



PATIENT PRESENTING CLINICAL SIGNS

Tobias Diamant

Azotemia, persistent diarrhea, anorexia
Abnormal PE/Chem/CBC/UA Results: BUN 202 >> 113 72 hrs post diuresis; Crea 7.4 >> 4.5 phos 17.2 >> 10.6 UA: sediment quiet, USPG 1.014

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 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.

SEX

Neutered male

The **kidneys** revealed thickened irregular cortices with pericapsular inflammation and regional infarcts. This is consistent with acute on chronic interstitial nephrosis. Mineralization was noted in both kidneys and was non-obstructive at the time of the sonogram. The left kidney measured 4.28 cm. The right kidney measured 3.52 cm.

AGE

12 years

WEIGHT

lbs

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 right adrenal gland measured 0.66 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING

PERFORMED BY

Diane McFadden, RVT

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.

HOSPITAL NAME

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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.

DATE

2/1/22



PATIENT

Gastrointestinal

Tobias Diamant

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.

SPECIES

Feline

BREED

Domestic Shorthair

Pancreas

The **pancreas** was heterogenous, hypoechoic and irregular. Ill-defined, surrounding omentum was noted. The right limb of the pancreas was hypoechoic, irregular and nodular.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Acute on chronic renal dystrophy.

AGE

12 years

Interstitial nephrosis infarcts and mineralization.

Chronic active pancreatitis potential for pancreatic neoplasia/carcinoma.

WEIGHT

lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV fluid protocol, pain management and broad spectrum antibiotics are all indicated. I recommend reassessment of the azotemia. Infectious and toxic agents should be considered. FNA of the hypoechoic portion of the left pancreatic limb is recommended to assess for underlying carcinoma.

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DABVP, Cert. IVUS

IMAGING PERFORMED BY

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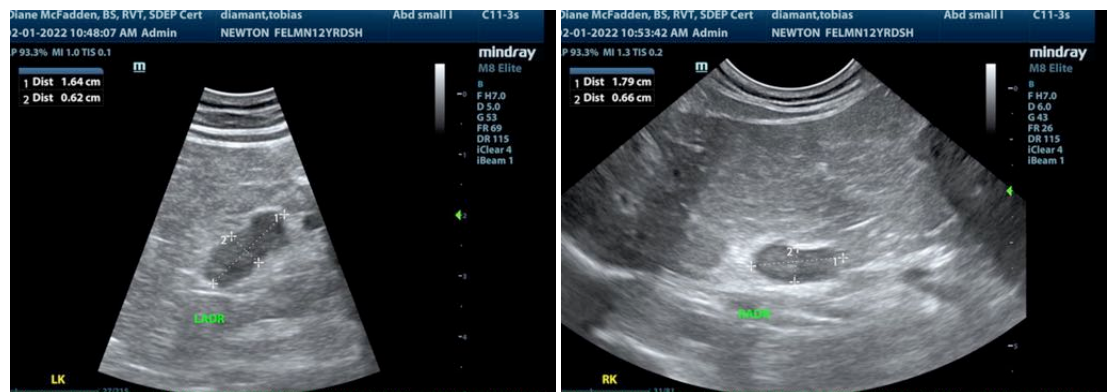
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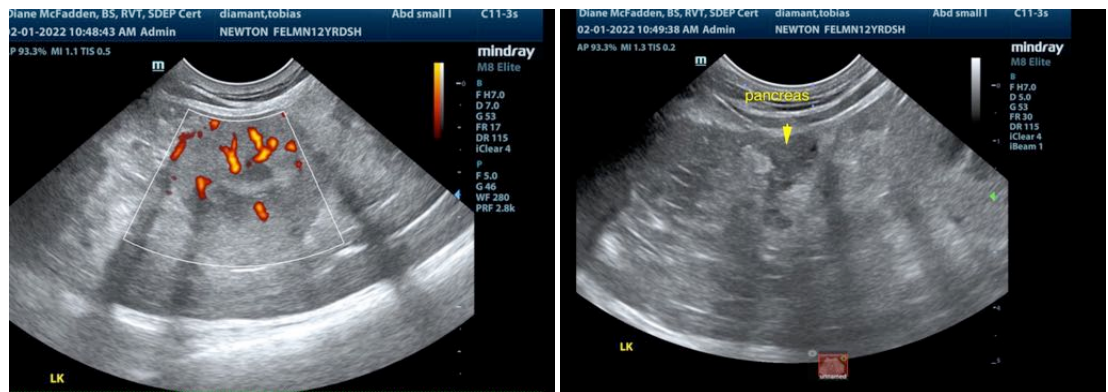
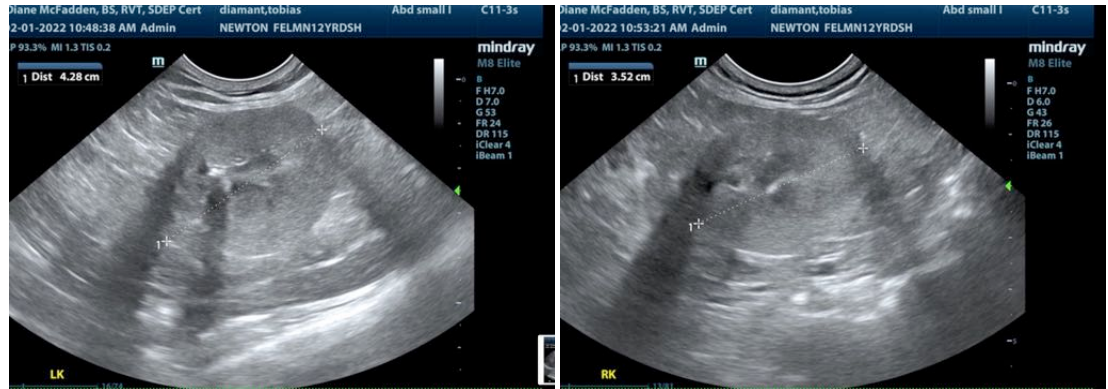
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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