



**PATIENT**

Iris McClish

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

7 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Lucas Budden

**HOSPITAL NAME**

Frontier Vet Hospital

**REFERRING VET**

Dr. Lucas Budden

**INVOICE**

35578

**DATE**

2/10/22

**PRESENTING CLINICAL SIGNS**

1/26/2022 weight 7.8# Vomiting for 4 days has kidney disease history of UTI's has lost weight in the past 2 weeks still interested in eating, but vomiting did eat this morning. seems more like regurgitation than vomiting, but O not sure On liquid prednisolone Started on Cerenia at this visit UTI diagnosed on UA and started on Veraflox today (2/10/2022) Really only eating very lightly to not at all no further vomiting since starting Cerenia, still lethargic On Cerenia on Veraflox Hx recurrent UTIs.  
Abnormal PE/Chem/CBC/UA Results: 1/27/2022 Urinalysis USG 1.017 White blood cell 4-10 Rods 26-50 Culture positive E.coli 1/26/2022 Amylase high 1284 BUN high 50 Creatinine high 2.5 recheck CBC/Chem today pending

**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 a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.4 cm with cortical infarct and collapse at the caudal pole. The right kidney measured 2.67 cm with pinpoint mineralizations noted, non-obstructive.

**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 0.36 cm at the caudal pole and 0.42 cm at the cranial pole. The left adrenal gland measured 0.36 cm.

**Spleen**

The **spleen** was slightly irregular in contour. Normal size at 0.78 cm.

**Liver**

The **liver** presented increased portal markings. The gallbladder and common bile duct were unremarkable.

**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 **pancreas** presented dilated duct and coarse architecture. The duct measured 0.2 cm. The left limb of the pancreas measured 0.66 cm.



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**ULTRASONOGRAPHIC FINDINGS**

- Prominent, irregular pancreas
- Structurally unremarkable gastrointestinal tract

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of foreign body or neoplasia. Treatment for pancreatitis/gastroenteritis warranted. Malassimilation of nutrients may be an issue. Endoscopy warranted given the patient history. Treatment for UTI warranted, given the pyuria/UTI presence.

**BREED**

DSH

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

**SEX**

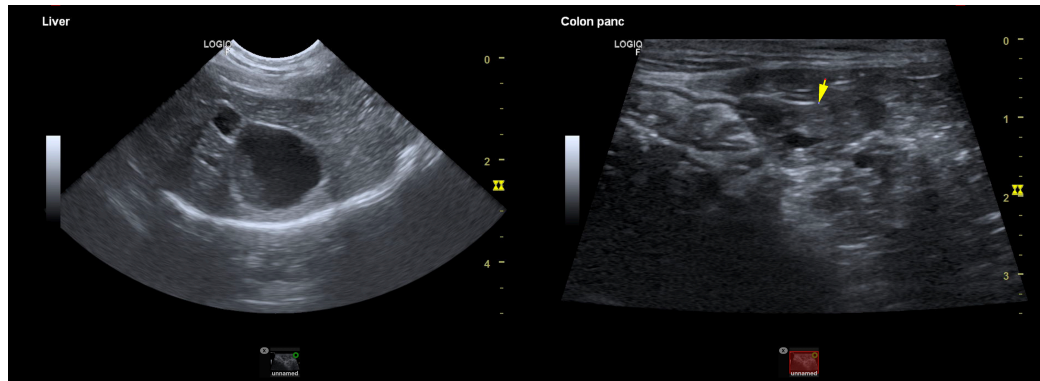
Spayed Female

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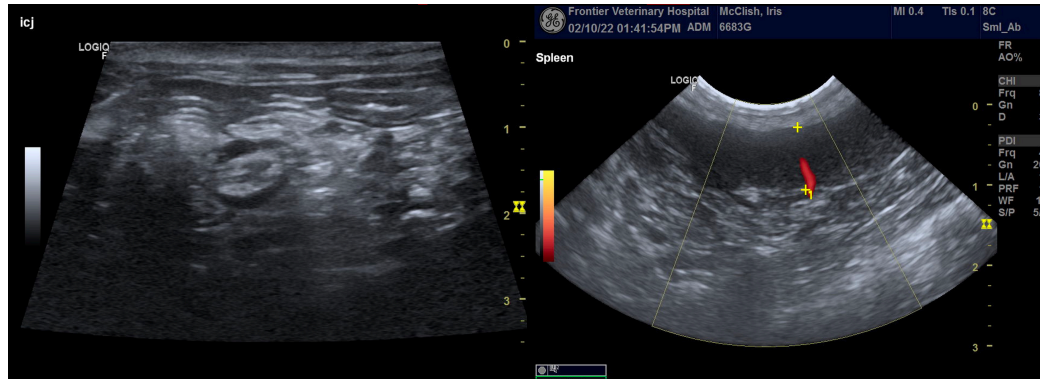
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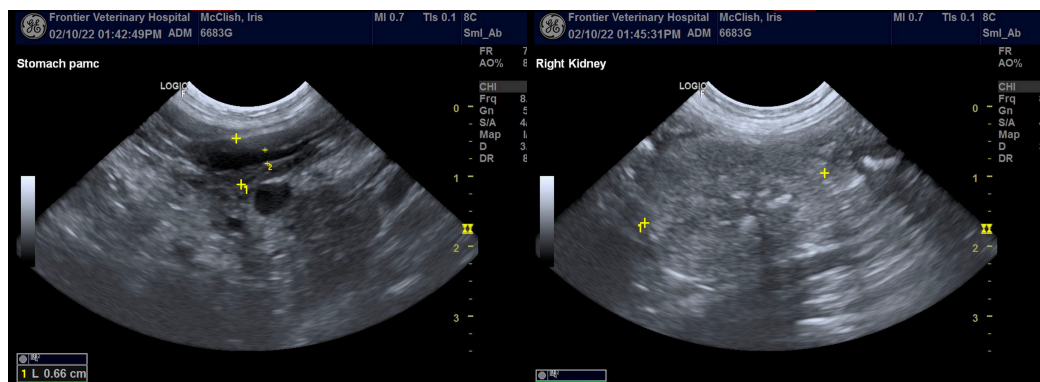


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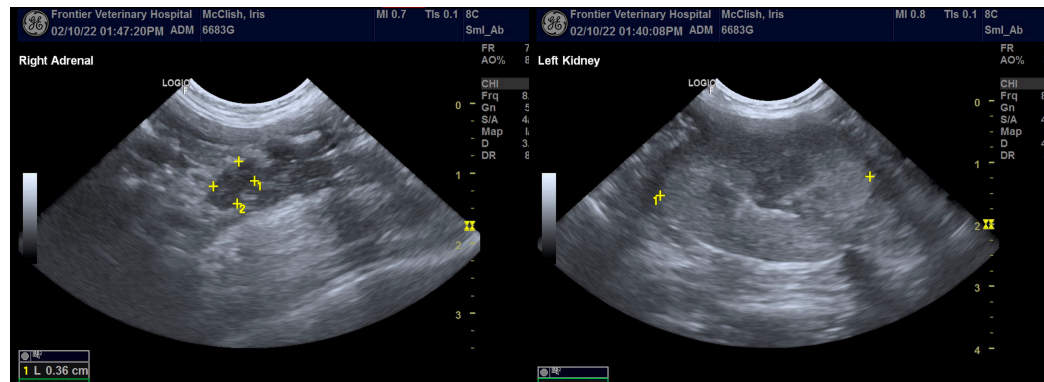
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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