



PATIENT PRESENTING CLINICAL SIGNS

Arvel Summers 7m ago with renal dysplasia- polycystic kidneys discovered today urinating blood clots and vocalizing within the last 2 weeks
 Abnormal PE/Chem/CBC/UA Results: BUN 41 (14-36) Amylase 1300 Creat 3.2 (0.6-2.4) Ca 10.5 (8.2-10.8), Alb 3.7 RBC 3.9 (5.9-9.9) HCT 21% pH 5.0, USG 1.015

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

7 lbs

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Moon

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Moon

INVOICE

96201

DATE

2/21/22

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed severe disrupted architecture. Polycystic changes were noted. The polycystic changes deviated and disrupted the renal pelvises. Pyelectasia was noted as well. The recognizable cortical tissue appeared to have significant remodeling. The left kidney measured 4.78 cm. The right kidney measured 4.8 cm.

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.

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 lobar biliary mineralization. Increased portal markings were present. The gallbladder was unremarkable. There was no evidence of post hepatic obstruction.

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.



PATIENT

Arvel Summers

Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct dilation was noted. The pancreatic capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered male

Polycystic renal disease with probable primary dysplasia.
Corticomedullary pelvic calculi were noted in the kidneys as well.
Biliary calculi.

AGE

8 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

7 lbs

Long term viability of the kidneys is a significant issue in this patient. 72 hour IV fluid protocol, urine culture and sensitivity as well as blood pressure measurements are recommended. Prognosis long term is poor.

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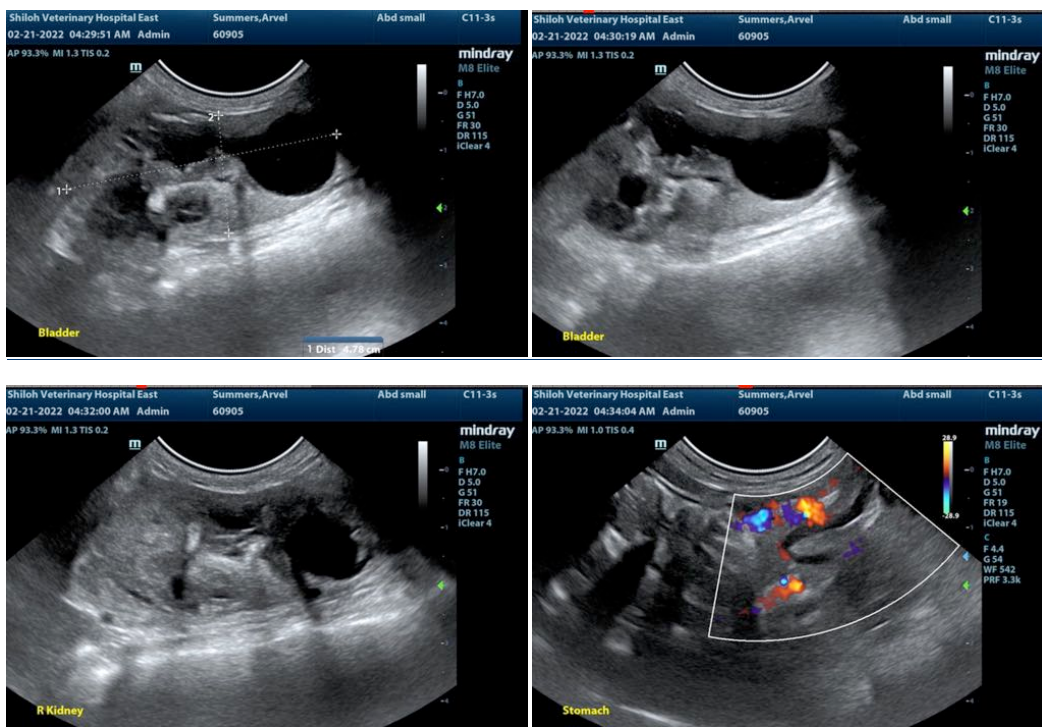
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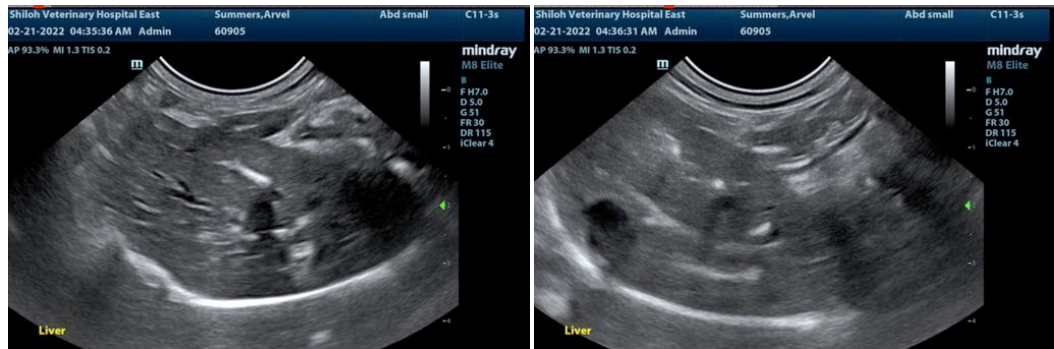
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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