



PATIENT

Captain Jack Crosmun

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

9.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Parrish

HOSPITAL NAME

Local Mobile VS

REFERRING VET

Dr. Parrish

INVOICE

96770

DATE

3/10/22

PRESENTING CLINICAL SIGNS

History: Hx of hypertension, renal disease, cat has been going to food dish to eat but not eating, not vomiting Cat gets SQ fluids but did not get them last night. on 2.5mg benazepril SID, mirataz as needed
Abnormal PE/Chem/CBC/UA Results: Adult chem: BUN 63, Cr 4.0 CBC: neuts 9044, monos 665 (600) T4: 1.1 1+ protein in urine, spG 1.027

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. Hyperechoic medullary rim sign was noted. The right kidney measured 3.73 cm. The left kidney measured 3.42 cm. The kidneys subjectively appear near end stage. Slight pinpoint mineralization was noted in both kidneys.

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 left and right adrenal gland measured 0.4 cm.

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** was diffusely hyperechoic to the falciform fat. The gallbladder was unremarkable. There is a mild lipidosis pattern.



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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 **pancreas** was hypoechoic and irregular in the left limb. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected.

ULTRASONOGRAPHIC FINDINGS

Prominent, irregular pancreas.

Chronic interstitial nephrosis renal pattern with pinpoint mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a potential for low-grade pancreatitis. The kidneys appear near end stage. 72 hour IV fluid protocol is warranted to treat underlying renal failure with reassessment of the clinical signs.

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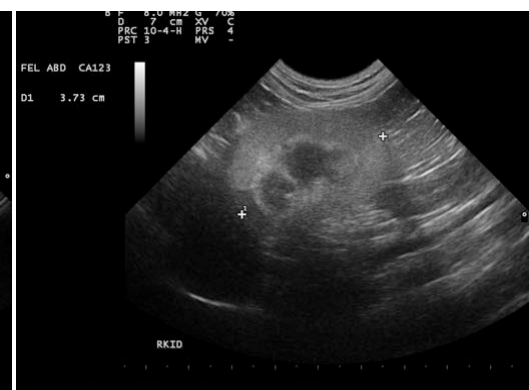
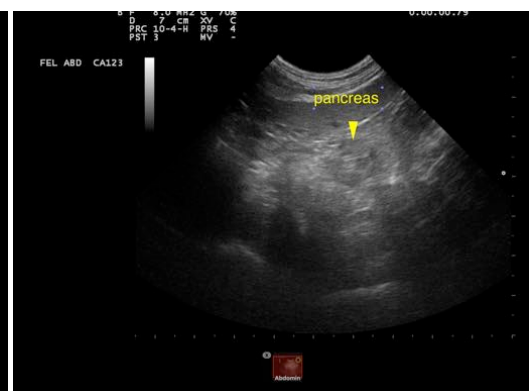
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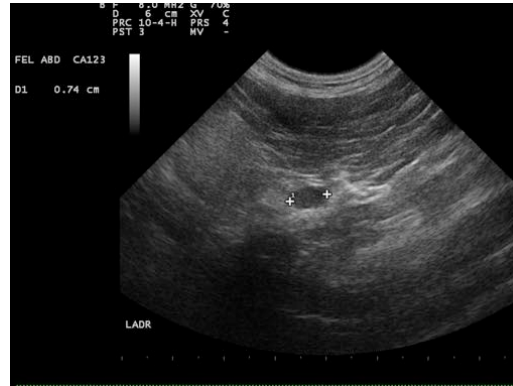
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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