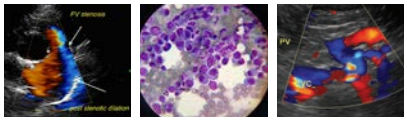
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

12/29/22

PATIENT

Jemma Gallagher

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1/1/16

WEIGHT

6.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

43827

PRESENTING CLINICAL SIGNS

Pet has enlarged kidney and relieved blood work from vet, recommend if possible to receive fluids for 72 hours to see it can help flush and reset kidneys ATO in room: - Lethargic, acting abnormal last week - Weight loss fast- felt lighter – Drinking a lot, kept staying at the water bowl, tried to drink bathwater - Felt kidneys and seemed abnormal - Not eating 3 days Went to rDVM today bloodwork and x-rays- rDVM discussed kidney failure- unsure cause. Discussed hospitalization, IVF

Current Medications: None listed.
Lab Results: rDVM 12/28/22: CBC: HCT 18%, WBC 23k, Neu 21k, Low eos, PLT wnl. CHEM/LYTES: Glu 214; Crea 9I5, BUN > 130, Phos > 16.1, TP 9.9, Glob 6.3; Amylase high, Cl low
Radiographs: EXTREMELY*** Enlarged kidneys (largest Ive ever seen)
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 **kidneys** presented severe polycystic changes and severe bilateral renomegaly. The left kidney measured 8.0 cm. The right kidney measured 8.18 cm with pyelectasia of 0.49 cm. Blood flow was minimal to almost non-existent in both kidneys. The viable parenchyma was minimal. Recognizable parenchyma was minimal in both kidneys.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.

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 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.

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.

Pancreas

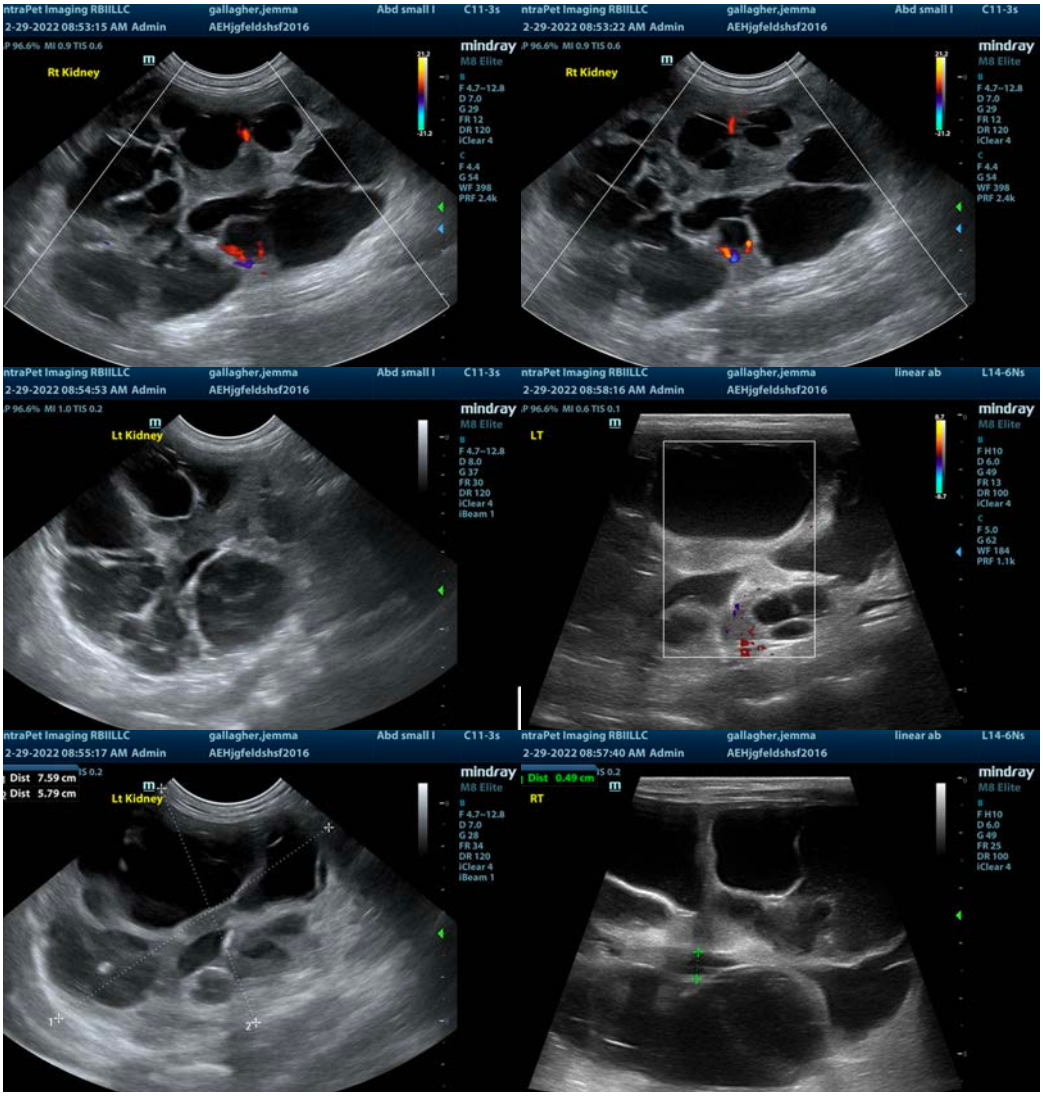
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Severe end stage polycystic kidney disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis is poor in this patient. I doubt if any significant response to therapy will occur. Humane euthanasia should be considered.



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.

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