



PATIENT PRESENTING CLINICAL SIGNS

June Murphy

History: Occasional vomiting (no more than normal per owner). Soft stools occasionally, may be becoming more frequent. Appetite unchanged but diet changed to Purina NF with significant weight loss. Diagnosed with CRD stage 2 May 2022. On Rx Renal diet since May 2022.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: P is underweight (BCS 3/9). Weight loss from 8lbs 5/2022 to 5.28lbs now. Tachycardia, may be stress related. Kidneys are firm and there is soft stool in colon. A little gas in SI on palpation but no discomfort or masses palpated on abdominal exam. Lab work: CBC: -Mild, nonregenerative anemia (RBC 6.10M/uL, HCT 26.1%) Chem: -Mild increase in BUN (45mg/dL) - Hypercalcemia (12.7mg/dL) TT4: WNL (1.6ug/dL) (Collected urine today for completion UA/UPC, didn't have enough in bladder at exam) Renal values improved some on NF.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed female

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.

AGE

13 years

The left **kidney** measured 4.0 cm with slight pyelectasia and slight corticomedullary mineralization. Minor echogenic debris was noted in the renal pelvis of the left kidney. The right kidney revealed loss of corticomedullary definition and corticomedullary mineralization. Moderate, cortical remodeling was noted. A cortical infarct was noted in the cranial pole of the right kidney. There was no evidence of active inflammation. Both kidneys revealed hyperechoic medullary rim sign.

WEIGHT

5.28 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.5 cm. The right adrenal gland measured 0.5 cm.

IMAGING PERFORMED BY

Dr. Bray

HOSPITAL NAME

Taylorsville VC

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.

REFERRING VET

Dr. Bray

INVOICE

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Liver

The **liver** revealed tortuous cystic duct with trace amounts of free fluid between the liver lobes. The tortuous cystic duct is likely an age related change. Comet tail lung pattern was noted through the diaphragm.

DATE

11/8/22



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Gastrointestinal

The **stomach** revealed wall thickening with echogenic hypertrophy of the gastric mucosa. The lumen presented a minor amount of fluid. The small intestine and colon were unremarkable with no loss of mural detail.

SPECIES

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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.

BREED

Domestic Shorthair

SEX

Spayed female

Free Abdomen

A slight amount of free fluid was noted.

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

Gastritis pattern.

WEIGHT

5.28 lbs

Moderate degenerative renal changes with slight pyelectasia. Interstitial nephrosis pattern.

Slight free fluid.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs are warranted to assess for alveolar disease. There was obvious evidence of neoplasia. IV fluid support, GI protectants and correction of azotemia is indicated. I recommend assessment for other causes of weight loss.

IMAGING PERFORMED BY

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Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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REFERRING VET

