



PATIENT

Khloe Cruz

PRESENTING CLINICAL SIGNS

history of increased water intake from kitten, water intake even more the last week, lethargic, did get into ceiling a few days ago for a few hours - no known toxin ingestion but possible
Abnormal PE/Chem/CBC/UA Results: severely elevated kidney values, UTI, pending urine culture

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic Longhair

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.

SEX

Spayed Female

AGE

9 years

The **kidneys** revealed mild, irregular contour. There was some loss of corticomedullary definition. This is a non-specific presentation. The left kidney measured 3.64 cm. The right kidney is enlarged and measured 3.2 cm. The right kidney revealed a subcapsular halo. Blood flow appeared to be adequate with minor pelvic mineralization. Minor pyelectasia was noted in the kidneys.

WEIGHT

5.4 lbs

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 right adrenal gland measured 0.36 cm. The left adrenal gland measured 0.41 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

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.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Manier

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 wall is slightly echogenic and thickened.

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Gastrointestinal

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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



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

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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.

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ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

Acute nephritis pattern.

Mild potential for emerging round cell neoplasia or FIP.

AGE

9 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for acute renal failure is warranted with aggressive fluid therapy, blood pressure measurements +/- urine culture. Coagulation panel and 25-gauge FNA of the right renal cortex is recommended for further definition. There is no overt evidence of primary renal dysplasia, yet this cannot be completely ruled out. This is a non-specific presentation with acute insult.

WEIGHT

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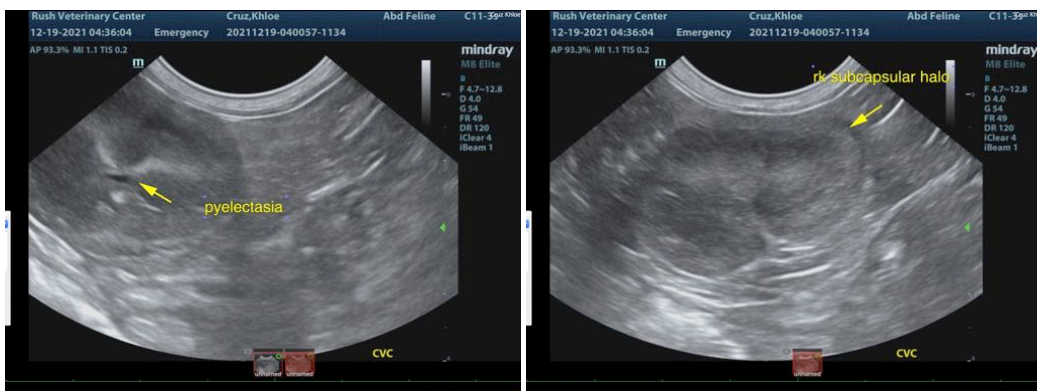
Eric Lindquist, DMV
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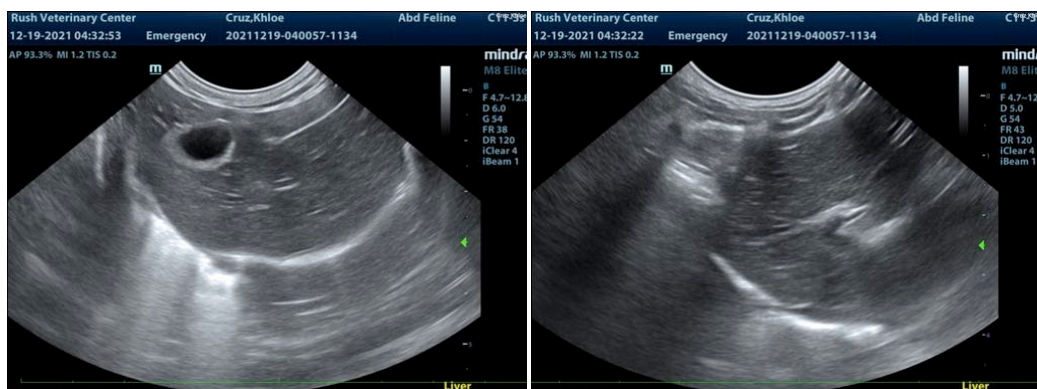
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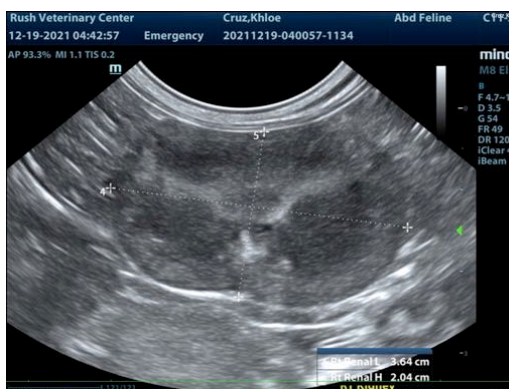
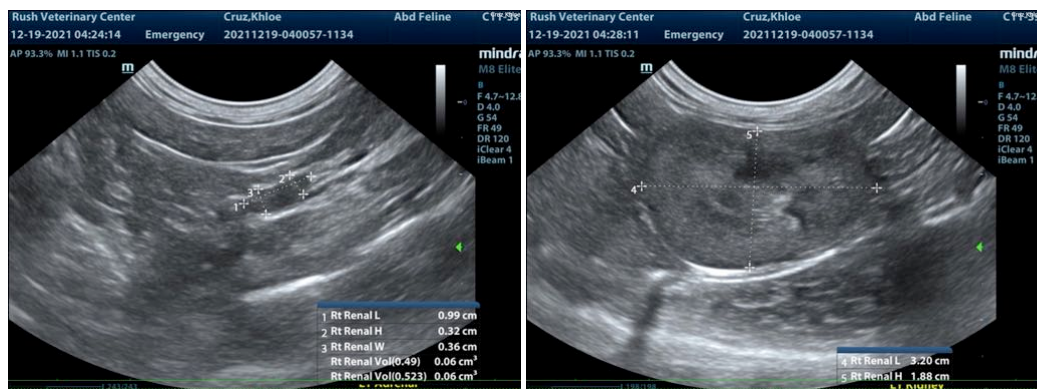
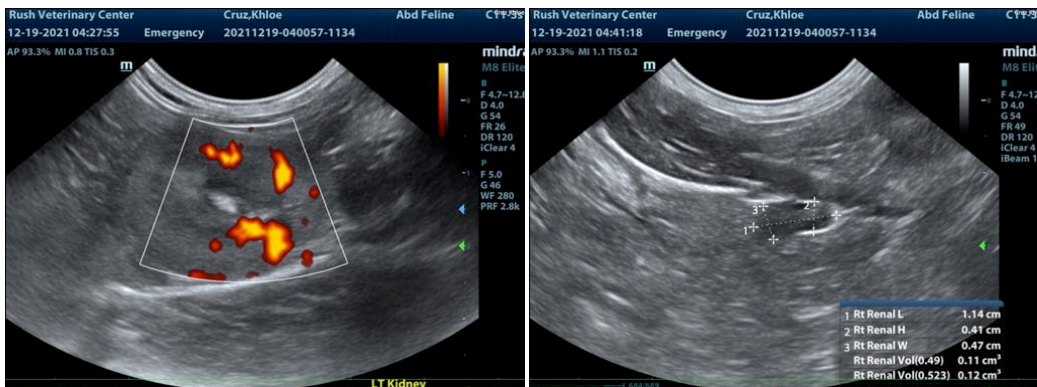
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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