



PATIENT PRESENTING CLINICAL SIGNS

Roy Costa

History: The client adopted this cat from a deceased family member's household. We first saw Roy November 30th. at the time of his physical exam he was 17.9 lb. His body condition score was 6 1/2 out of 9. the temperature seem to be subnormal, 98.2 We thought that that was due to him not allowing the thermometer to be passed. On physical exam he was BAR, had slightly waxy ears. Significantly overweight, heart lungs and abdomen exam were normal his musculoskeletal system was appropriate for an overweight 12 year old cat, meaning he did have some muscle atrophy. He had minor dental disease at the time. We Vaccinated him that day and flushed his ears and advised theclient had to do the same at home. On December 15th he presented lethargic, not acting himself and the client states he was only off food for a day or two but seemed very weak though, he wasn't making it into the litter box properly and he was sleeping a lot

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

Abnormal PE/Chem/CBC/UA Results: We did an in hospital glucose that read 193 mg / dl, we did a feline leukemia and Feline aids test that both were negative we submitted a CBC and chemistry and thyroid the outside lab. His calcium was slightly low at 8.0, amylase with slightly elevated it 1247 the rest of his chemistry's were normal. His thyroid was 1.3 micrograms\dl, his CBC showedthe only abnormalities. The total red and white blood cell counts are normal but is hemoglobin was slightly below normal at 9.0 , his hematocrit was slightly low at 26., PLatelets slightly low 145, and his lymphocytes were low at 435. The urinalysis show hematuria, pyuria with transitional epithelial cells moderate in quantity. The was also bacteria present. His radiographs shows uroliths in the bladder and possible renaliths or calcified calyces.His abdomen appears very fatty.

AGE

12 Years

WEIGHT

16.6 Lbs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

Urinary System

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Sand accumulation (1.5 cm) was noted in the **urinary bladder**, nonobstructive at the time of the sonogram, a grouping of which presented minor shadowing.

Both **kidneys** presented moderate degenerative changes and interstitial nephrosis pattern with irregular swelling and enhanced surrounding pericapsular fat, suggestive for some level of nephritis. This presentation can occur after passage of calculi. However, no obstructive pattern noted at the time of the sonogram. The right kidney measured 5.53 cm. The left kidney measured 4.96 cm.

IMAGING PERFORMED BY

Dr. David Migliaccio

Adrenal Glands

HOSPITAL NAME

Chester AH

The **right adrenal gland** was 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 right adrenal gland measured 0.3 cm.

REFERRING VET

Dr. David Migliaccio

The region of the **left adrenal gland** revealed no evident pathology.

INVOICE

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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.

DATE

12/17/21



PATIENT

Liver

Roy Costa

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.

SPECIES

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BREED

Gastrointestinal

DSH

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.

SEX

Neutered Male

Pancreas

AGE

12 Years

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.

Free Abdomen

WEIGHT

16.6 Lbs.

Large lipoma noted in the caudal **abdomen**.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

ULTRASONOGRAPHIC FINDINGS

- Bladder sand
- Nephritis pattern and swelling
- Large lipoma noted in the caudal abdomen

IMAGING PERFORMED BY

Dr. David Migliaccio

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recent passage of sand or calculi possible. Either medical management of the urinary sand could be considered and recheck sonogram in 3-4 weeks or cystotomy, sand analysis and culture warranted. IV fluid support and urine culture and sensitivity indicated. No evidence of neoplasia.

