

**DATE**

3/18/22

PATIENT

Mimi Diamond

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4/1/09

WEIGHT

5.9 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**Stephanie Pearce
RDCS, RVT**HOSPITAL NAME**

Rock Spring VC

REFERRING VET

Dr. Gibson

INVOICE

36324

PRESENTING CLINICAL SIGNS

Mimi presented on 3/7 for a history of sneezing, increased respiratory rate and respiratory effort. No history of vomiting or diarrhea; normal appetite reported. On exam, MiMi had weight loss and increased respiratory rate and effort. Chest x-rays indicated a prominent lung pattern. Bloodwork indicated a mild elevation of glucose and severe elevation of Lipase.

Lab Results: Mildly elevated glucose, Severe elevation of Lipase.

Date of Previous IntraPet Ultrasound: No previous.

Radiographs: Aerophagia, chronic bronchoalveolar pattern, dilated stomach and colon owing to gas (likely secondary to respiratory distress). Poor body score.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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. The right kidney was subnormal in size with cortical collapse and infarct at the cranial pole with areas of mineralization, moderate degenerative changes. The left kidney presented mild degenerative changes and measured 4.22 cm.

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 0.31 cm. Slight focal mineralization noted.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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.

Shower curtain ringdown pattern noted through the diaphragm.

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

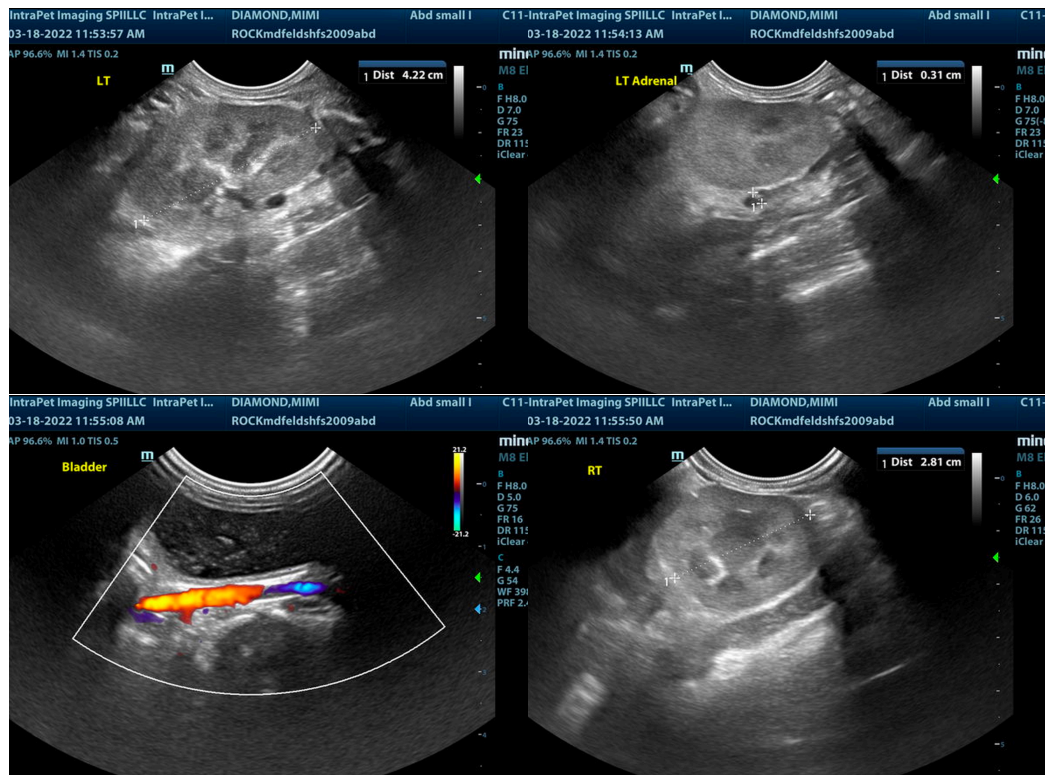
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

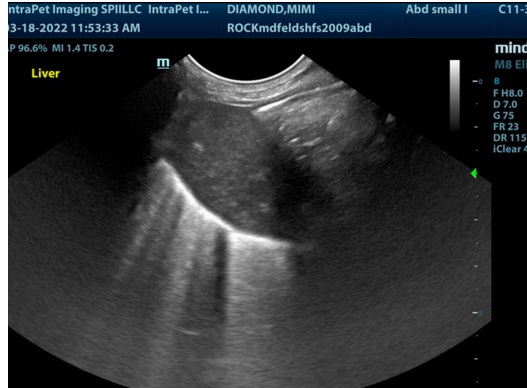
ULTRASONOGRAPHIC FINDINGS

- Right renal infarct
- Moderate degenerative right renal changes, mild on the left
- Minor bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis warranted to assess for any evidence of UTI if not already performed. Primary respiratory protocol warranted. Enrofloxacin/Clindamycin combination suggested along with bronchodilators +/- Prednisolone. Infectious agents such as bartonella should be considered, given the respiratory presentation. No obvious evidence of neoplasia.





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