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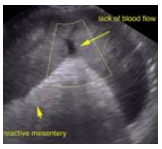
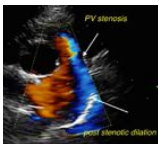
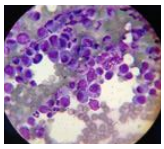
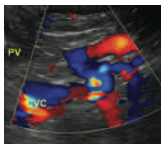

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PATIENT
Shasta Thompson

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
12 years

WEIGHT
10.18 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Budden

HOSPITAL NAME
Frontier VH

REFERRING VET
Dr. Budden

INVOICE
96309

DATE
2/24/22

PRESENTING CLINICAL SIGNS

Recently hospitalized at local ER for acute renal failure (2/15/2022, creat 8.6). After 3 days on IV fluids creat came down to 2.5. Phosphorous and potassium normalized. Discharged 2/18/2022. Recheck 3 days after discharge (2/21/2022) due to poor appetite (eating maybe 25% normal) and decreased thirst despite Cerenia and Elura administration. Creat 2.6, P and K normal at that time.
CBC/chem 2/21/2022 Amylase high 1662 BUN high 67 Creat high 2.6 Glucose high 157 K and P WNL
UA/culture collected 2/22/2022 pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 **left kidney** was normal in size and contour with minor, non-specific, increased cortical echogenicity. The left kidney measured 3.8 cm with mild pyelectasia. The right kidney measured 3.8 cm with similar changes to the left 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. The left adrenal gland measured 0.4 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. The spleen measured 0.68 cm.

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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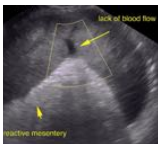
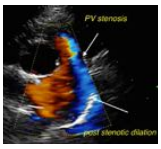
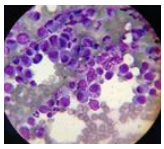
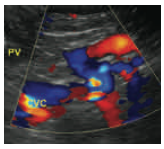

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Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

The **pancreas** was hypoechoic and mildly irregular. Minor, enhanced surrounding mesentery was noted. This is suggestive for inflammation and measured 0.88 cm on the left limb.

ULTRASONOGRAPHIC FINDINGS

Non-specific, mild degenerative renal changes.

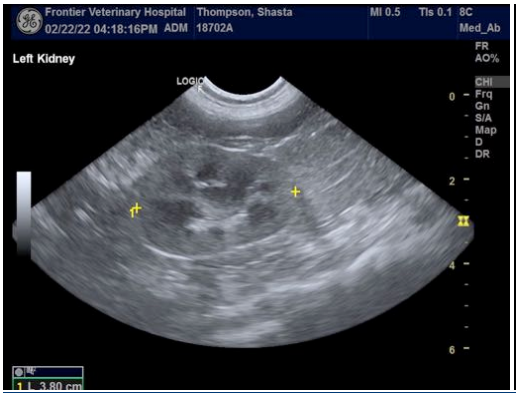
Mild pancreatitis pattern.

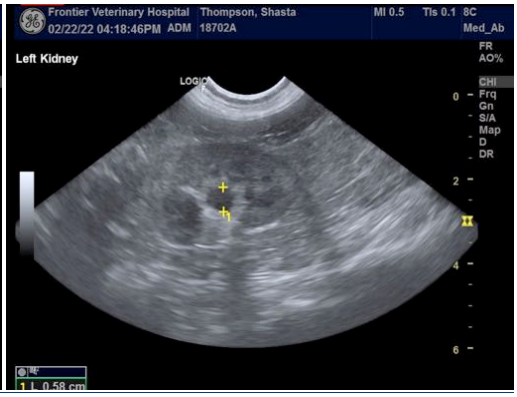
Minor intestinal thickening.

Renal pyelectasia may be owing to fluid therapy or possible UTI/pyelonephritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. Both pre-renal and renal issues are likely playing a role in this patient. The kidneys do not appear end stage. Therefore, acute insult such as infectious or toxin exposure should be considered. There was no evidence of neoplasia. Persistent IV fluid support/maintenance of hydration, pain management, broad spectrum antibiotics and nutritional support is all indicated.





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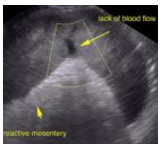
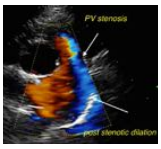
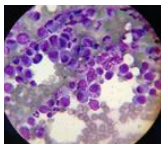
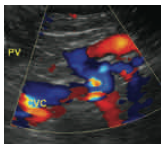

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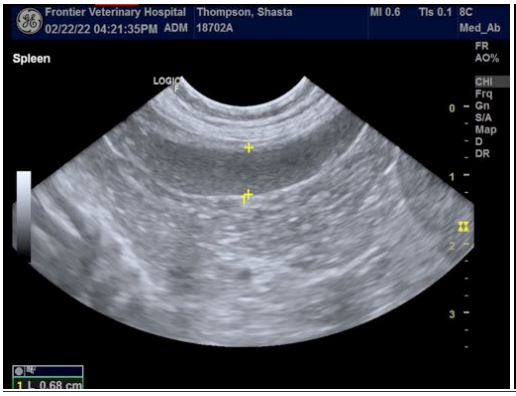

