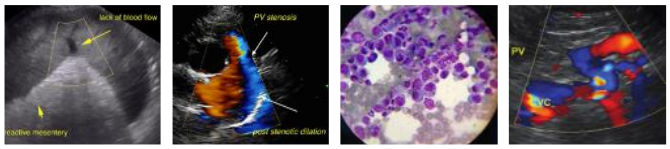
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Elvis Griffin

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

15 Years

WEIGHT

7.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

14398

DATE

3/21/22

PRESENTING CLINICAL SIGNS

History: Chronic renal disease and intermittent vomiter, good appetite but not able to keep food down.

Abnormal PE/Chem/CBC/UA Results: Acute severe vomiting and lost a 0.4 lbs. Acting like it has esophagitis secondary to vomiting. CBC: WNL CHEM: SDMA 28, BUN 65, TP 9.1, glob 6.2, ALT 131, CHOL240 T4: WNL USG: 1.005

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 were 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. Cortical infarcts noted. The left kidney was dystrophic and subnormal in size, measuring 2.0 cm. The right kidney measured 3.0 cm. Poor blood flow to the kidneys noted on color flow assessment.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

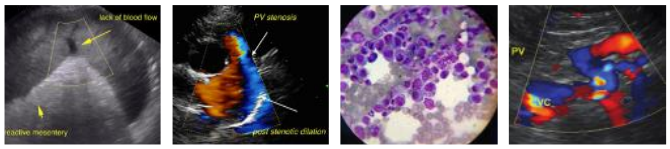
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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.

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.



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Pancreas

The **pancreas** was hypoechoic with irregular parenchyma, and dilated duct with mild enhanced surrounding mesentery. Undulating contour noted. This change is suggestive for pancreatitis.

Free Abdomen

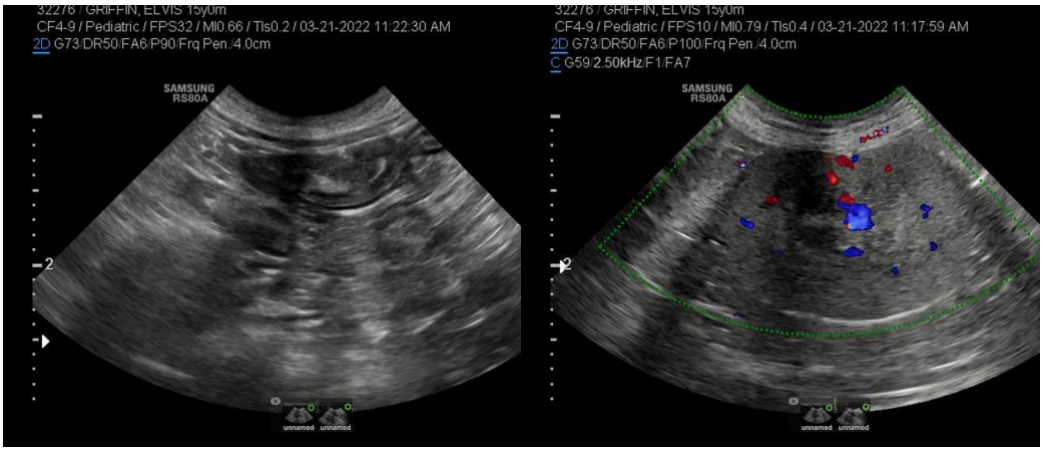
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Chronic interstitial nephrosis renal pattern with dystrophic right kidney and moderate degenerative left renal changes with infarcts
- Prominent irregular pancreas, suggestive for pancreatitis
- Reactive mesenteric lymph nodes
- Age-related GI changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV fluid protocol, pain management, broad-spectrum antibiotics all indicated and reassessment of the clinical signs. No overt evidence of neoplasia. I am concerned about long term viability of the kidneys. Both pre-renal and renal based azotemia likely.



