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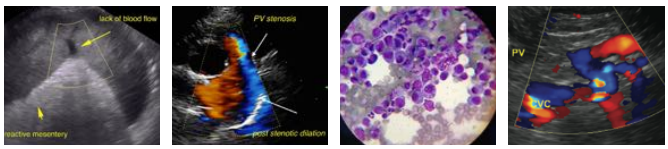

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1-800-838-4268 info@sonopath.com

PATIENT

M Beau Struble

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

18.1 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lincoski

HOSPITAL NAME

University Drive VH

REFERRING VET

Dr. Lincoski

INVOICE

42362

DATE

11/7/22

PRESENTING CLINICAL SIGNS

History: T=NT M. Beau is here for repeat GI panel (currently getting proviable for SIBO) and repeat GI panel, history of chronic pancreatitis. His FPL has been increasing, despite trial of buprenorphine, antibiotics (FPL increased at recheck; then trial of steroid, and still increased at subsequent testing. For now his is only getting proviable, along with clopidogrel for his heart and dasuquin. Repeat US performed, sedated him with 0.32ml butorphanol and 0.66ml midazolam IM full SDEP and sending for review. Repeat GI panel to Texas, and in house cbc reveals low grade anemia and leukopenia/stress leukogram, likely non-regenerative. Historic leukopenia but anemia is new. Chemistry is all WNL. Clinically well at home, Eating DM due to sibling with DM, and proplan weight management. Today, only abnormalities area mild non-regenerative anemia and leukopenia. Chemistry WNL and GI panel is pending. Weight is stable.

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. 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 4.18 cm with loss of corticomedullary definition. The left kidney measured 3.83 cm with minor pyelectasia and slight echogenic debris. Blood flow to the kidneys was subnormal on power Doppler assessment. A cortical infarct was noted in the caudal pole of the left kidney.

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 0.22 cm. The right adrenal gland measured 0.38 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. The spleen measured 0.6 cm in width.

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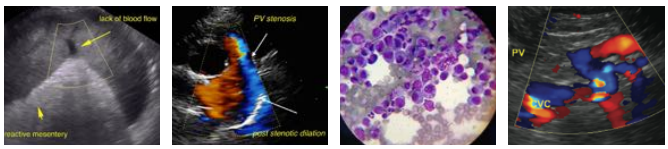

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Liver

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

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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was 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.

ULTRASONOGRAPHIC FINDINGS

Progressed, moderate degenerative renal disease with pyelectasia and infarct.

Otherwise unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am most concerned about renal structure in this patient as significant progression appears to have occurred from the prior sonogram. Full urinary work-up is warranted. BUN, creatinine and inflammatory sediment and urine specific gravity should be monitored carefully as well as blood pressure measurements in this patient. If any evidence of UTI is present in the urinalysis then 4 week antibiotic therapy is warranted given the renal pyelectasia with echogenic debris. Pyelectasia may be owing to scarring of the renal pelvis, yet not necessarily related to UTI.

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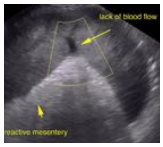

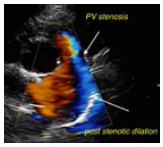

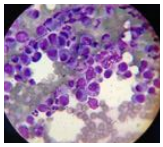
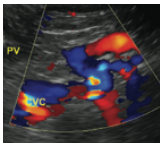

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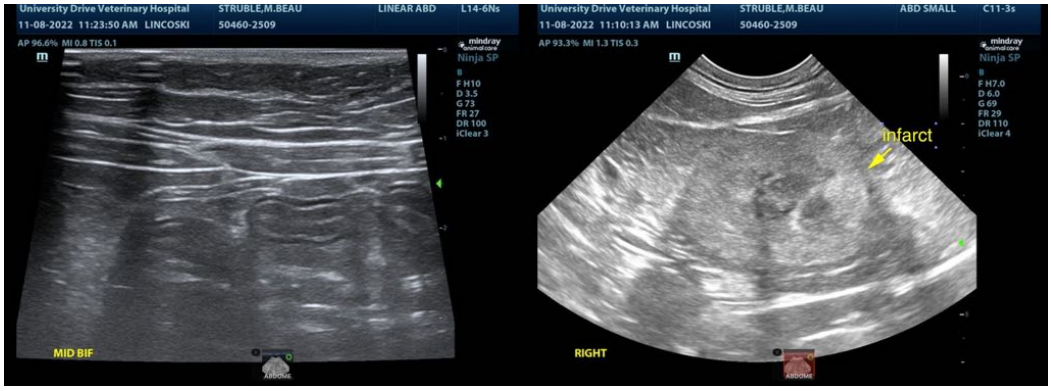

