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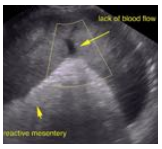

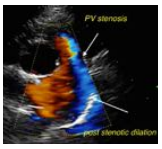

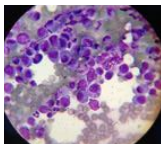
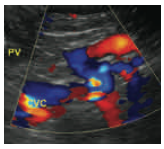


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1-800-838-4268 info@sonopath.com

**PATIENT**

Barney Holman

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

16 years

**WEIGHT**

2.93 lbs

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gardner

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Gardner

**INVOICE**

96861

**DATE**

3/15/22

## PRESENTING CLINICAL SIGNS

History: P was seen at VCA salem yesterday for decrease appetite to anorexia and vomiting. P has a history of CKD, HCM and hyperthyroidsim. BW was taken and P sent home with supportive care. BW came back today and showed static kidney values, mild increased in t4 (6.1, but P has missed a few doses) and elevated ALT (276) which is a new finding. O has noted weight loss over the last few months. Since being seen yesterday will show interest in food but will not eat anything. O had a foster cat that had kittens who had d+ and didn't eat for a couple days, tested negative for feline distemper, but the cats were kept separate. _
Abnormal PE/Chem/CBC/UA Results: EPOC: HCT 42 Crea 2.34 BUN 60 i ca 1.15

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 left **kidney** revealed dystrophic changes with thickened irregular cortex. Blood flow appeared to be subjectively subnormal. The left kidney measured 2.5 cm. The right kidney revealed multiple infarcts and was subnormal in size at 2.6 cm with changes and mineralization. Blood flow to the kidneys was minimal.

### *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** revealed a fairly uniform parenchyma with mildly increased portal markings. Increased portal markings were noted. Gallbladder and biliary calculi were noted. The gallbladder was mildly over distended.

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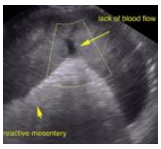
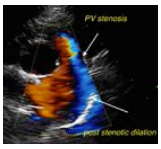
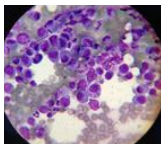
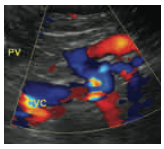

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### *Gastrointestinal*

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. No obvious neoplastic patterns were noted and luminal content as unremarkable.

### *Pancreas*

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. Minor pancreatic duct dilation was noted.

## ULTRASONOGRAPHIC FINDINGS

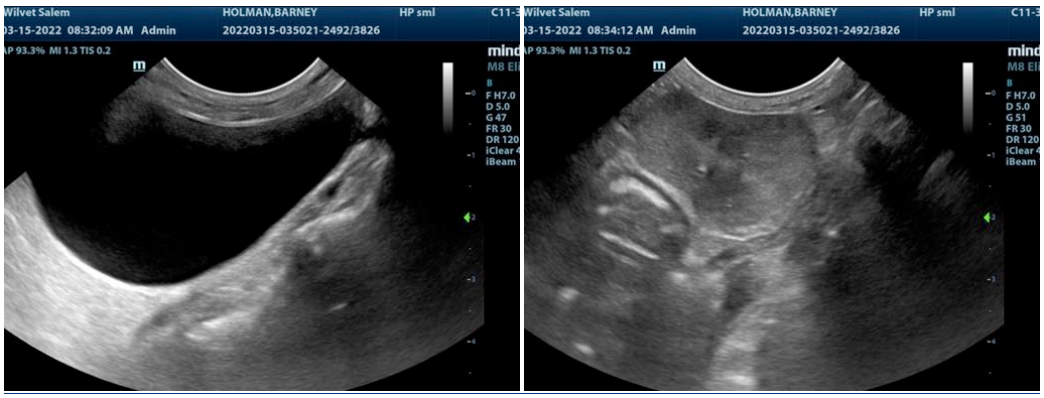
Renal dystrophy, infarcts and mineralization.

Prominent pancreas.

