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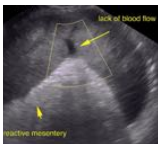
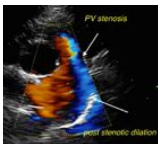
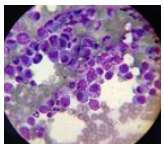
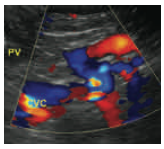

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Zoli Hellenbrand

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
11 years

WEIGHT
9.1 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
M Kermendy, CVT

HOSPITAL NAME
Wauwatosa Vet

REFERRING VET
Dr. Binor

INVOICE
95855

DATE
2/7/22

PRESENTING CLINICAL SIGNS

Was seen on 2/4/22 for a wellness exam. History of hyperthyroidism since Jan 2021. Owner repeated she is fine, doing well at home. On abdominal palpation there was concern for a large abdominal mass. Brief ultrasound was concerning for hydronephrosis. Since ultrasound was brief it appeared to be affecting both kidneys, but we believe we found a small right kidney on todays ultrasound. Imaging to confirm hydronephrosis and check the status of the ureters for obstruction and bladder for mass effect. CBC/Chem/T4- T4=3.2 but she didn't receive her medication that morning. Rest of panel indicated basophilia=0.72 (0.01-0.26), otherwise NSF BUN=23(16-36) Creat=2.0(0.8-2.4) BUN/Creat ratio=12 SDMA=10(0-14) Potassium=4.5(3.5-5.8)

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.

A 9.0 cm hydronephrotic left **kidney** was noted with no residual cortical architecture. Echogenic debris was noted. The cause of hydronephrosis is unclear. The right kidney presented mildly subnormal size.

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.

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.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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.

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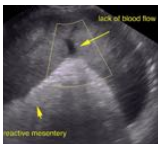
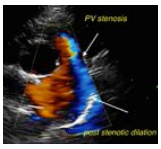
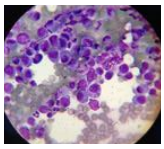
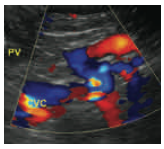

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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. The mesenteric lymph nodes were slightly enlarged and reactive.

Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

Hydronephrotic left kidney, cause unknown. Pelvic obstruction, scarring and congenital malformation are all possible.

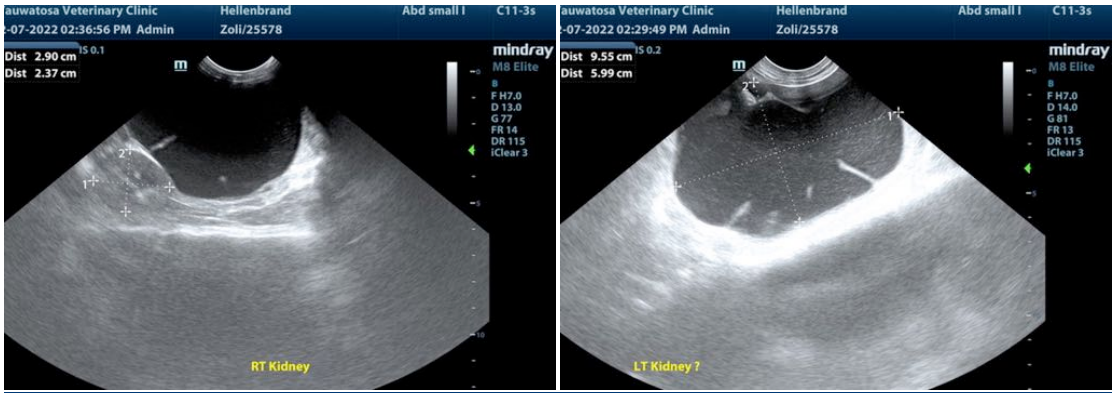
Unremarakble right kidney.

Minor intestinal thickening.

Otherwise, age related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend left nephrectomy in this patient as the echogenic debris may be a sign of harbored infection. Intestinal biopsies can be considered as well given the minor intestinal thickening and the convenience of the procedure.