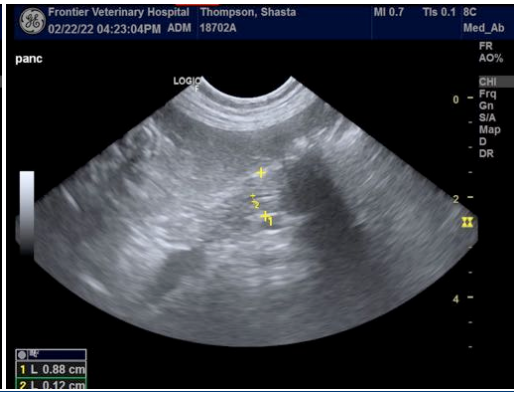

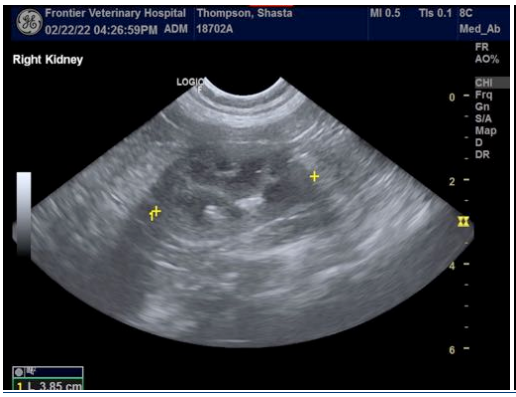

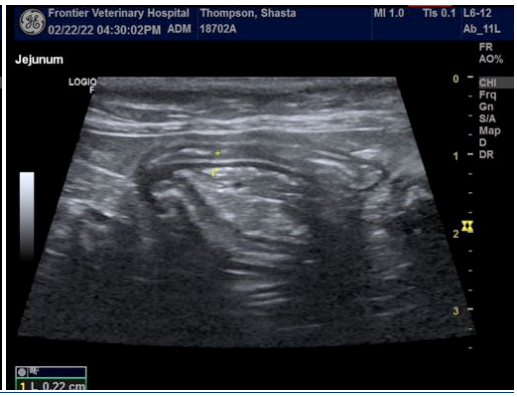

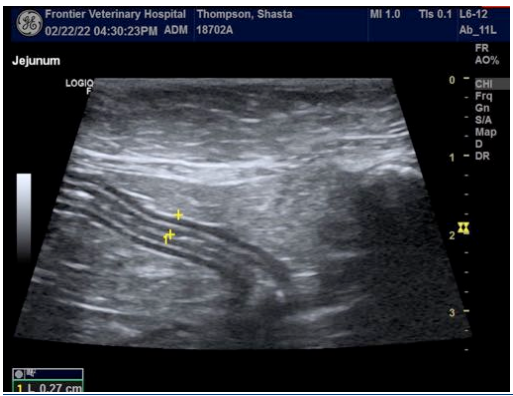

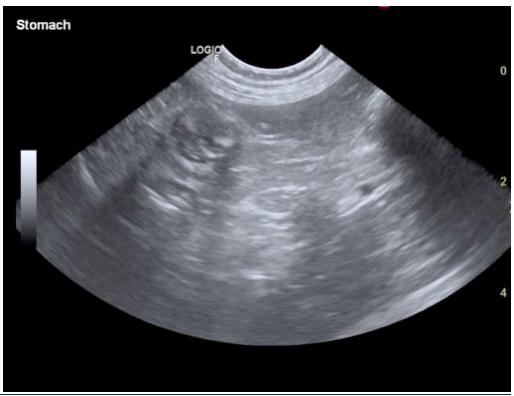

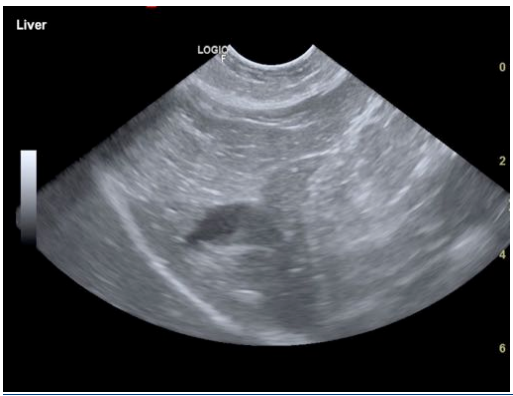

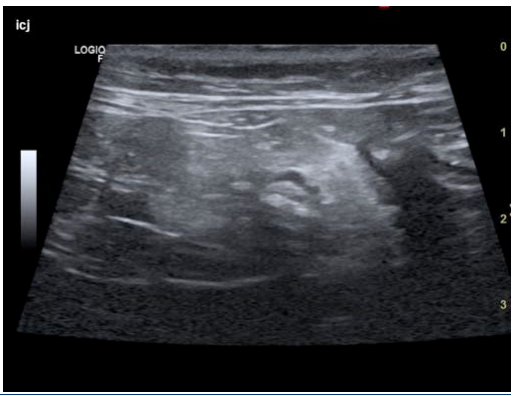

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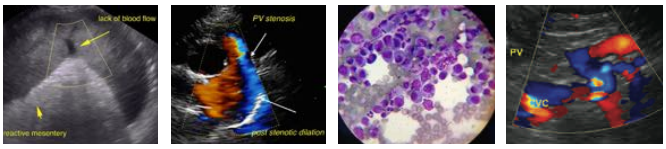

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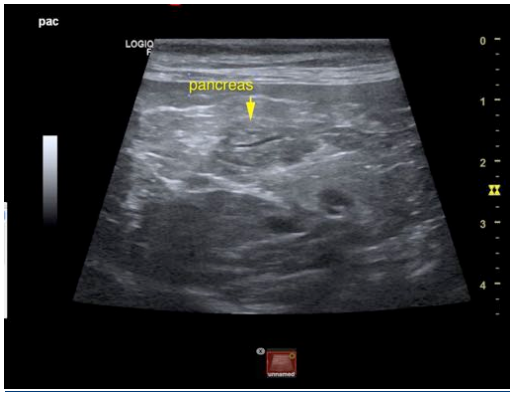

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com