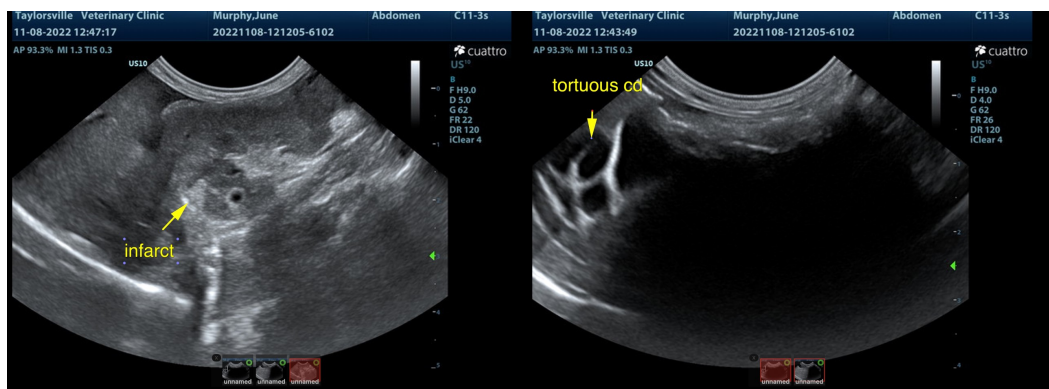
Dr. Bray

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Feline

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HOSPITAL NAME

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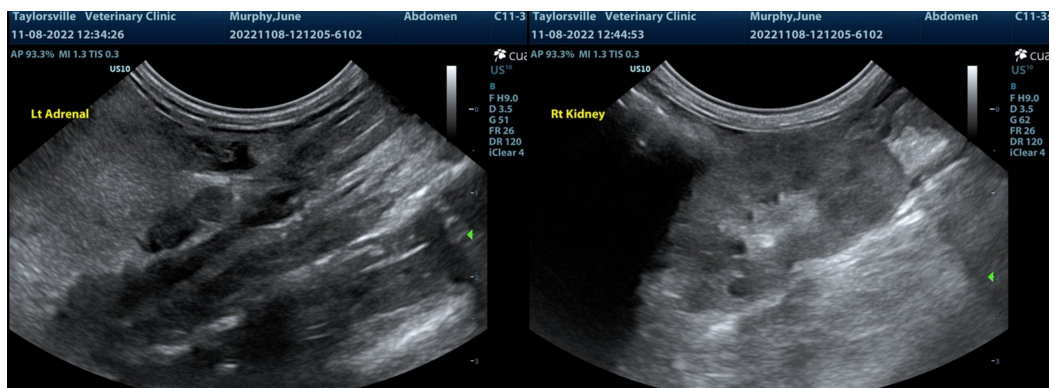
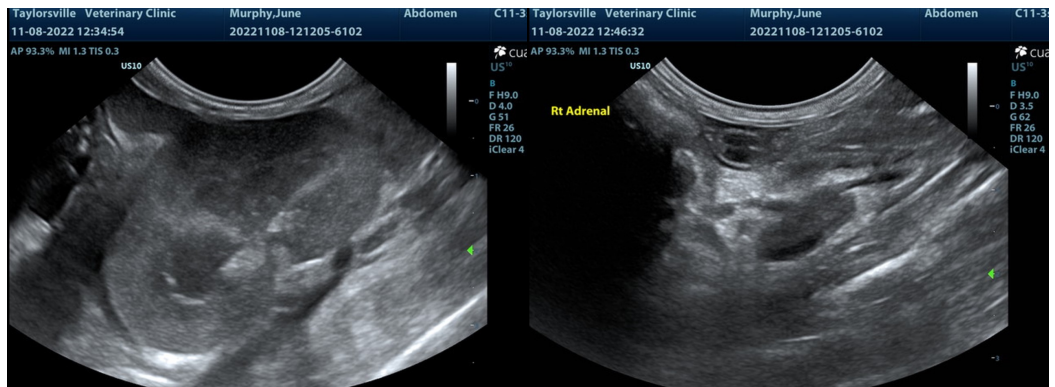
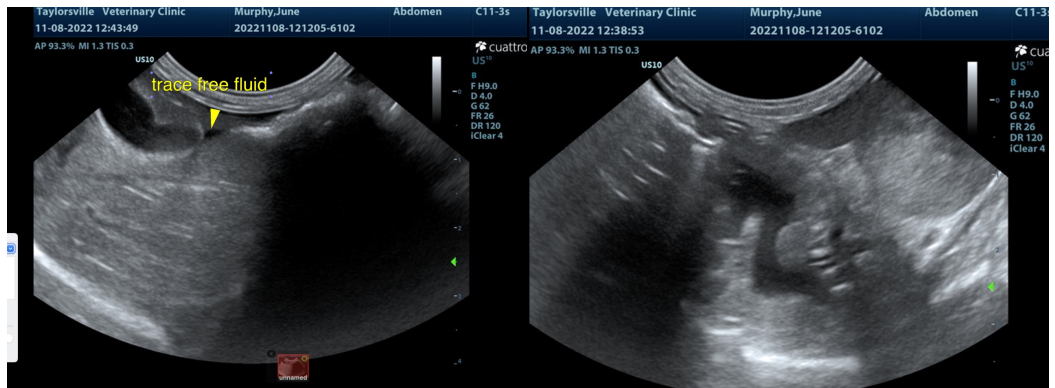
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PATIENT

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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.

SPECIES

Feline

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.

BREED

Domestic Shorthair

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

SEX

Spayed female

AGE

13 years

WEIGHT

5.28 lbs

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