



PATIENT PRESENTING CLINICAL SIGNS

Cloe Theis Chloe has not been eating or drinking as much when she presented to us on Friday, March 4. She was very lethargic, not moving around like normal. She has been eating a little amount here and there throughout the day and drinks only a small amount of water. Started the last weekend in February and has been declining. Blood work and urinalysis revealed azotemia and UTI. She did not improve much over the weekend and became more congested with an upper respiratory condition. She was recheck on March 9, blood work somewhat improved but there was notable oral inflammation. She was noted to be significantly congested, swallowing frequently. Today she presented as she hasn't eaten anything since Tuesday. No bowel movement noted. Owner is administered oral Veraflox, Clavamox, and giving Cerenia nasal drops and topical Mirataz

Feline

DSH Abnormal PE/Chem/CBC/UA Results: PE on 3/11 Notable stomatitis yet, congestion (no discharge), mild OS serous discharge. RK significantly smaller than left, fecal material palpated in distal colon. Will repeat labs later today. Most recent: 3/9/22: NSAID panel - BUN 79, Creat 2.7. No CBC repeated. UA - SG 1.012, Pro 500, BLD 250, pH 6.5. LARGE amt of WBC and RBC 17/hpf, non squam >10/hpf, Squam 1-2/hpf, rods present, cocci noted. 3/4/22: Chem - Glu 203, SDMA 38, Creat 4.0, BUN 61. CBC - WBC 19.63, Neu 17.1, Lym 0.74, Mono 1.51. UA - SG 1.013, neg protein, Glu 50, BLD 250, pH 7.0. cocci noted, RBC 21/hpf, WBC <1/hpf, no rods detected. hyaline casts >1/hpf

Spayed Female

AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

15 Years

Urinary System

WEIGHT

6.05 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV

The **right kidney** presented multifocal cortical infarcts, interstitial nephrosis pattern, and pyelectasia with echogenic debris. Corticomedullary mineralization also present. The right kidney measured 3.08 cm. Pelvic calculus noted measuring 5.0 mm.

DABVP, Cert. IVUSS

The **left kidney** presented corticomedullary mineralization and pyelectasia with echogenic debris. The left kidney measured 4.01 cm.

IMAGING PERFORMED BY

Dr. Chrissy Krell

Adrenal Glands

HOSPITAL NAME

Paws & Prairie AC

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 adrenal gland measured 0.43 cm. The right adrenal gland measured 0.43 cm.

REFERRING VET

Dr. Chrissy Krell

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.

INVOICE

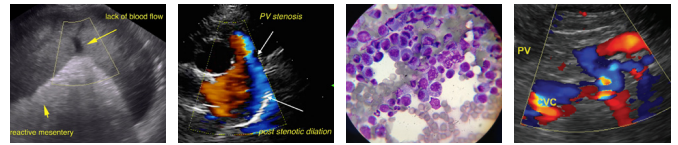
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Liver

DATE

3/13/22

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



PATIENT

Cloe Theis

lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

SPECIES

Feline

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.

BREED

DSH

Pancreas

SEX

Spayed Female

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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

AGE

15 Years

- Moderate degenerative renal disease with dystrophic changes and pelvic calculus in the right kidney, corticomedullary mineralization and pelvic dilation with echogenic debris (suggestive for pyelonephritis) in both kidneys.

