



PATIENT

Tilly Schmiedhauser

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

16 years

WEIGHT

6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ammeraal

HOSPITAL NAME

Sova

REFERRING VET

Dr. Sova

INVOICE

42812

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: PU/PD, on Clindamycin drops, Slowly losing weight
Abnormal PE/Chem/CBC/UA Results: BCS 3/9, BUN89 mg/dL, Crea 5/4 mg/dL, Phos 9.6 mg/dL K+ 3.2 mEq/L, HCT 24%, HGB 7.4 g/dL, RBC 4.1 Mill/uL, USG 1.014, UPC 0.9, Protein 1+,

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 was noted. Ureteral papillae were normal.

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 left kidney measured 3.26 cm and the right kidney measured 3.8 cm.

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 0.55 cm. The left adrenal gland measured 0.67 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 was noted.

Liver

The **liver** revealed mildly increased portal markings and coarse architecture. Trace amounts of free fluid were noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



PATIENT	demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.
Tilly Schmiedhauser	
SPECIES	Pancreas
Feline	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	
Domestic Shorthair	
SEX	Non-specific, chronic interstitial nephrosis.
Spayed female	Bilaterally swollen adrenal glands, likely due to stress.
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6 lbs	
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Eric Lindquist, DMV DABVP, Cert. IVUSS	The kidneys do not appear end stage. There was no other evidence of pathology. Complicating factors such as hypertension, UTI and systemic infectious disease should be considered. 72-hour IV fluid protocol is recommended to treat for renal failure and reassessment of the clinical profile would be recommended. The kidneys subjectively appear 50-60% compromised. Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at http://spa.sonopath.com/ . 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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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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