



PATIENT

Ivan Beers

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

16 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Kinney

INVOICE

42318

DATE

12/22/22

PRESENTING CLINICAL SIGNS

History: Ivan is a ten year old, MN, DSH who presented on 12/20/22. He is owned by our technician, Sarah. He did not eat dinner Monday night, sitting at water bowl drinking and drinking, drinking from toilet, owner gave cerenia and he did eat, did not sleep with owner that night which is not normal, slept on floor, not himself. Sarah has been giving 12 mg Cerenia Q 24 hours since then. meds: cisapride 2.5mg BID, renacare BID, pred 2.5mg EOD for IBD, benazapril 2.5mg SID for proteinuria, AIOH 3/4 tsp BID, clomipramine 2.5mg SID, had 200mg gabapentin this AM, owner took temp at home and it was 100.5 Normal diet is Purina OM. PLI and TLI were normal, cobalamin and folate are pending. CBC showed mild anemia (25.2%), mild monocytosis. Chemistry showed mild increase in BUN (46) decreased total protein (4.1), decreased globulin (1.2). UA showed UPC=2.1, USG=1.019, no UTI Blood pressure today was averaged at 90/50. Butorphanol 0.4 mg/kg and dilute acepromazine 1:10 volume of 0.05 ml was given as sedation for US today. Abdominal rads showed thickened intestinal walls, gas. Feces in colon

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **right kidney** 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 right kidney measured 2.94 cm. The **left kidney** was enlarged and measured 5.63 cm with a hyperechoic, medullary rim sign and slight pyelectasia.

Adrenal Glands

Both **adrenal glands** were enlarged, particularly the right. The adrenal glands were also rounded. The right adrenal gland measured 0.91 cm. The left adrenal gland measured 0.6 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.



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Liver

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The **liver** revealed slight uniform enlargement with normal 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.

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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.

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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

INTERPRETED BY

Bilateral adrenal hypertrophy.

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Enlarged left kidney with pyelectasia, likely. Compensatory hypertrophy of the left kidney is likely playing a role with the generalized enlargement.

IMAGING PERFORMED BY

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Subnormal right renal size with an interstitial nephrosis pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The Prednisone therapy may be suppressing a more significant presentation. Assessment for UTI is warranted given the pyelectasia in the right kidney if not already performed. If the patient appears Cushingoid then work-up for pituitary dependent Cushing's is indicated given the bilateral adrenal hypertrophy even though this is fairly rare in cats it can occur. Blood pressure measurements are warranted. Monitoring the adrenal glands, especially the right adrenal gland for any increase in size and irregular progression would be warranted. I cannot rule out emerging right adrenal carcinoma. The exact cause of the clinical signs is unclear. Underlying UTI or extra abdominal pathology such as orthopedic, CNS or thoracic disease should all be considered.

