



PATIENT

Gabby Godumski

PRESENTING CLINICAL SIGNS

History: Acute worsening of renal function, hair pulling, hx of hyperthyroidism. Current meds: Felimazole 2.5mg q12h, Revolution.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results:12/21/21- BUN 55, Creat 3.2, Potassium 5.7, wbc 17.4, Neut 14616, eos 1218, U/A cysto pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

SEX

Spayed Female

Significant dystrophic changes, infarcts, remodeling and loss of corticomedullary definition noted in both **kidneys** as well as corticomedullary and pelvic mineralization. Regional inflammation was noted around the left kidney, likely owing to recent infarcts. The left kidney was subnormal in size, measuring 2.36 cm. The right kidney measured 3.01 cm. The right kidney revealed similar changes to the left with pericapsular enhanced fat.

AGE

16 Years

WEIGHT

Not Given

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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. The spleen measured 0.92 cm.

IMAGING PERFORMED BY

Shari Reffi, CVT

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. Minor lobar biliary mineralization was also noted, nonobstructive. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

HOSPITAL NAME

Tranquility VC

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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

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Free Abdomen

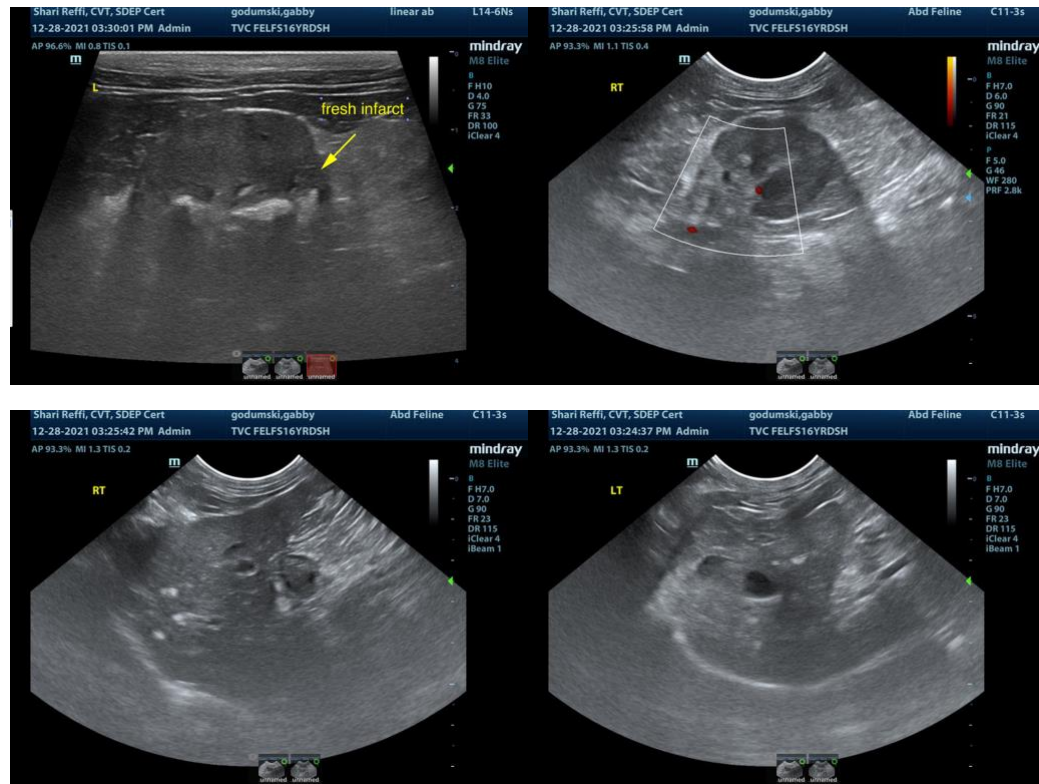
A sublumbar **lymph node** was rounded, enlarged (1.3 cm), hypoechoic and irregular.

ULTRASONOGRAPHIC FINDINGS

- Acute on chronic renal failure with infarcts, active inflammation and pelvic inflammation.
- Mesenteric lymphadenopathy
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV fluid protocol recommended. Urinalysis, culture and blood pressures all indicated. Guarded prognosis depending upon the response to renal failure. Recheck sonogram in 7-10 days if the patient is able to overcome this immediate episode.





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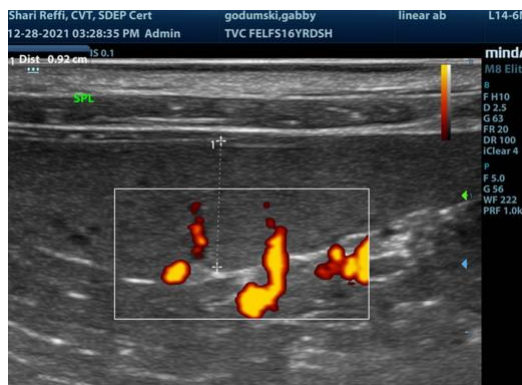
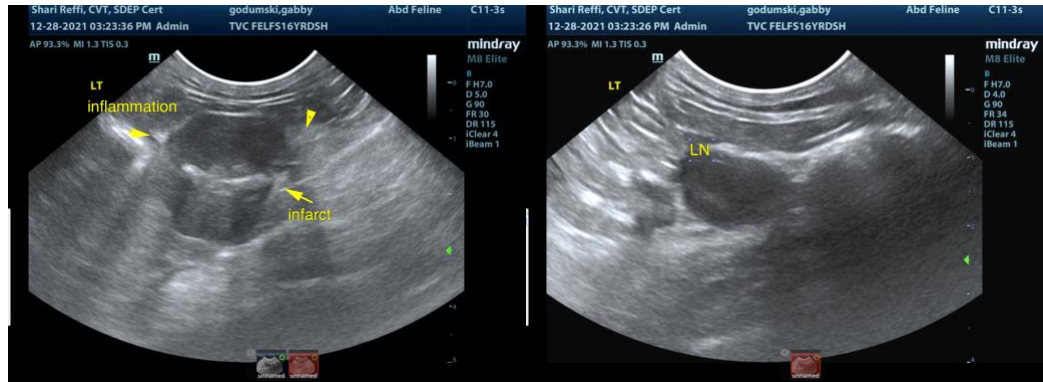
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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