

**DATE**

2/4/22

PRESENTING CLINICAL SIGNS

History: Lethargic, kidneys subjectively bigger.

PATIENT

Oliver Leija

Lab Results: Pending.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**The **urinary bladder** presented a minor amount of debris.**SEX**

Neutered Male

The **kidneys** were swollen. 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 left kidney measured 3.99 cm. Pyelectasia (0.6 cm) was noted in the right kidney. The right kidney measured 4.32 cm. Slight cortical remodeling and infarcts noted. Blood flow to the kidneys was subnormal on power doppler assessment.

AGE

4/13/17

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 right adrenal gland measured 0.5 cm. The left adrenal gland measured 0.68 cm.

WEIGHT

8 Pounds 3.6 Ounces

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

HOSPITAL NAME

Festival VC

Liver

The **liver** revealed coarse architecture and increased portal markings. The gallbladder and common bile duct were unremarkable.

REFERRING VET

Dr. Ullman

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.

INVOICE

13794

Pancreas

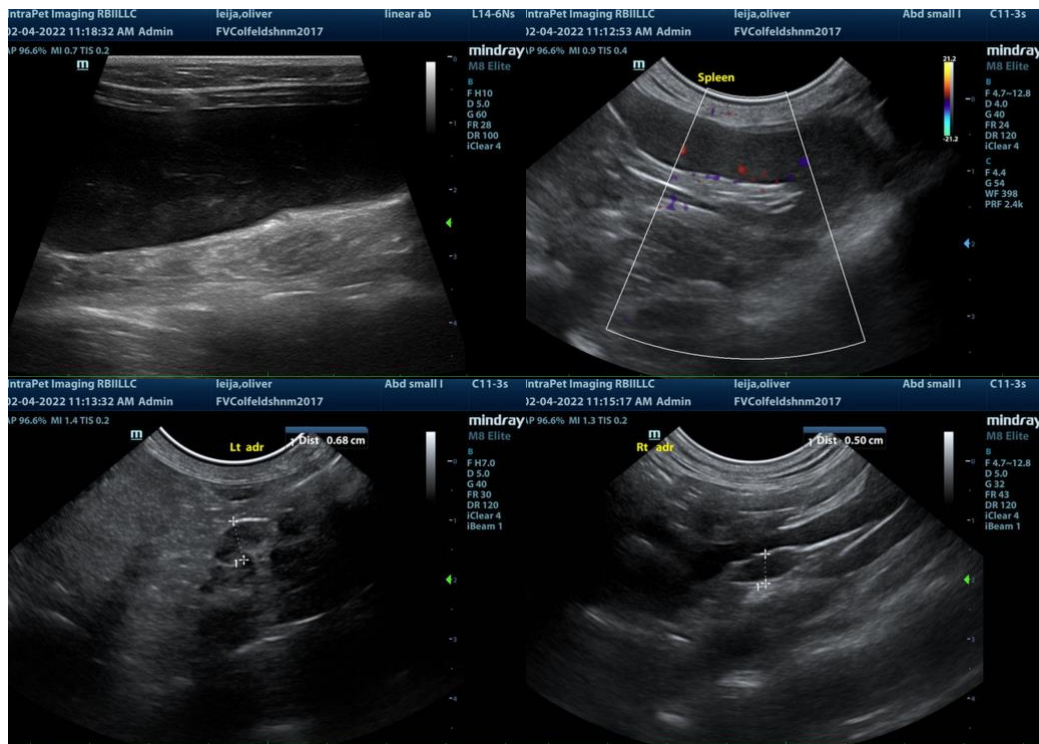
The **pancreas** was hypoechoic. The pancreas measured the upper limits of normal size, measuring 0.74 cm. Slight duct dilation was noted, measuring 0.12 cm.

