



PATIENT PRESENTING CLINICAL SIGNS

Jupiter Osborne

History: Vomiting yesterday and was in the litter box and appeared to be constipated or uncomfortable. Constipation noted on radiographs, Still eating and drinking. No diarrhea. Ultrasound recommended due to blood work results

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: CBC- MCH 18.0 (12.6 - 16.5) pg Neutrophils 26.88 (2.62 - 15.17) K/ μ L Bands 840 (0 - 300) / μ L, Lymphocytes 0 (0.85 - 5.85) K/ μ L Eosinophils 0 (0.09 - 2.18) K/ μ L Chem- Glucose 204 (72 - 175) mg/dL SDMA 37 (0 - 14) μ g/dL Creatinine 3.7 (0.9 - 2.3) mg/dL BUN 68 (16 - 37) mg/dL Anion Gap 27 (12 - 25) mmol/L Urine SG 1.013

BREED

Burmese

SEX

Neutered male

AGE

14 years

WEIGHT

8.96 lbs

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.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. 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. Pyelectasia was noted in the right kidney. Both kidneys measured 3.5 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **adrenal glands** were not visualized.

IMAGING PERFORMED BY

Dr. Gramazio

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.

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. Gramazio

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 duct was slightly tortuous. This is an age related change without evidence of pathology. The common bile duct was normal and measured 0.3 cm.

INVOICE

42666

DATE

2/8/23



PATIENT

Jupiter Osborne

SPECIES

Feline

BREED

Burmese

SEX

Neutered male

AGE

14 years

WEIGHT

8.96 lbs

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.

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

Non-specific, moderate degenerative renal changes with age related cystic duct tortuosity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am most concerned about the long term viability in the kidneys in this patient. The GI changes are likely secondary to azotemia and chronic renal disease. Urine culture and sensitivity, blood pressure measurements and 72 hour IV fluid protocol is indicated. I recommend reassessment of the azotemia. Guarded long term prognosis.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gramazio

HOSPITAL NAME

Shohola VH

REFERRING VET

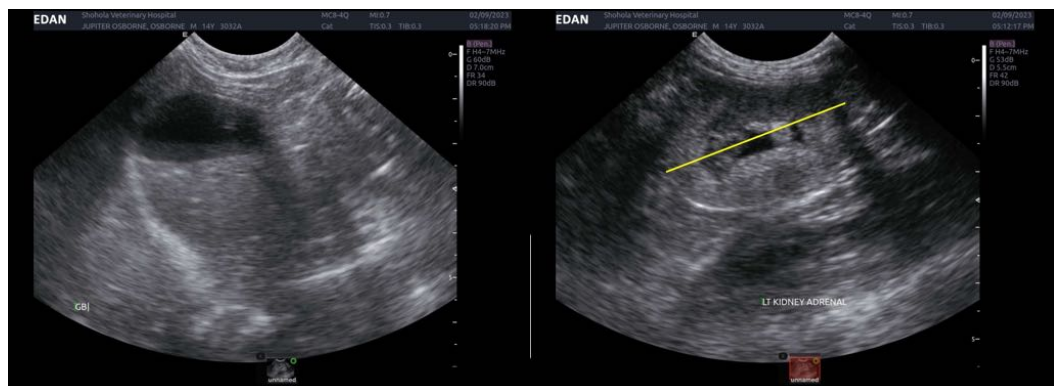
Dr. Gramazio

INVOICE

42666

DATE

2/8/23





PATIENT

Jupiter Osborne

SPECIES

Feline

BREED

Burmese

SEX

Neutered male

AGE

14 years

WEIGHT

8.96 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Gramazio

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. Gramazio

INVOICE

42666

DATE

2/8/23



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