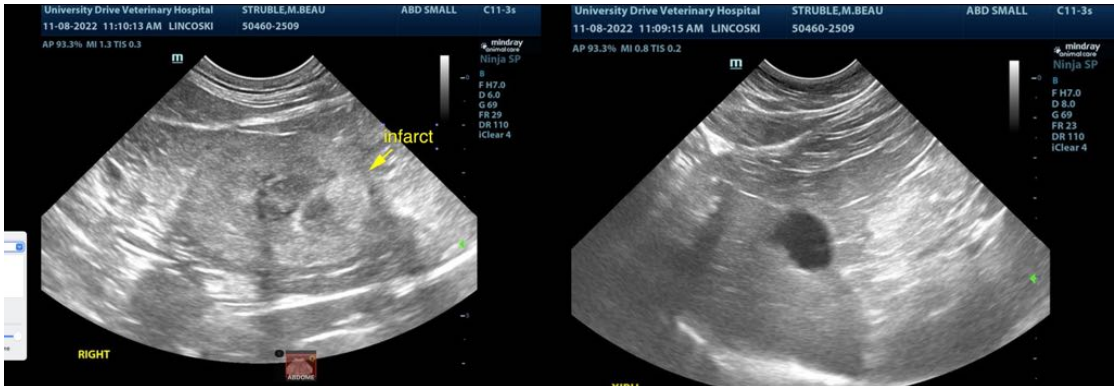

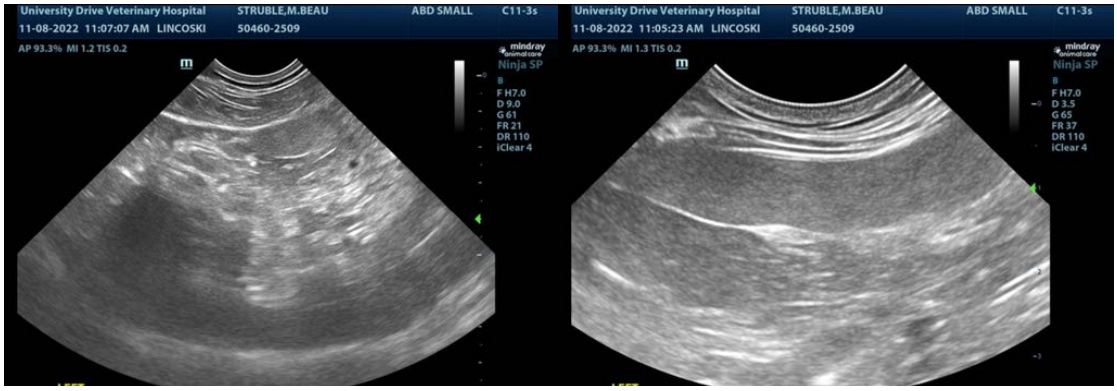

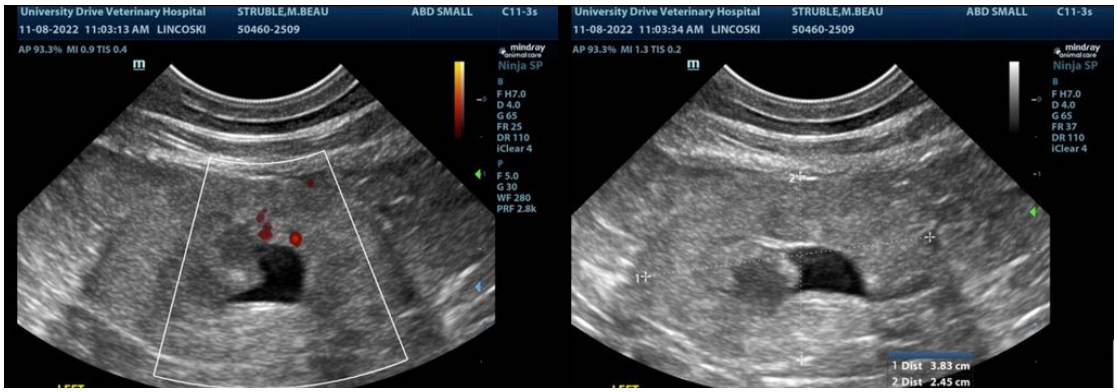

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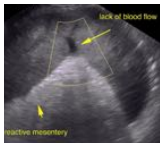
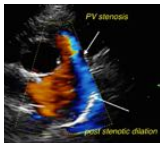
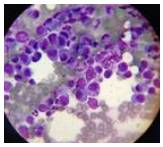
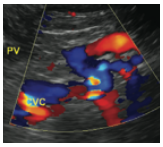

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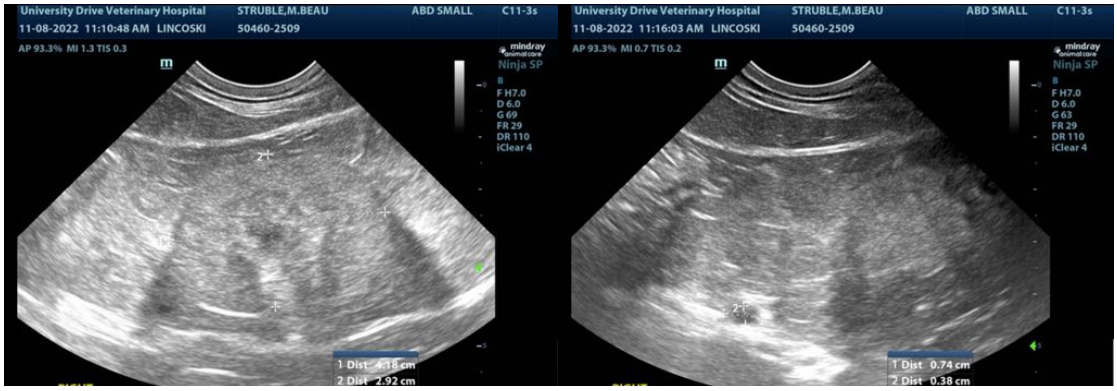

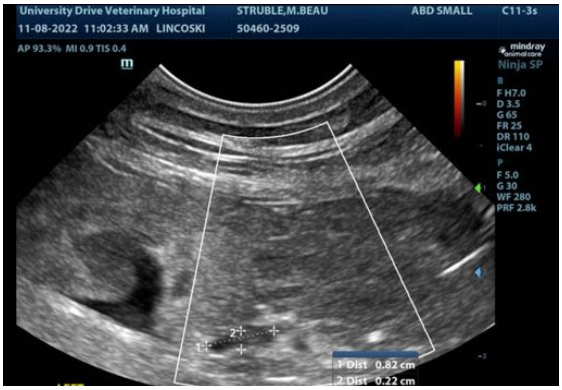

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com