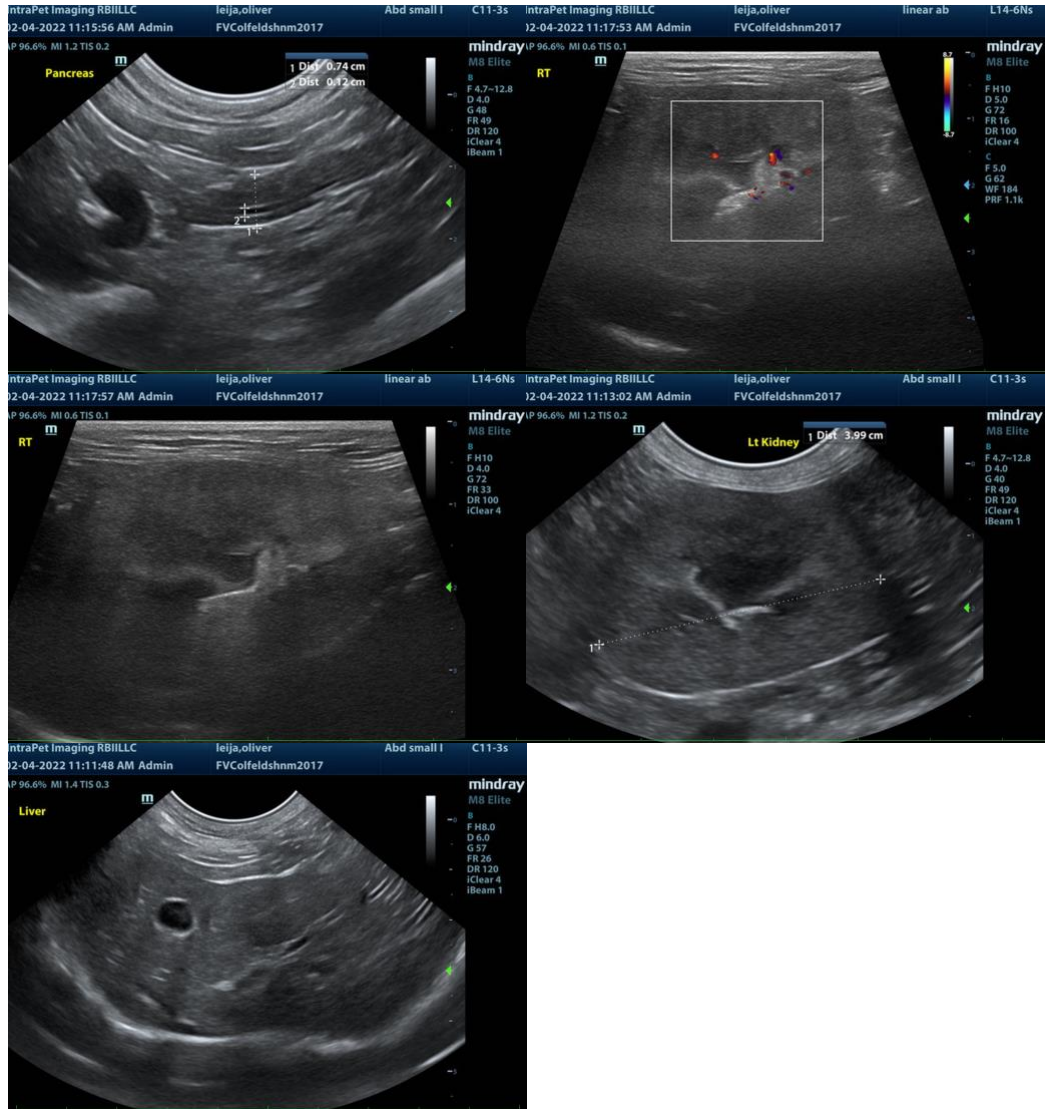
ULTRASONOGRAPHIC FINDINGS

- Interstitial nephrosis renal pattern
- Urinary bladder debris
- Mild hepatic remodeling
- Spleen, scalloping contour, likely a reactive state
- Prominent pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm most concerned about the kidneys long term in this patient. At this age, this is an early degenerative process. Renal values and inflammatory sediment should be monitored periodically. If any evidence of UTI is present, then the pyelectasia in the kidneys may indicate pyelonephritis. No neoplastic criteria met. Full urinary work up warranted. If any inflammatory sediment is present, treatment for pyelonephritis warranted.





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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