Chronic cholangitis liver pattern with biliary calculi, which were non-obstructive at the time of the sonogram. However, the patient may be passing calculi periodically.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend 72-hour IV fluid protocol, pain management for pancreatitis and Ursodiol therapy. No obvious evidence of neoplasia was noted. This is most consistent with a triaditis type presentation. I am concerned for long term viability of the kidneys.



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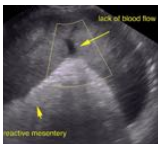

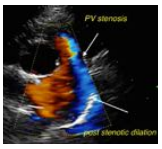

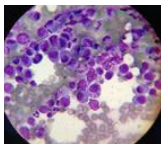
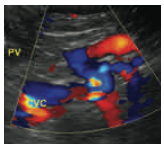


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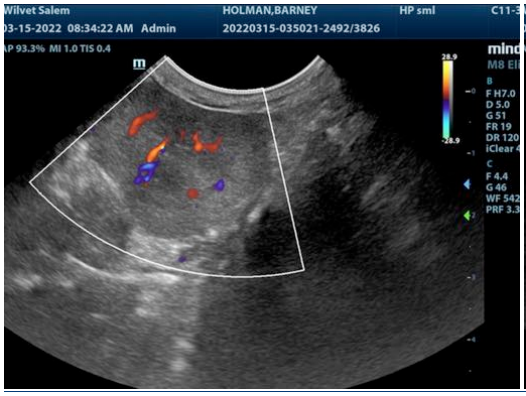