WEIGHT

6.05 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity, blood pressure measurements, 72-hour IV fluid protocol, and treatment for acute on chronic renal failure warranted. Prognosis depends upon response to therapy. 4-6 week antibiotic therapy likely necessary given the suspicion of pyelonephritis. Passage of calculi, secondary infection, cortical infarcts, and chronic interstitial nephrosis all pathological issues with this patient.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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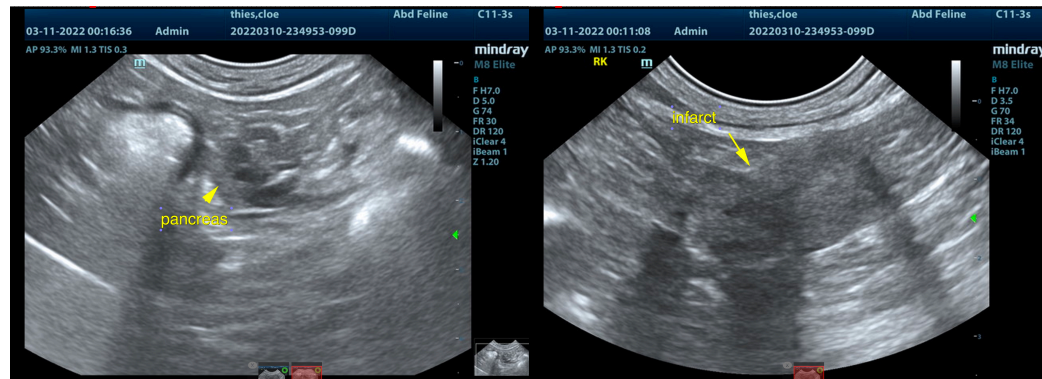
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PATIENT

Cloe Theis

SPECIES

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BREED

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Spayed Female

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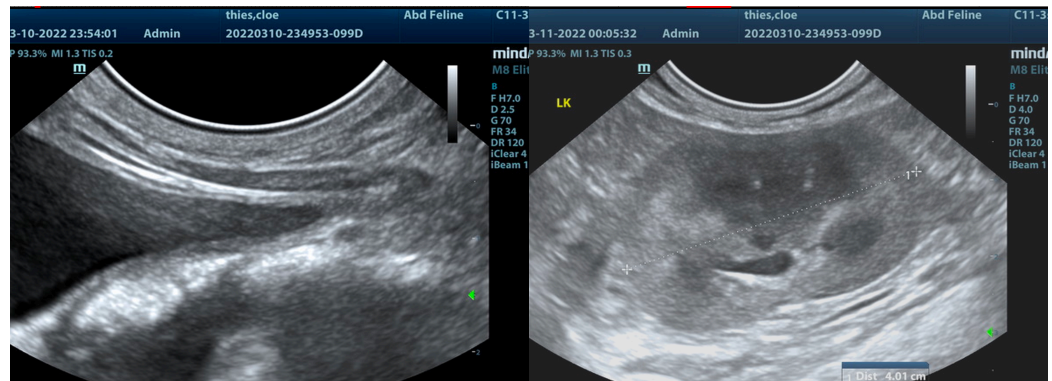
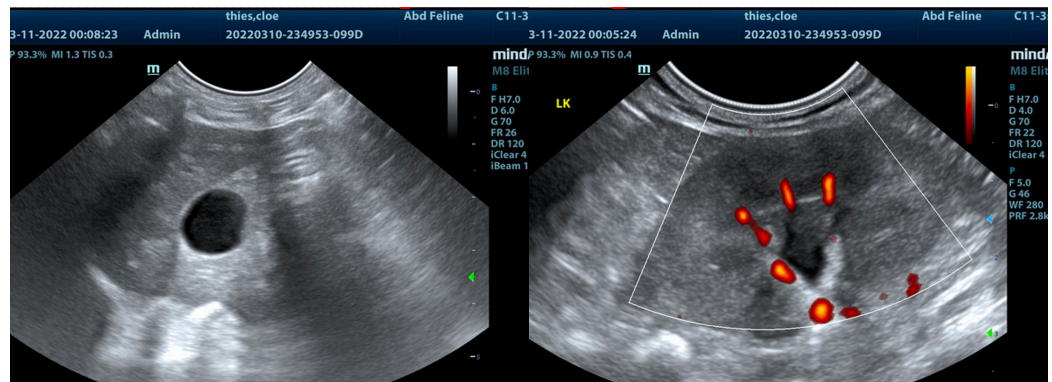
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DATE

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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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