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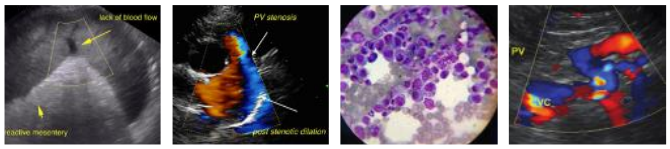

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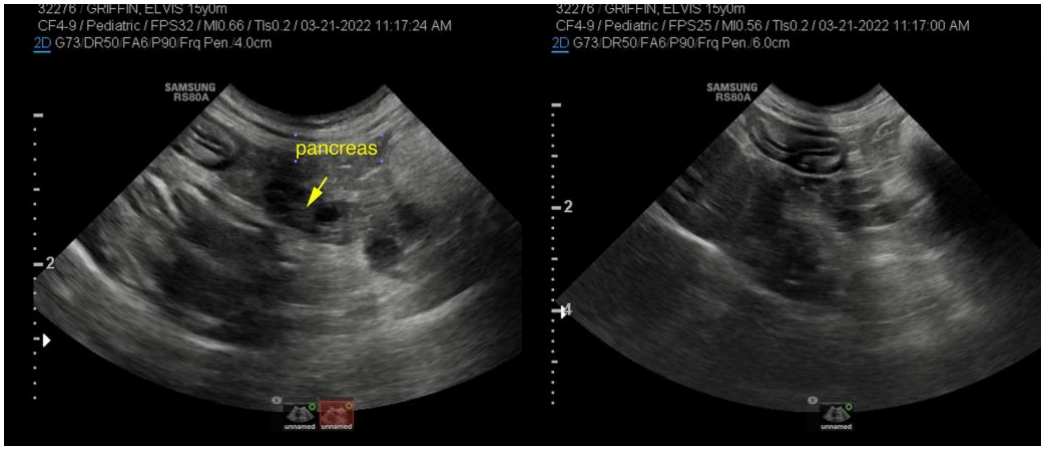

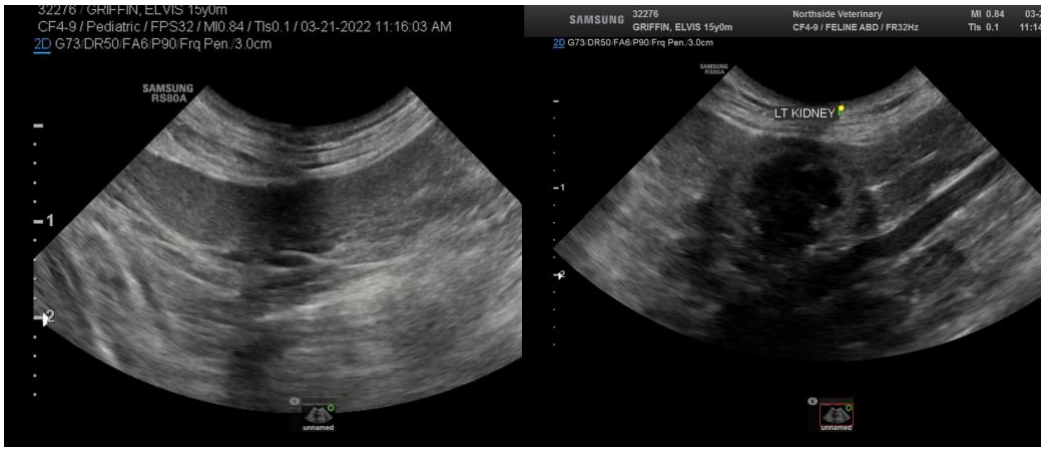

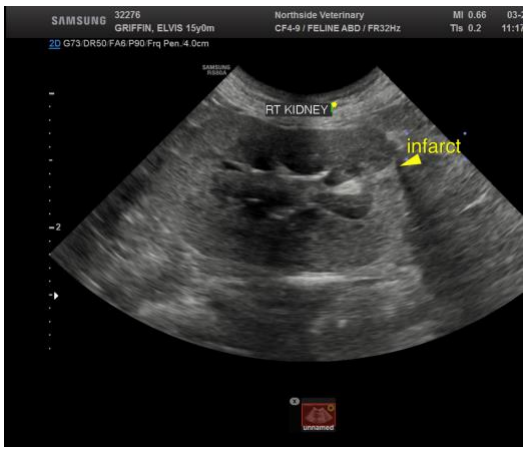

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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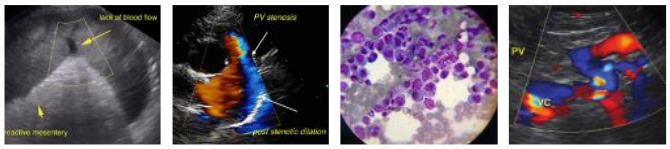

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