



PATIENT

Gordon Geiler

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

8.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Andover AH

INVOICE

94435

DATE

12/9/21

PRESENTING CLINICAL SIGNS

History: decreased water consumption; losing wt despite no change in diet or appetite
Abnormal PE/Chem/CBC/UA Results: BW from 12/3: BUN 44, alb 4.1, chol 254, amylase 1600, PSL incr 46, platelets high 521; CBC: increased neuts, decr lymphs; UA: pH 7.5, prot 2+, blood 3+, rbc 21-50/hpf, Squamous epith cells 11-20, microalbumin high 17.5 USPG 1.019

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.64 cm. Blood flow to the kidneys appeared slightly subnormal on power Doppler assessment.

Adrenal Glands

The **adrenal glands** were mineralized. The right adrenal gland measured 0.35 cm. The left adrenal gland measured 0.53 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.

Liver

The **liver** revealed coarse architecture with increased portal markings and lobar biliary mineralization. The biliary calculi were non-obstructive. The gallbladder was unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was some stasis noted in the stomach. The pylorus was free of evident pathology. The small intestine was unremarkable. The mesenteric lymph node was reactive and measured 1.22 x 0.58 cm.



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Pancreas

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Minor heterogenous changes were noted in the **pancreas**.

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ULTRASONOGRAPHIC FINDINGS

Mild hepatic remodeling with lobar biliary calculi, non-obstructive at the time of the sonogram.

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Geriatric adrenal changes.

Minor mesenteric lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. 72-hour IV fluid protocol is recommended along with GI protectants. Supportive care should prove effective. The kidneys had mild degenerative changes. Prerenal disease is likely the primary issue in this patient.

AGE

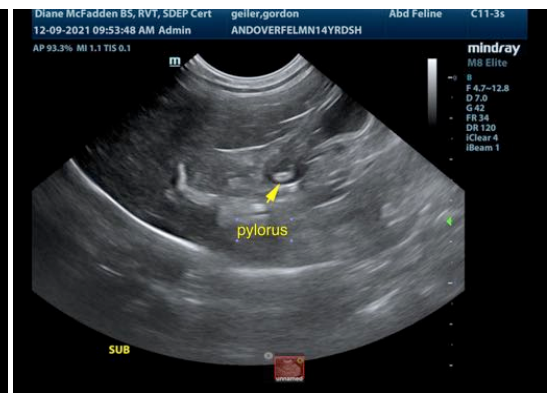
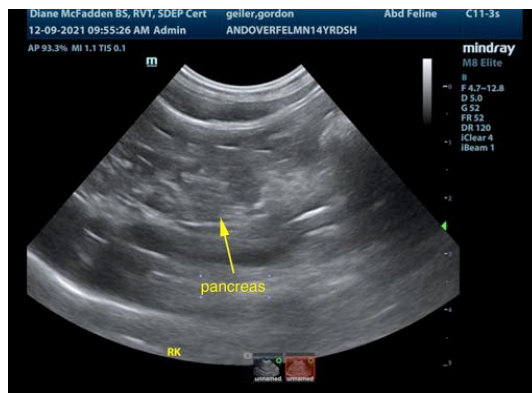
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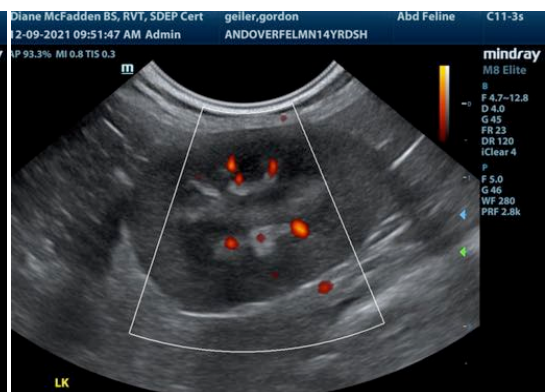
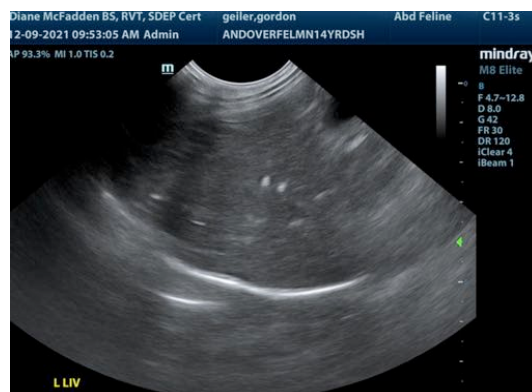


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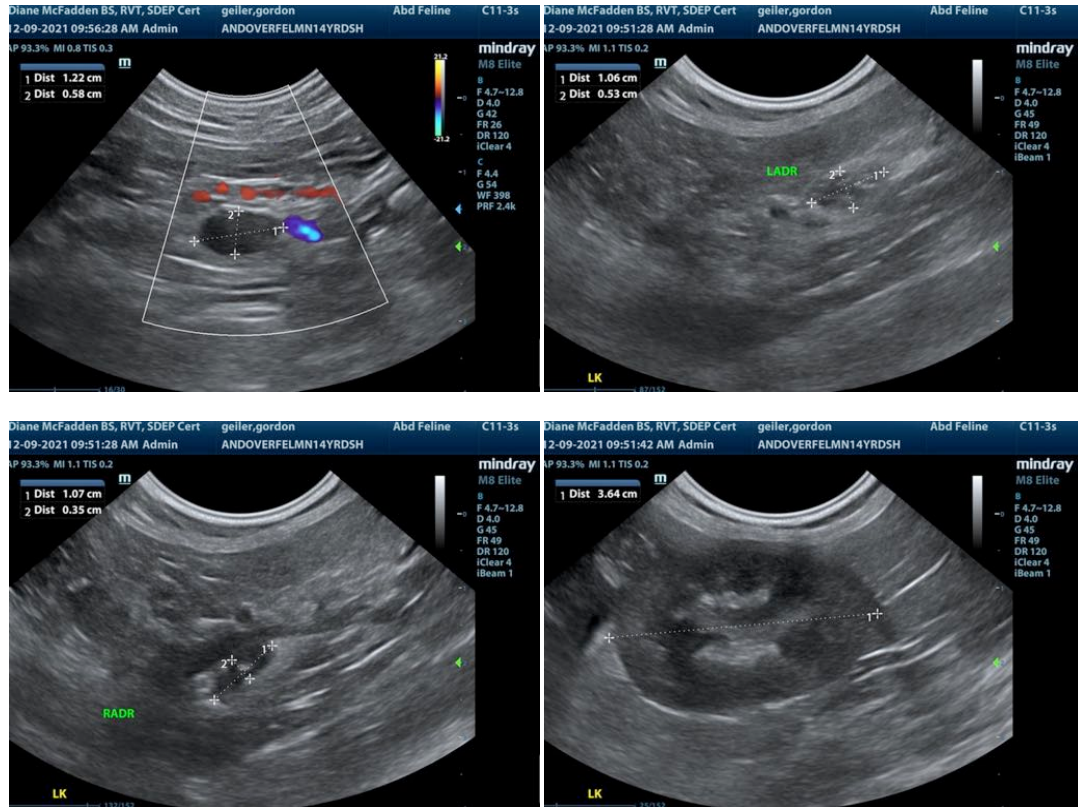
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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