



PATIENT

Marie Van Ooyen

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed Female

AGE

11 years

WEIGHT

4.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Poulsen

INVOICE

96331

DATE

2/24/22

PRESENTING CLINICAL SIGNS

Presented 1 month ago for vomiting and a tense abdomen for duration of 36 hours. Bloodwork performed at that time showed mild-moderate hemoconcentration and pre-renal azotemia but otherwise unremarkable. Owner elected supportive care and pet has done well. 2 days ago, started vomiting again but still wanting to eat.

Abnormal PE/Chem/CBC/UA Results: Temp 103.1, very nervous/anxious. Repeated lab work today. CBC- HCT 53.1%, HGB 21.7, Eos 0.04 Chem - Cre 1.6, SDMA 10, phos 3.2, K 4.4, TP 6.8, Alb3.1, GGT 9 UA - USG >1.040, urine protein 100mg/dL, >50 rbc/hpf Endocrinology - TT4 1.5

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Hyperechoic medullary rim sign was noted in both kidneys. Pelvic calculus was noted in the left kidney and measured 0.3 cm. Corticomedullary calculi were noted in both kidneys. The left kidney measured 3.5 cm. The right kidney measured 4.0 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. The left adrenal gland measured 0.5 cm.

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.



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Liver

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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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Gastrointestinal

Fluid stasis was noted in the **stomach**. The intestines were 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.

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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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Free Abdomen

A large amount of abdominal fat was noted in this patient.

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ULTRASONOGRAPHIC FINDINGS

Idiopathic medullary rim kidney with left renal pelvic calculus, non-obstructive at the time of the sonogram.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The patient may be passing small calculi periodically. Given the hematuria and clinical history the patient may have passed a calculus recently, yet is non-obstructive at the time of the sonogram. Renal palpation is recommended to assess for discomfort.

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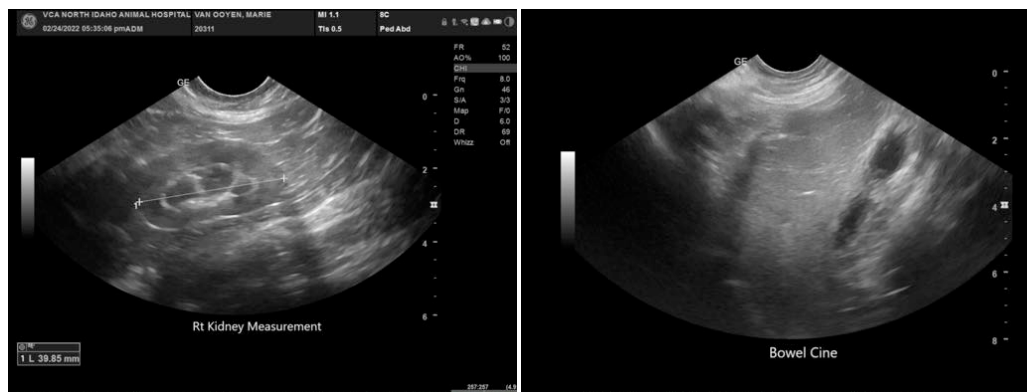
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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