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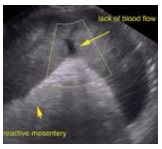
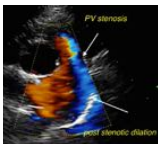
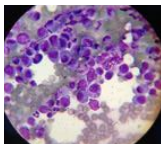
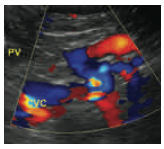

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1-800-838-4268 info@sonopath.com

PATIENT

Murgatroyd LaBolle

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

12 years

WEIGHT

14.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Green

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Green

INVOICE

96281

DATE

2/23/22

PRESENTING CLINICAL SIGNS

Presented due to hyporexia and lethargy
Abnormal PE/Chem/CBC/UA Results: PE: distended abdomen CHEM: amylase=1485 (300-1100) U/L, BUN=74 (10-30) mg/dL, Cr=3.1 (0.3-2.1) mg/dL usg=1.026, RBCs, WBCs noted in sediment, culture pending peritoneal effusion aspirate yielded serosanguinous fluid (TS=3.3 g/dL), cytology predominantly RBCs with occasional denegenerate neutrophils and macrophages, no overtly neoplastic cells appreciated

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** 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. Hyperechoic medullary rim was noted. Corticomedullary calculi were noted. 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 right kidney revealed cortical cysts and infarcts as well as pelvic calculi. Regional inflammation was noted around the right kidney.

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. The spleen measured 0.9 cm in width.

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.

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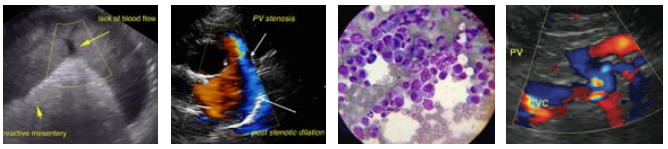

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Gastrointestinal

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** was poorly discernable owing to the nodular changes.

Free Abdomen

Free fluid was noted in the abdomen. Heterogenous changes were noted throughout the omentum in the region of the pancreas.

ULTRASONOGRAPHIC FINDINGS

Chronic end stage degenerative renal disease. Interstitial nephrosis pattern with cortical cysts, infarcts, calculi and medullary rim sign.

Nodular omental changes around the pancreas with regional free fluid. Concern for carcinomatosis, lymphomatosis or similar.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of passive congestion in the liver. I cannot justify the free fluid with a neoplastic process occurring. Exploratory surgery may be necessary for further definition. If A fresh cytospin was not performed upon the free fluid with immediate slide preparation, then I recommend repeating the fluid analysis from cytospin and immediate slide preparation to assess cytology and potentially obtain a fresher interpretation. Regardless, 72 hour IV fluid protocol, urine culture and sensitivity, blood pressure measurements and a recheck sonogram in 48-72 hours as well as reevaluation of the renal values would all be valid.

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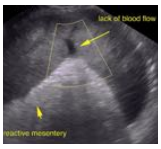
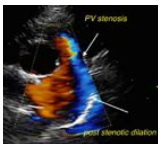
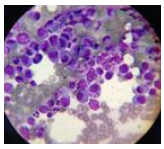
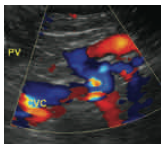

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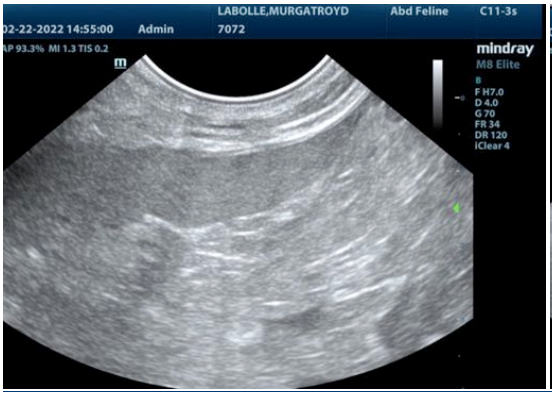

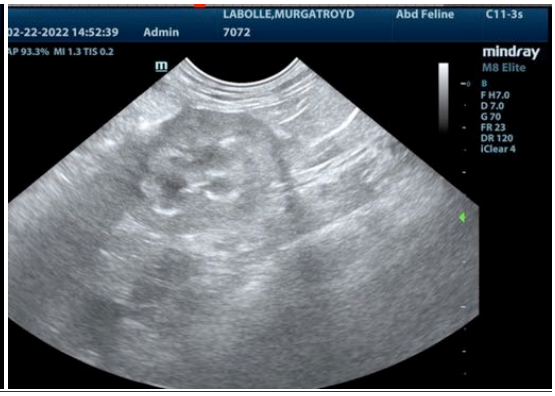

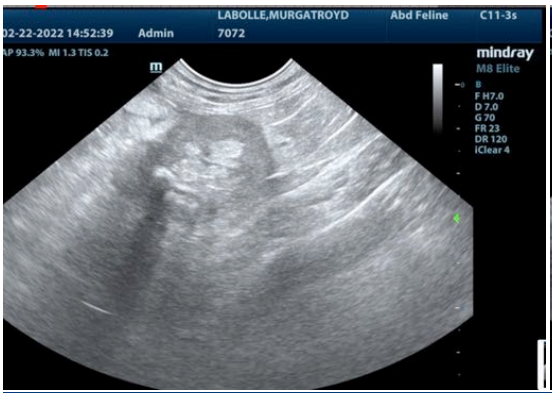

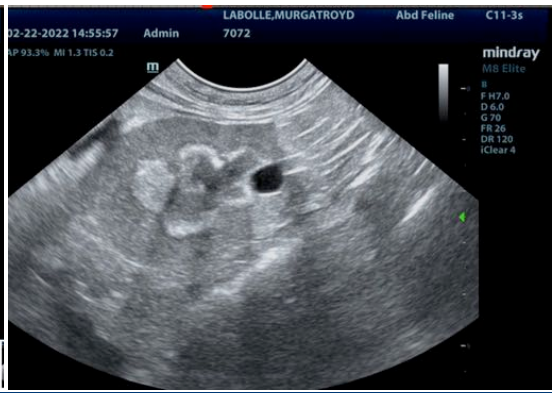

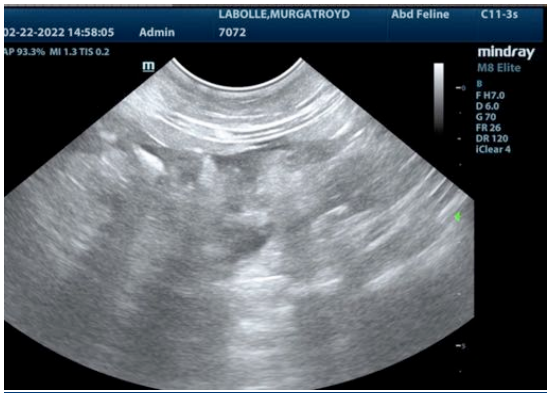

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com