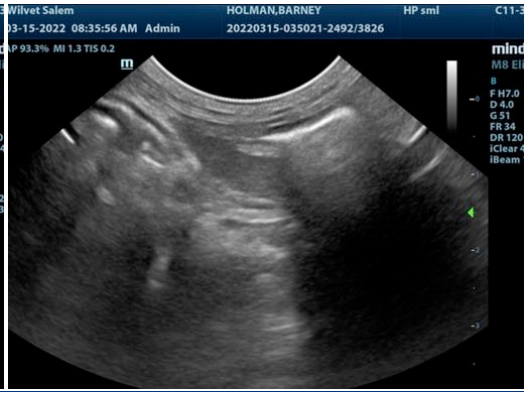

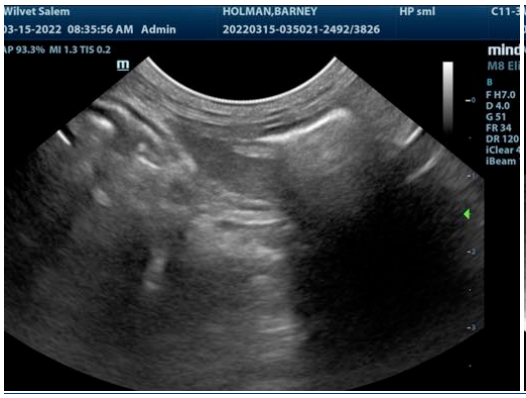

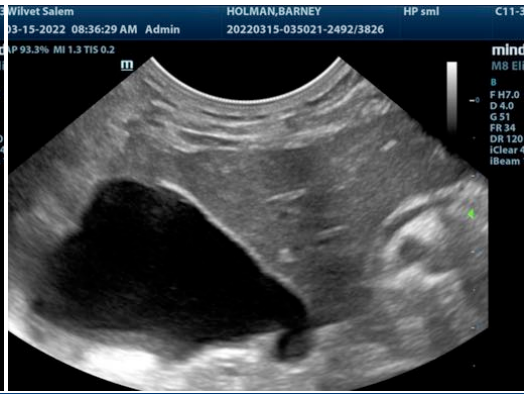

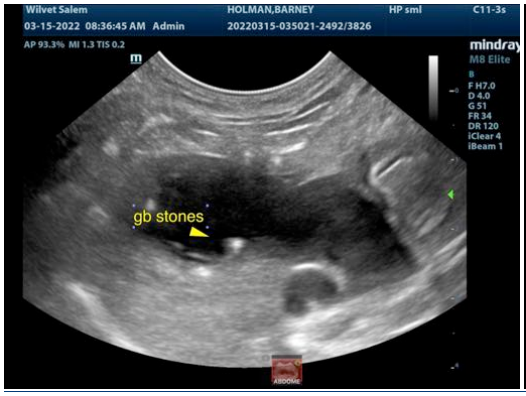

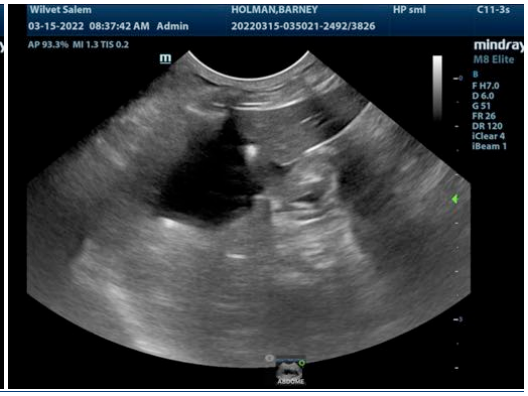

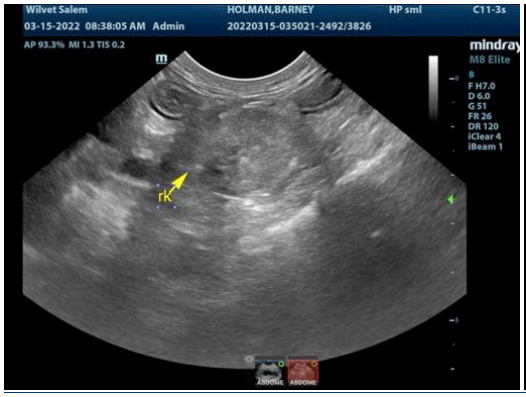

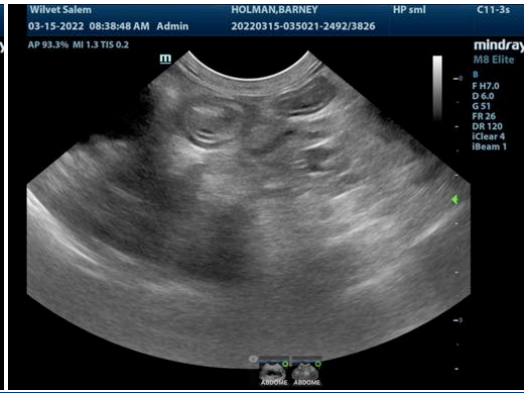

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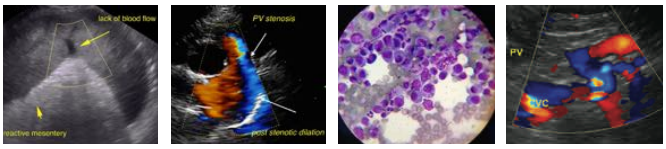

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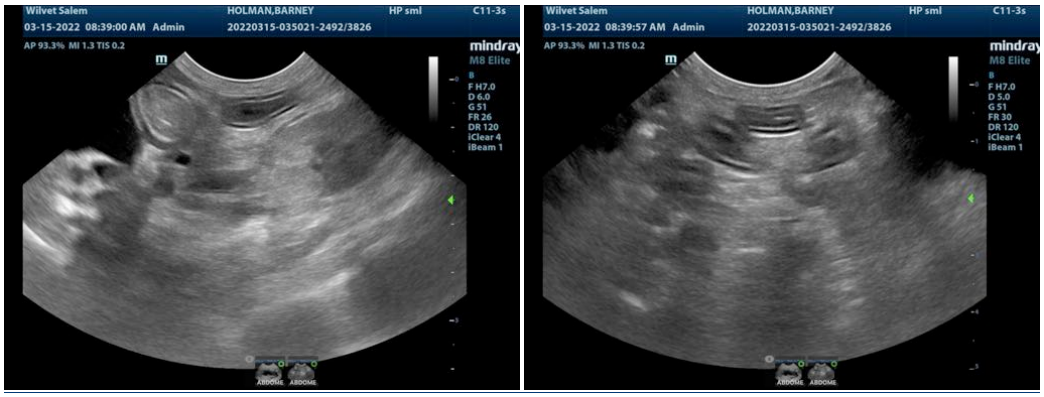


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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