



PATIENT

Sookie Cooksley

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

9.8 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Couser

HOSPITAL NAME

Willamette VH

REFERRING VET

Couser

INVOICE

13250

DATE

12/30/21

PRESENTING CLINICAL SIGNS

History: 12/30 - Transferred from rDVM for hosp & treatment of vomiting & severe azotemia. Blood work was normal in Sept 2020/ no pre-existing renal disease. O reports some weight loss in the past few months.

Abnormal PE/Chem/CBC/UA Results: 12/30 rDVM blood work: CBC- Hct wnl 42.4%, mild eosinopenia 0.02 K/uL Chem- SDMA 53, Crea 9.1, BUN >130 (severe azotemia), hyperphosphatemia 15.1 UA (cystocentesis)- straw clear urine. USG 1.019, pH 5.0, WBC <1/hpf, RBC <1/hpf, no bacteria detected. 12/31 540 pm- recheck EPOC: low Ca 0.96 Cl 106, Na 144, BUN failed to read, CREA 8.88, ph 7.4. rest wnl P has been eating & comfortable on IVF, Cerenia, pantoprazole, & Simbadol. Not fasted prior to US.

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 **right kidney** was swollen, measuring 4.2 cm. Pyelectasia was noted in the right kidney with echogenic debris. The **left kidney** was slightly swollen, measuring 3.7 cm in length. Slight pyelectasia was noted. Blood flow to the kidneys appeared to be adequate on color flow assessment. Minimal chronic changes noted in the kidneys.

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 left adrenal gland measured 0.3 cm. The right adrenal gland measured 0.4 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 were noted. Trace amounts of free fluid noted adjacent to the spleen.

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



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Some retention of ingesta was noted in the **stomach**. Gastric stasis owing to metabolic ileus noted. The small intestine and colon were unremarkable.

Pancreas

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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

- Nonspecific acute renal insult with pyelectasia and swelling
- Stomach ingesta. Gastric stasis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pyelonephritis of the right kidney possible, however, more significant insult suspected such as toxic or infectious agents. 72-hour IV fluid protocol and blood pressure measurements recommended.

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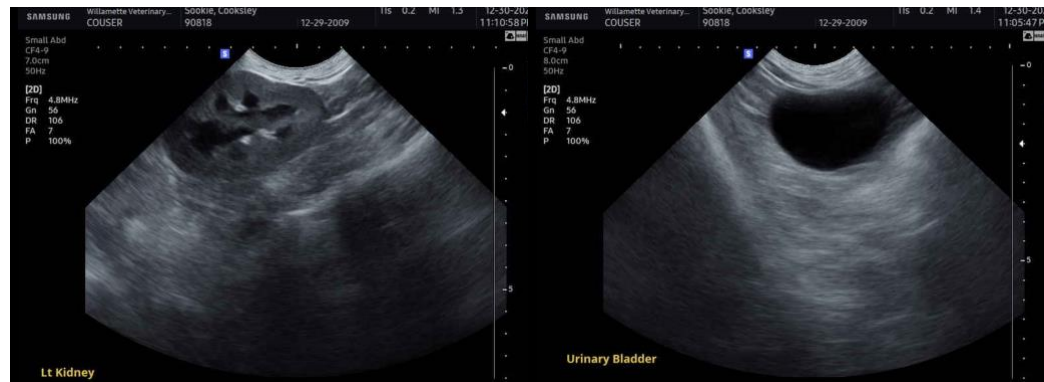
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com