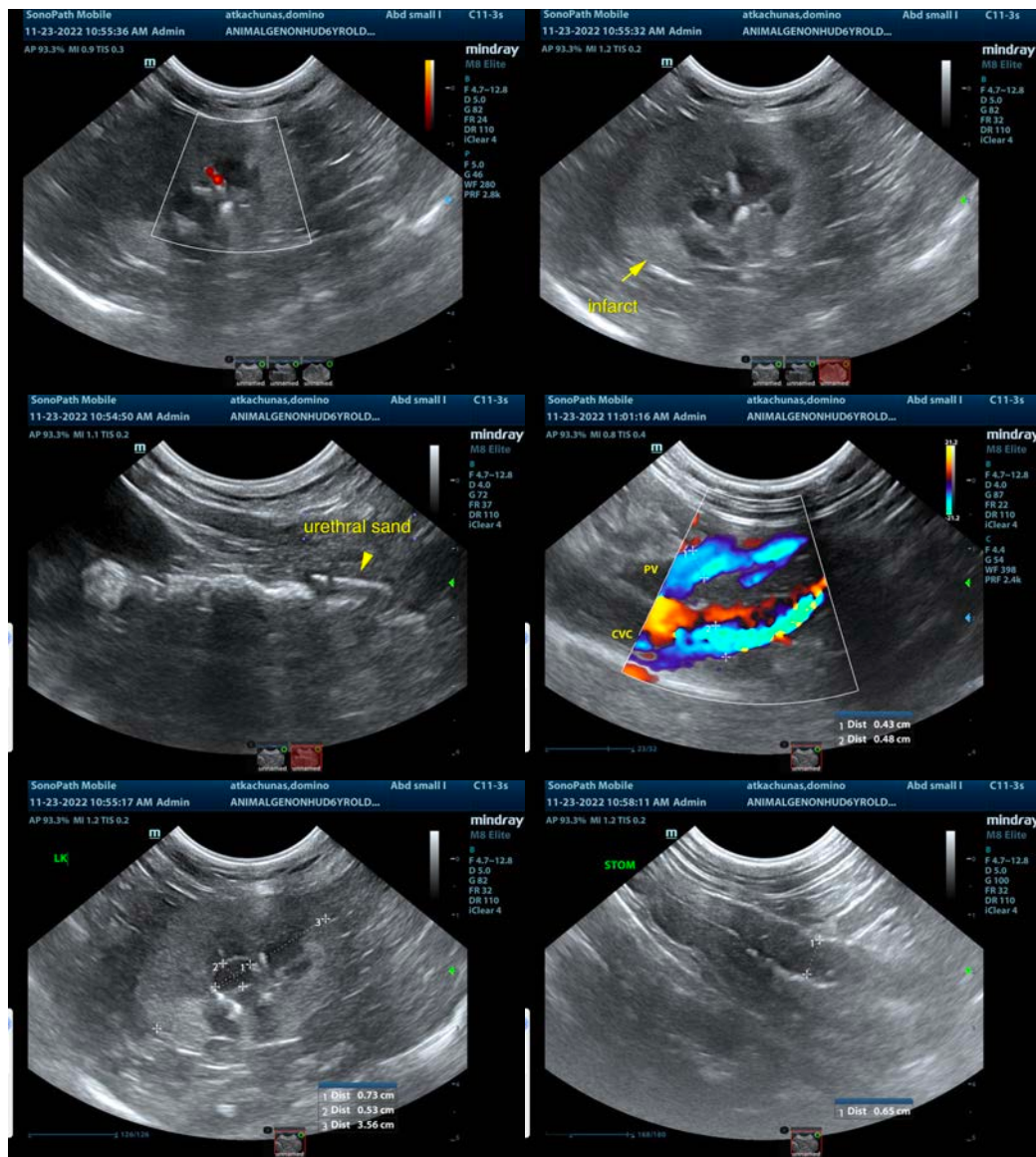
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ULTRASONOGRAPHIC FINDINGS

- Moderate renal dystrophy and interstitial nephrosis pattern with corticomedullary calculi and infarcts
- Deep urethral sand
- Minor gastric thickening
- Focal splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodule would be ideal. End stage degenerative renal disease. 72-hour IV fluid protocol could be considered and reassessment of the azotemia. However, long-term prognosis is guarded to poor. An emerging neoplastic event such as lymphoma may also be an issue, given the splenic nodule and minor gastric thickening, yet no overt neoplastic criteria present at this point.





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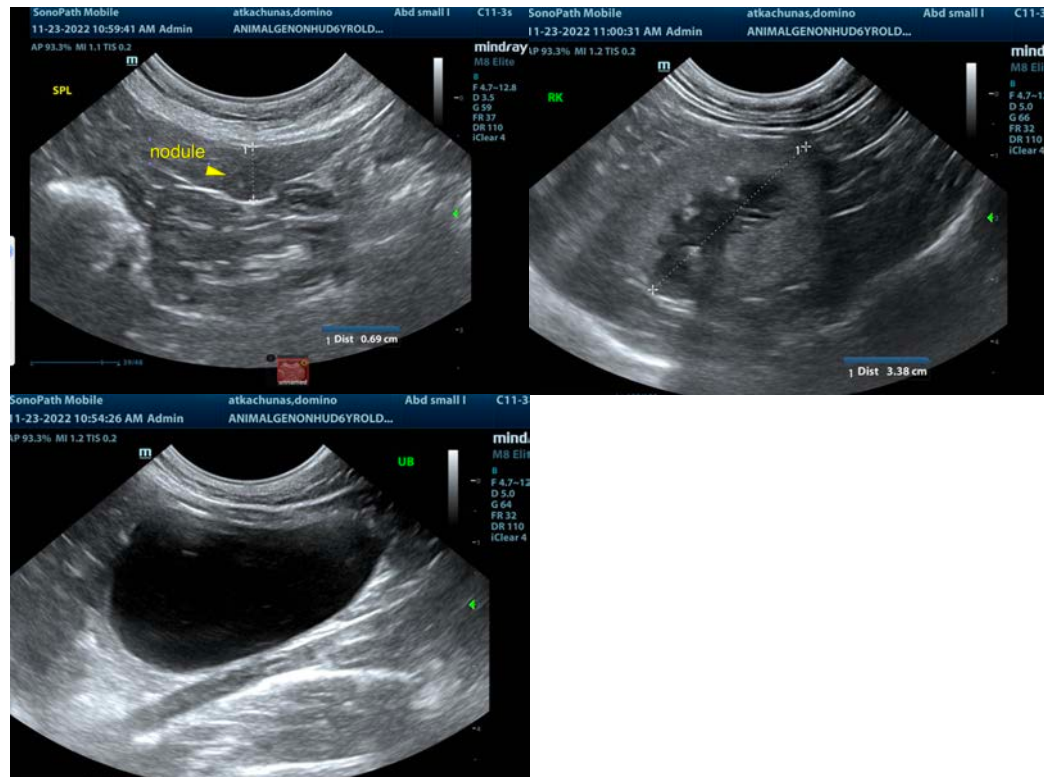
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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