HOSPITAL NAME

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REFERRING VET

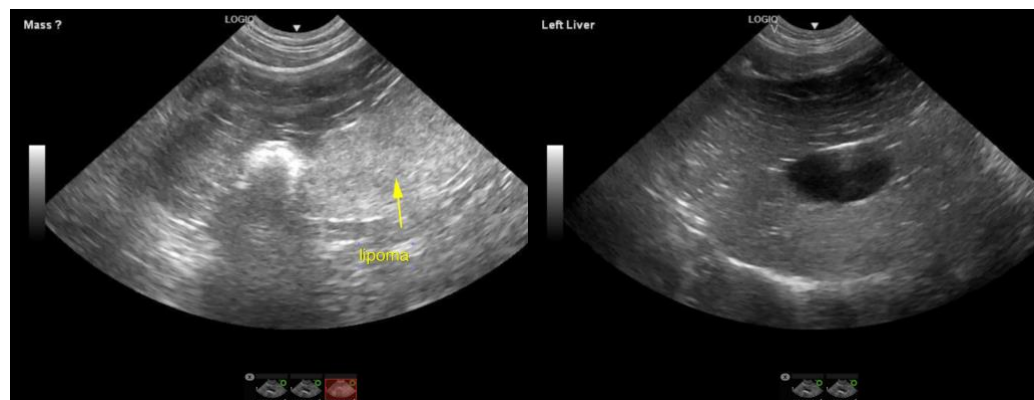
Dr. David Migliaccio

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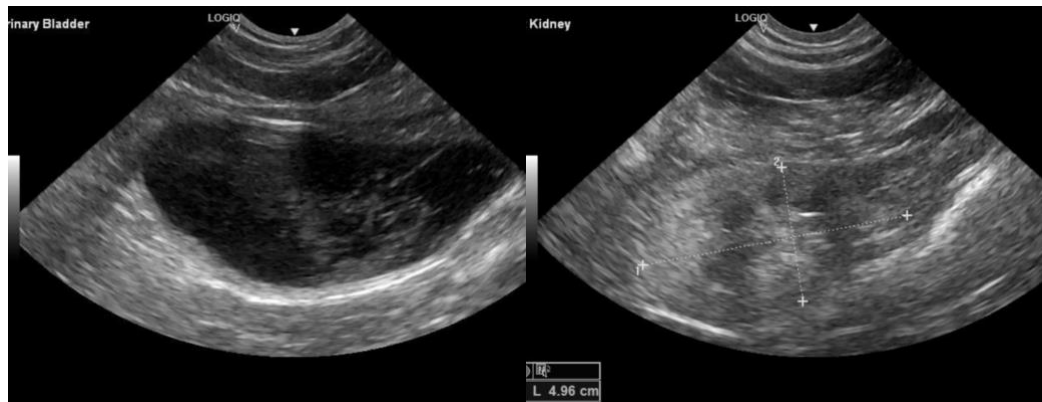
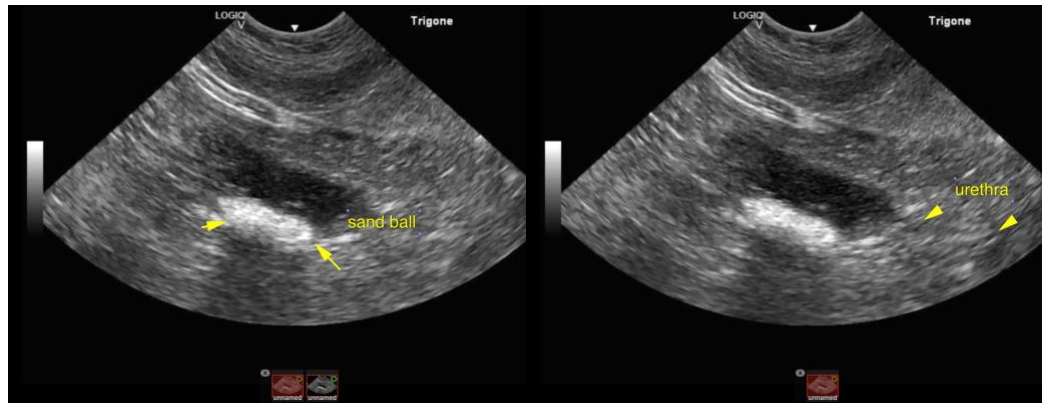
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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