



PATIENT

Charlie France

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

9.75 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Roath

INVOICE

14032

DATE

2/21/22

PRESENTING CLINICAL SIGNS

History: Not eating well. Weight loss. Unkempt. No history of vomiting or diarrhea.

Abnormal PE/Chem/CBC/UA Results: Chemistry = increase TP, decrease in albumin, increase in globulin. Gross hematuria.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** were mildly swollen with thickened cortices. The left kidney was mildly enlarged, measuring 4.0 cm. Slight pyelectasia was noted in the right kidney. The right kidney measured 4.0 cm. Slight right ureteral dilation noted at 2.0 mm.

Adrenal Glands

The **right adrenal gland** was 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 0.4 cm.

The region of the **left adrenal gland** revealed no evident pathology.

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.

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

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



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The left limb of the **pancreas** was hypoechoic and mildly irregular.

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Other

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The **transdiaphragmatic view** revealed comet tail lung pattern. Chest radiographs warranted to assess for alveolar pathology.

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

- Swollen kidneys
- Slightly prominent pancreas
- Nephritis pattern with pyelectasia of the right kidney and minor right hydroureter
- Comet tail lung pattern- chest radiographs warranted
- Unremarkable abdomen otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

Full urinary work up warranted. Assessment for proteinuria recommended. Coagulation panel and FNA of the left kidney would be warranted for further definition. No obvious evidence of neoplasia noted, however underlying dry form FIP, emerging lymphoma, infectious agents (such as toxoplasmosis or Bartonella) all possible. Subxiphoid palpation around the left limb of the pancreas warranted to assess for discomfort. Paralumbar palpation of the kidneys to assess for discomfort as well given the selling.

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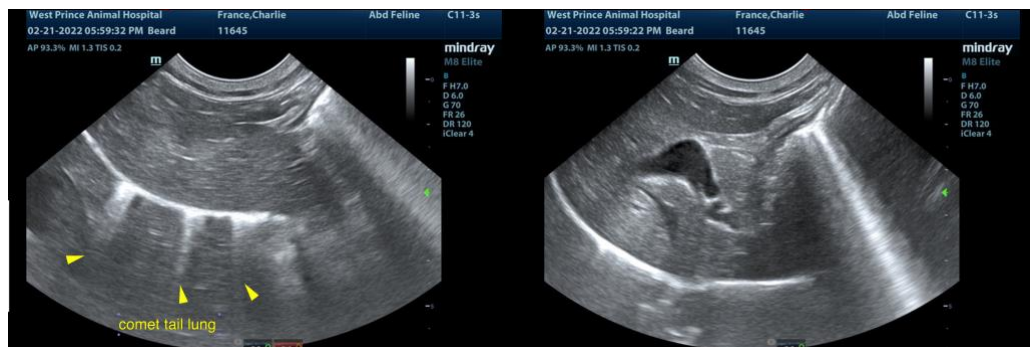
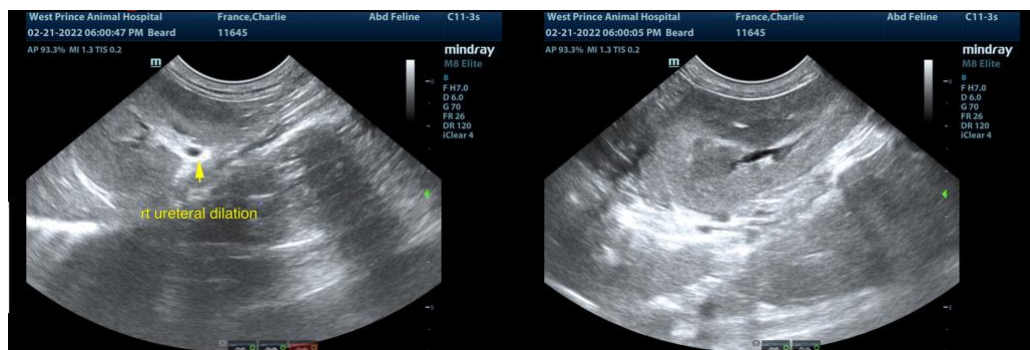
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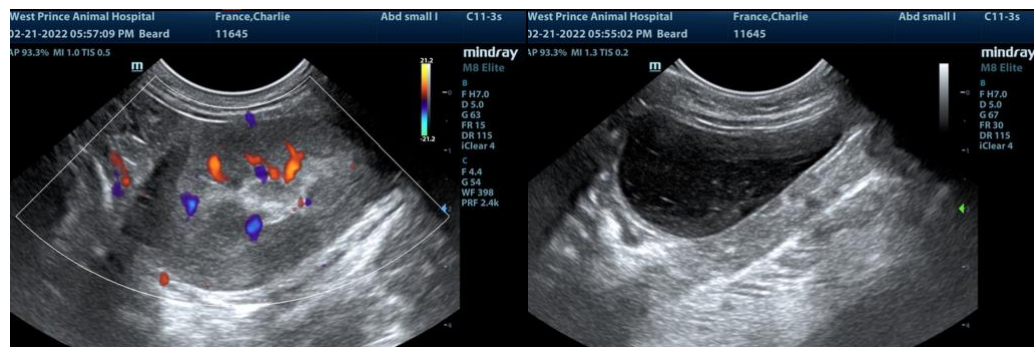
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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