

**DATE PRESENTING CLINICAL SIGNS**

2/4/22

History: PU/PD, eating less than normal, Has lost additional weight since last visit. Seems to be slowing down in general. Concern for metabolic/endocrine disease. Chronic kidney disease considered most likely. Urine shows significant hematuria with increased epithelial cells; concentrating ability appears fairly good. Concern for bladder wall neoplasia vs poly/embedded stone. Recommend abdominal ultrasound to further evaluate bladder and kidneys.

PATIENT

Alex Barocas

SPECIES

Feline

Lab Results: urine shows significant hematuria with increased epithelial cells. Concentrating ability appears fairly good. USG 1.033, red cells, 3+ blood, 2+ protein
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

BREED

Sedation: 0.25cc 5mg/ml midazolam, 0.1cc 10mg/ml torb IV

DSH

Stat Report: Not requested.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****AGE**

5/1/05

The **urinary bladder** revealed sand and small calculi up to 0.39 cm.**WEIGHT**

12.5 Pounds

The **kidneys** presented an interstitial nephrosis pattern with corticomedullary calculi. The largest calculus in the right kidney measured 0.22 cm, non-obstructive. The right kidney measured 5.07 cm, mildly swollen with slight pyelectasia of 0.11 cm. The left kidney was dystrophic presented pelvis dilation of 0.74 cm. Multiple infarcts and mineralization noted in the left kidney. Pelvic calculus in the left kidney measured 0.4 cm. Peripheral inflammation present. The left kidney measured 3.59 cm. Blood flow to the left kidney was minimal.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands****IMAGING PERFORMED BY**

Rachel Brilhart RDMS

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 0.45 cm.

HOSPITAL NAME

Festival Vet Clinic

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.

REFERRING VET

Dr. Beron

Liver**INVOICE**

35492

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Hypoechoic nodular changes noted, ill-defined, the largest of which measured 1.5 cm. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but

should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall with 1:1 muscularis/mucosal ratio. Intestinal wall thickness measured 0.3 cm. 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

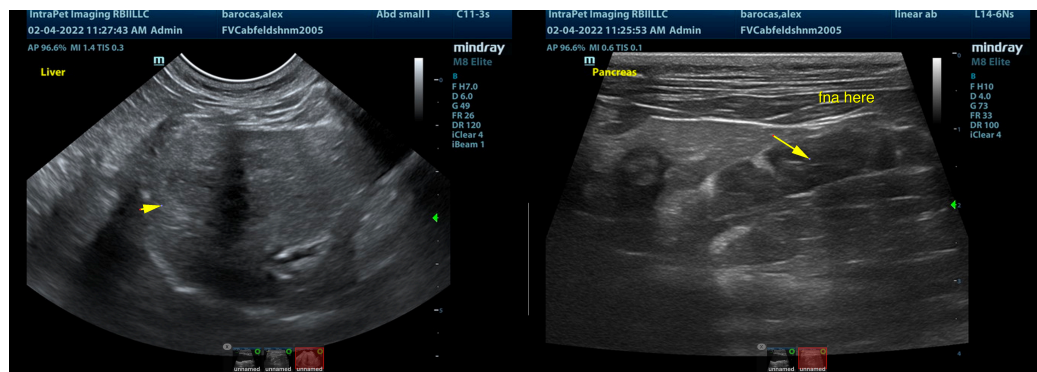
The **pancreas** was hypoechoic, nodular and irregular with undulating contour and enhanced surrounding mesentery, mildly excessive.

