



PATIENT

Boo Radley McGuire

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10

WEIGHT

8.4

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

21024

DATE

2/6/23

PRESENTING CLINICAL SIGNS

History: recheck prev u/s on 12/16 showed geriatric abd interstitial nephrosis pattern low grade pancreatic inflammation Cat is still vomiting intermittently

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 were noted. Ureteral papillae were normal.

The **kidneys** revealed an interstitial nephritis pattern, similar to the prior sonogram. Loss of corticomedullary definition was noted. The right kidney measured 4.06 cm. The left kidney measured 4.15 cm. Blood flow appeared to be subnormal on power doppler assessment.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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.

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.

Gastrointestinal

The **stomach** was severely overdistended with fluid. Fair gastric stasis was noted. The pylorus was patent, as was the upper duodenum. No evident cause of obstruction. Pyloric dysfunction or metabolic ileus suspected.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS



PATIENT

Boo Radley McGuire

- Chronic interstitial nephrosis pattern
- Delayed gastric outflow/gastric ileus pattern with structural obstruction
- Age-related pancreatic changes

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72 IV fluid protocol, endoscopy, mucosal biopsies and inspection of the pylorus would be ideal.

BREED

DSH

SEX

Neutered Male

AGE

10

WEIGHT

8.4

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

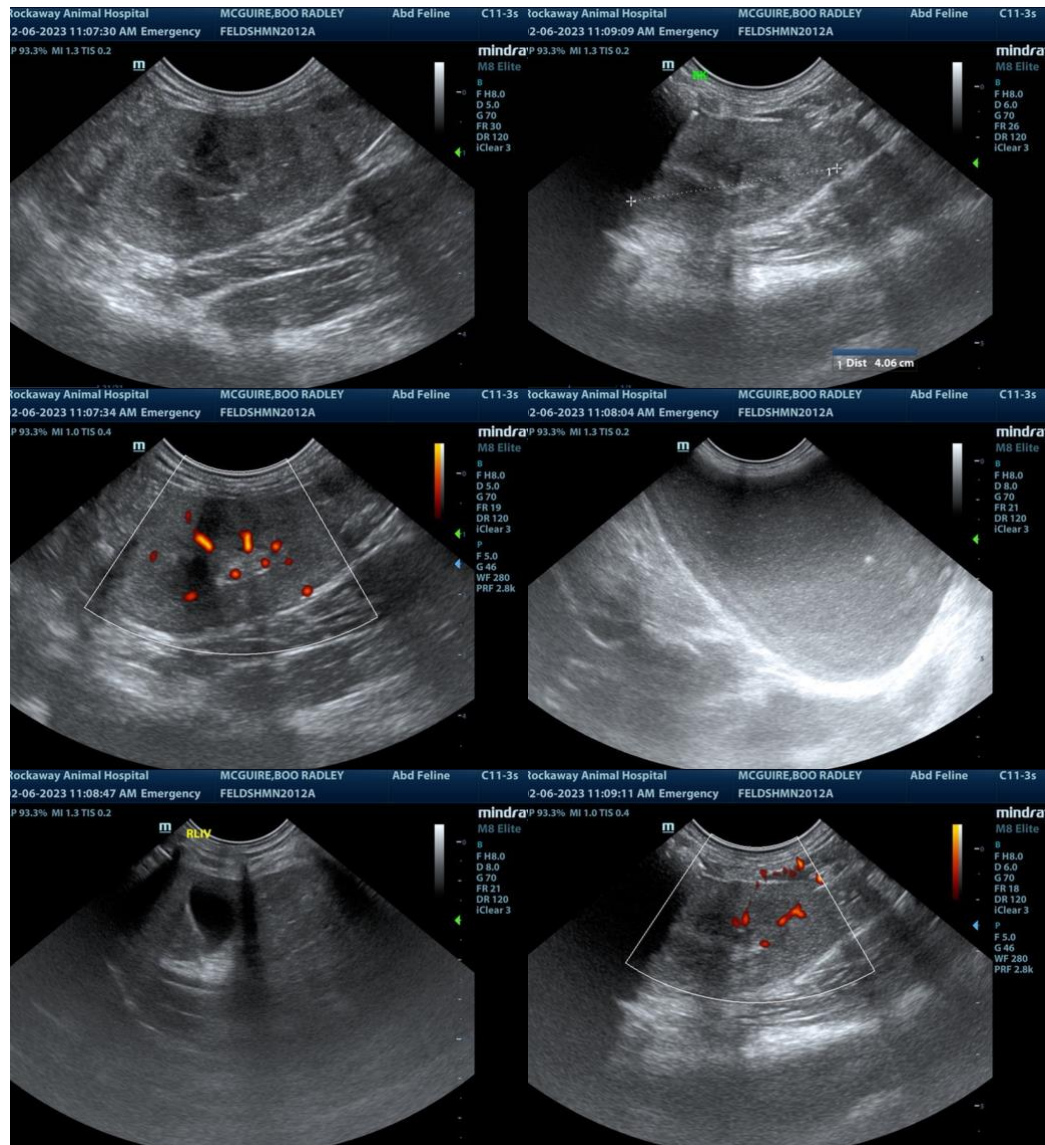
Dr. Maniar

INVOICE

21024

DATE

2/6/23





PATIENT

Boo Radley McGuire

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10

WEIGHT

8.4

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

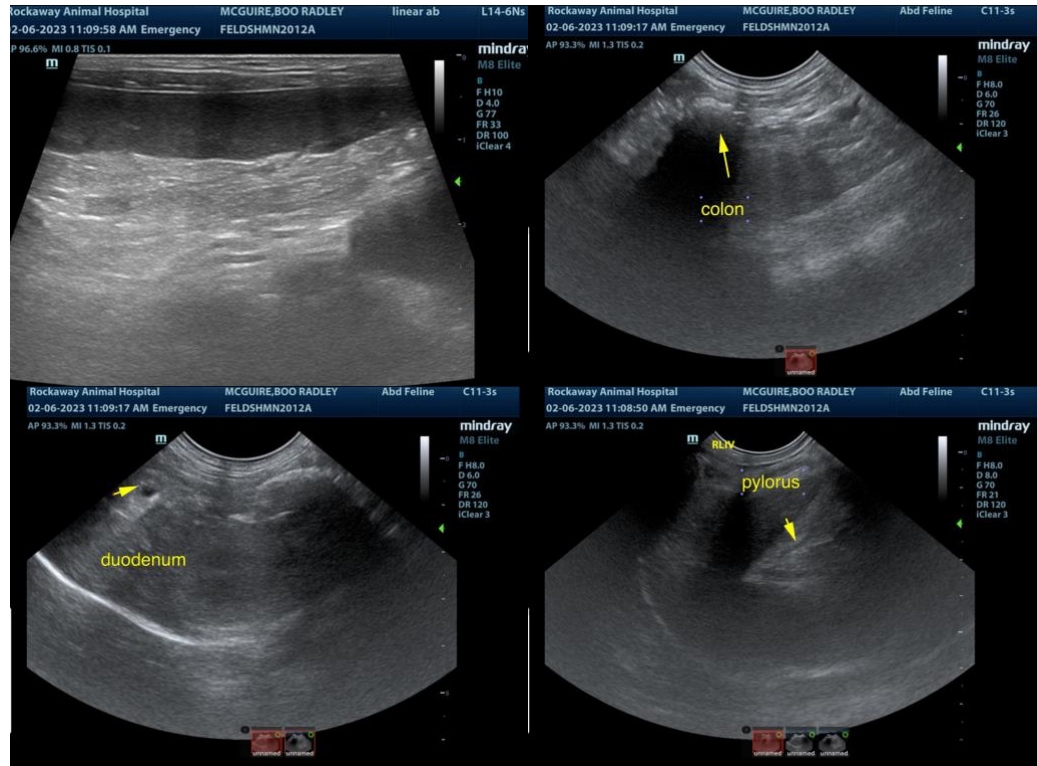
Dr. Maniar

INVOICE

21024

DATE

2/6/23



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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com