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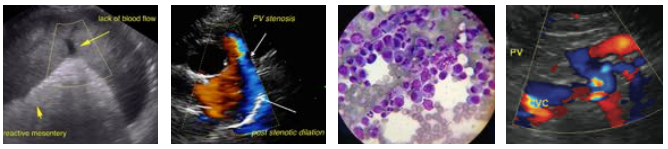

PATIENT

Finley Dolio

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

4.5 years

WEIGHT

9.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mengine

INVOICE

96812

DATE

3/11/22

PRESENTING CLINICAL SIGNS

History: 10 days history of intermittent diarrhea - this has been a lifelong problem on and off. At rDVM patient had a temperature of 103.7, a white blood cell count of ~ 35k (mostly neutrophils), and a creat of 2.1 (creat 6 months ago was 1.7). U/A performed today showed marked pyuria with cocci. Culture pending

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 right **kidney** measured 4.2 cm with corticomedullary calculus and cortical cysts were noted along with an infarct at the cranial pole of the right kidney. The left kidney revealed a cortical calculus with a 3.0 cm cyst at the cranial pole. Echogenic debris was noted in the cyst. There is a strong potential for abscessation. Corticomedullary calculi and loss of mural detail was noted. Left renal enlargement was noted at 5.32 cm. A

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 adrenal gland measured 0.33 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. The spleen measured 0.9 cm.

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.

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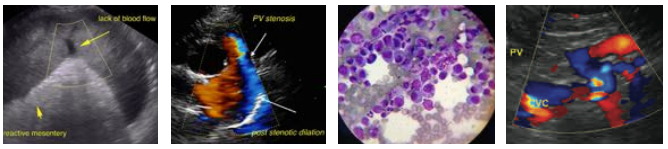

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Gastrointestinal

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

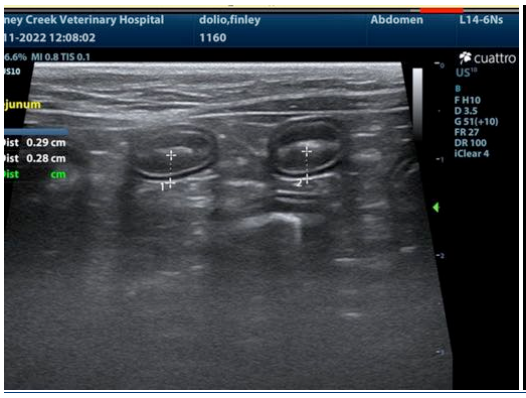
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

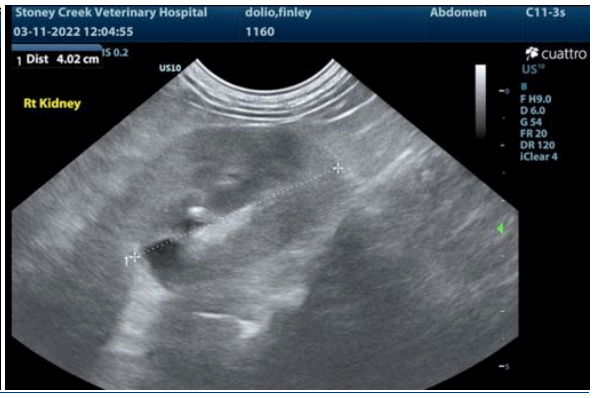
ULTRASONOGRAPHIC FINDINGS

Renal cysts and possible abscessation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided drainage of the left renal cyst is indicated with culture and sensitivity. It is important to approach the cystic structure through the cortical parenchyma to ensure leakage does not occur into the retroperitoneal space or abdomen. Full urinary work-up is warranted. IV fluid support is necessary. Drainage of the cyst and culture is recommended. Long term antibiotics are likely necessary as infection is likely buried in the chronic and cystic changes in the kidneys.





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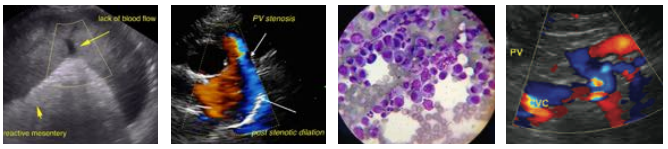

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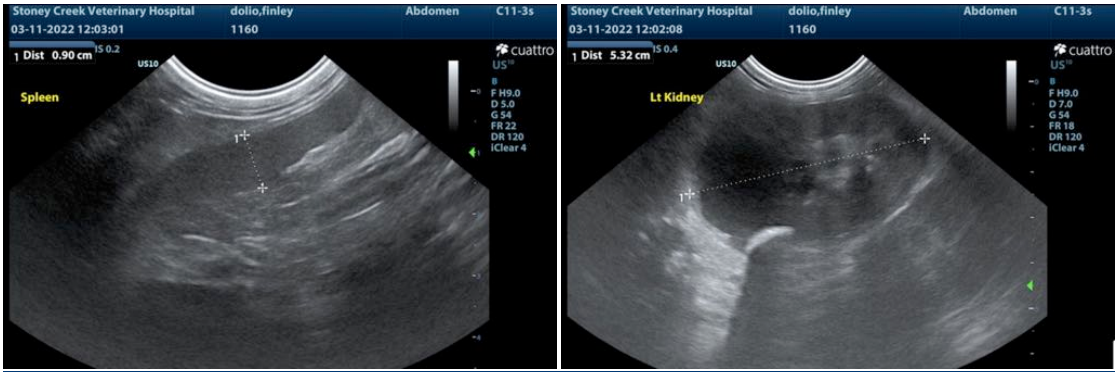

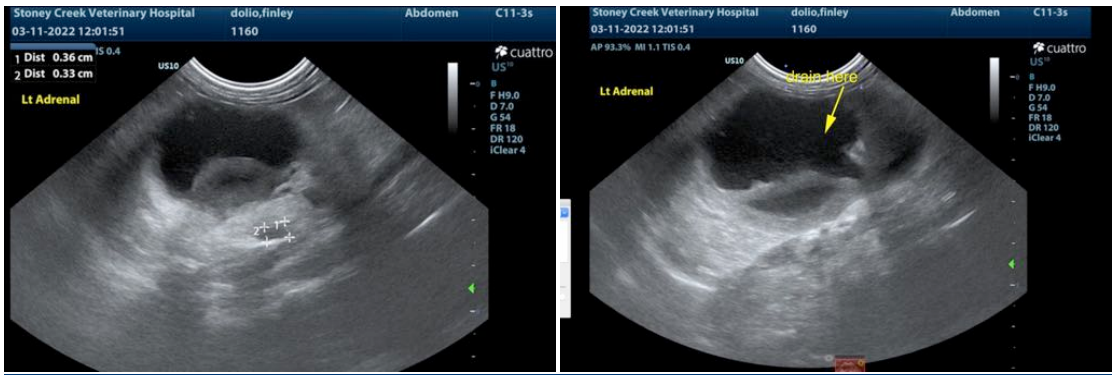

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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