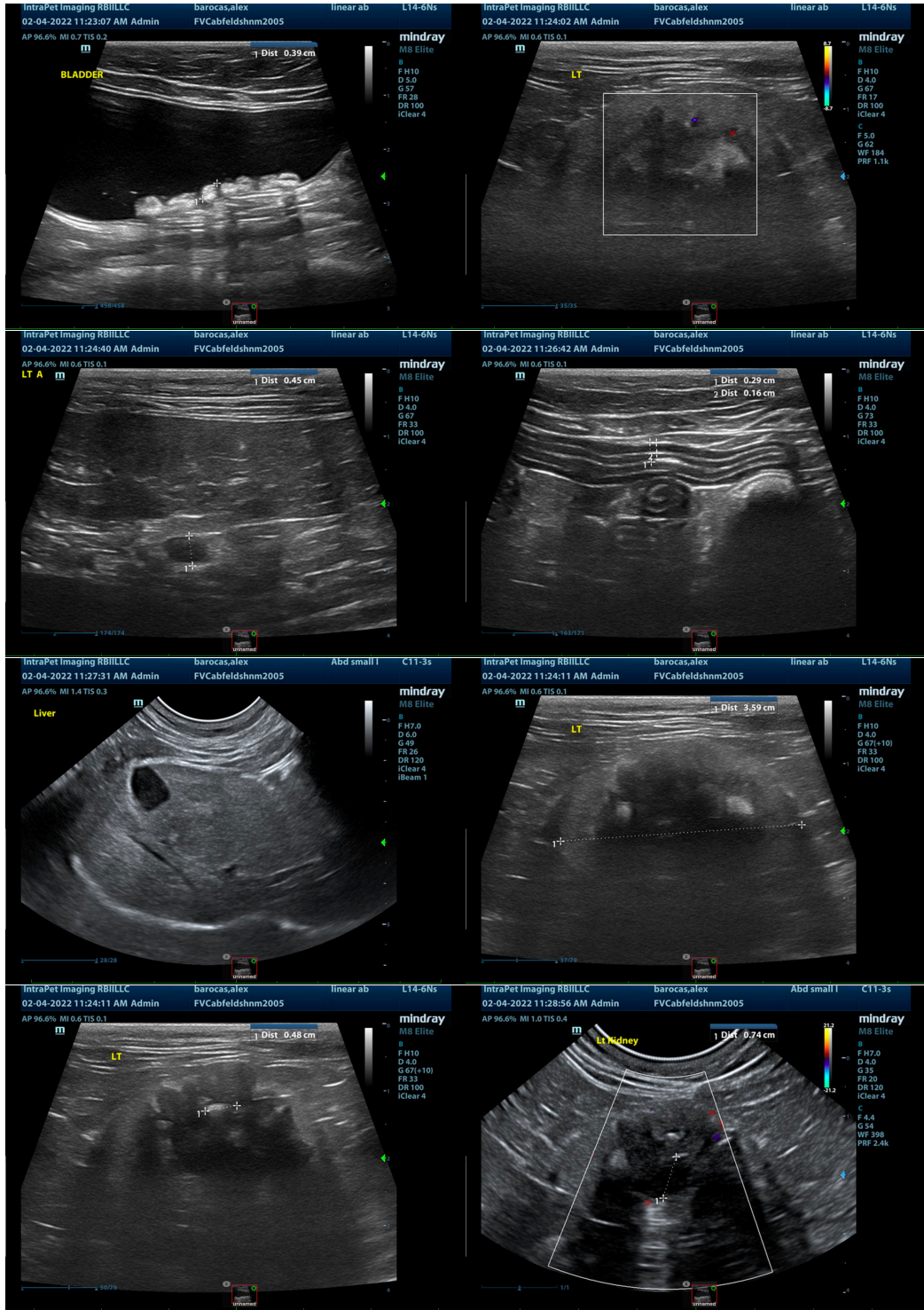
ULTRASONOGRAPHIC FINDINGS

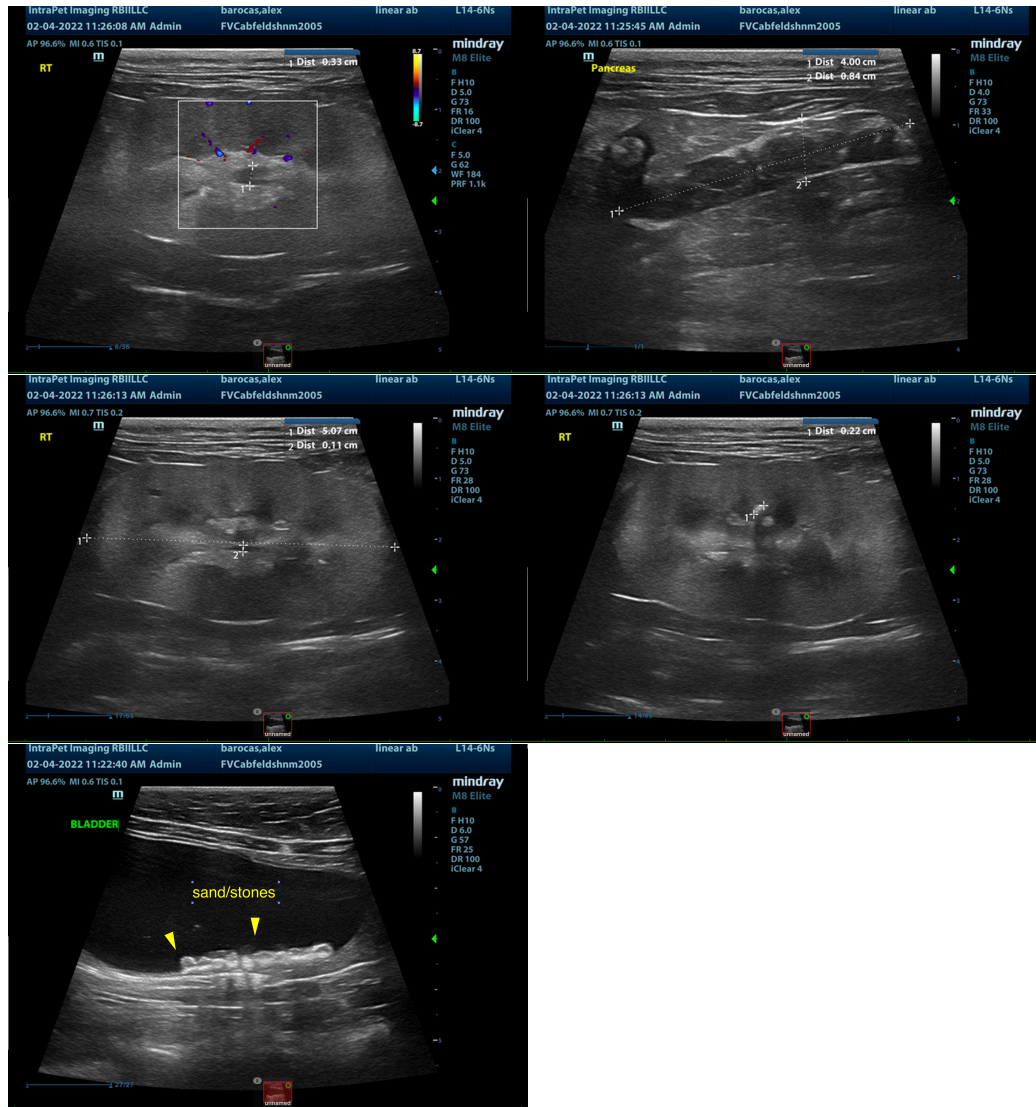
- Chronic interstitial nephrosis - compensatory hypertrophy of the right kidney with pyelectasia and slight mineralization, dystrophic left kidney with pyelectasia, infarcts and mineralization, non-obstructive at the time of the sonogram.
- Bladder sand and small calculi - Likely passage of calculi from the kidneys to the bladder occurring frequently in this patient.
- Age related hepatic changes with remodeling
- Nodular, irregular pancreas - Mild potential for pancreatic neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup indicated. FNA of the liver and pancreas recommended, given the nodular changes in both organs to ensure neoplasia is not an issue. Eventual cystotomy, stone analysis and culture indicated +/- GI and hepatic biopsies.







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.

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