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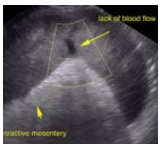
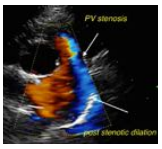
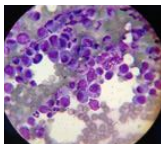
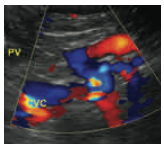

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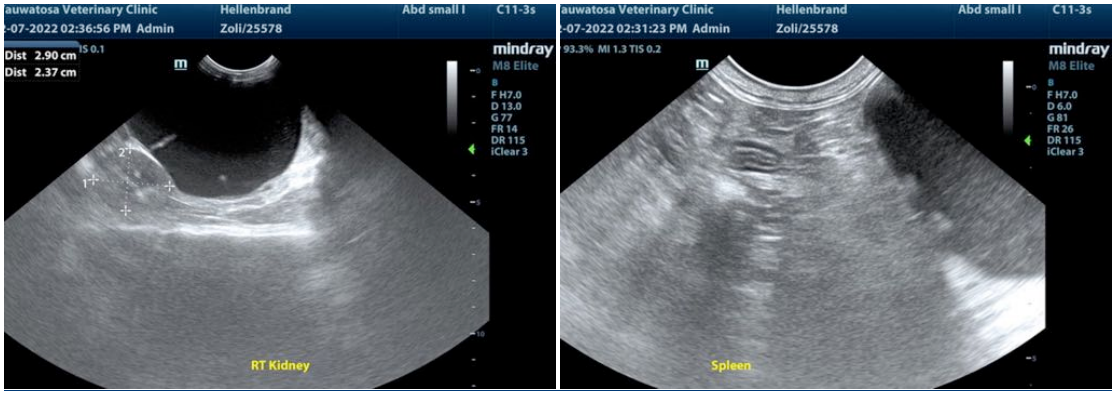

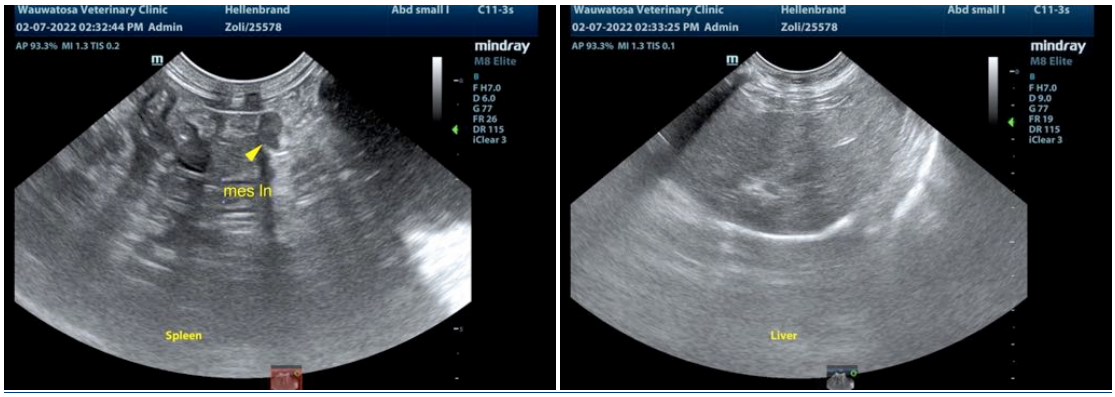

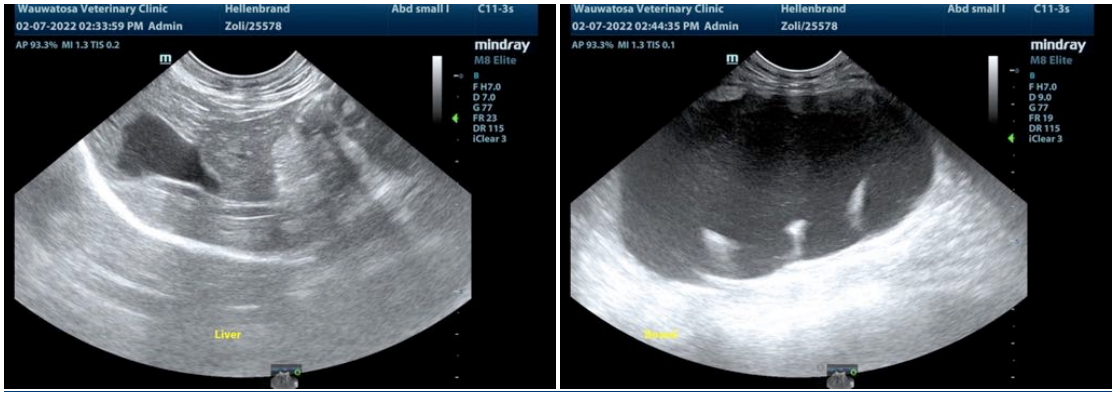

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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