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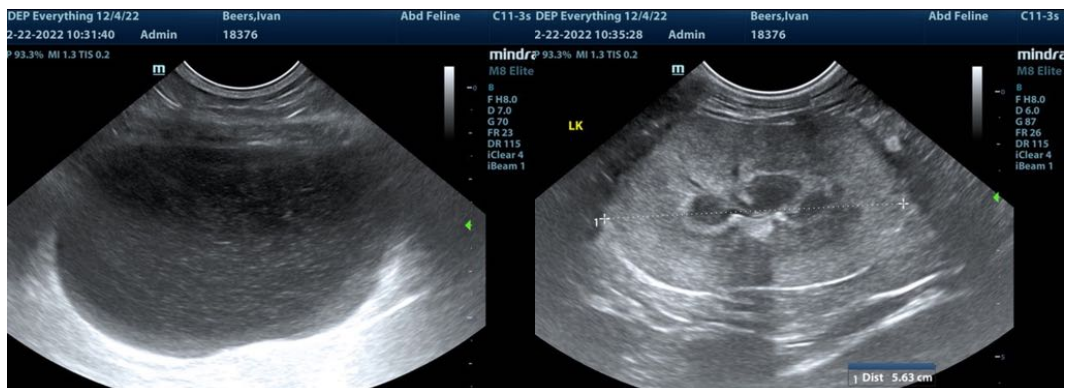
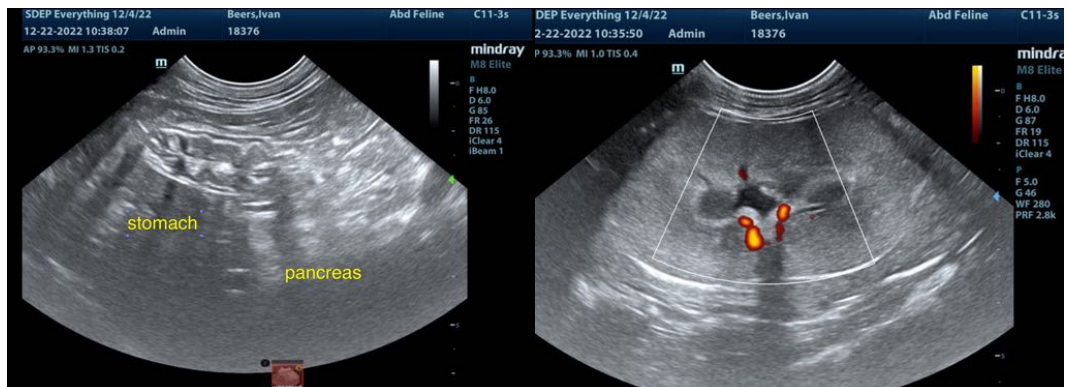
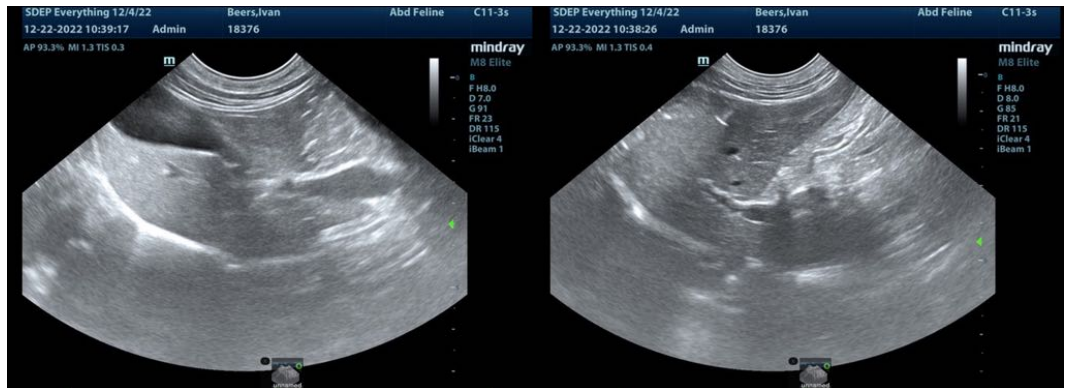
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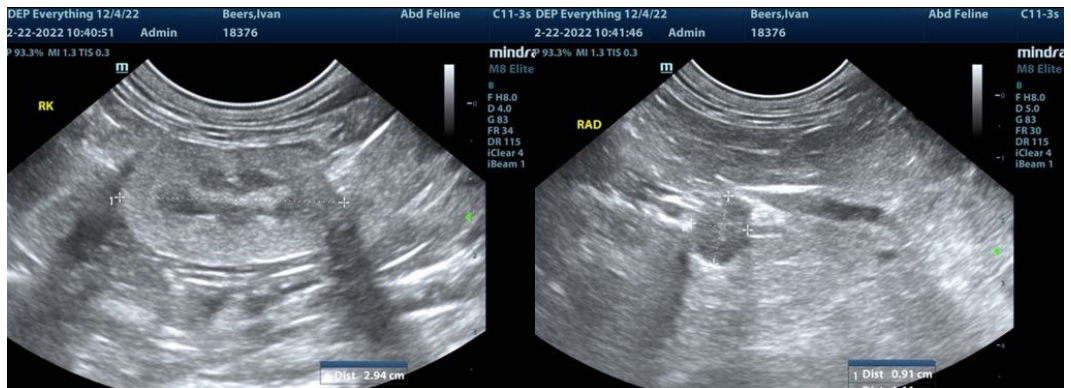
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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