



PATIENT

Neuman Animals Live,
Let These

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10

WEIGHT

9.2

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Adrienne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Adrienne Waffle

INVOICE

21745

DATE

3/24/23

PRESENTING CLINICAL SIGNS

History: Fever of unknown origin. Originally presented with respiratory signs, mucosal nasal discharge. Thoracic radiographs unremarkable. Convenia administered, started Zeniquin. Starting Clavamox. Fever has continued to elevate.

Abnormal PE/Chem/CBC/UA Results: Painful on Left side.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a minor change.

The **right kidney** revealed a cortical infarct, irregular contour, pyelectasia and coalescing nodules. A grouping of nodules measured approximately 1.0 cm at the caudal pole, may be secondary to infarct, however, an emerging neoplastic event cannot be ruled out.

The **left kidney** was mildly subnormal in size and revealed thickened irregular cortices, pyelectasia and echogenic debris within the renal pelvis. Pericapsular inflammatory pattern was noted, suggestive for chronic pyelonephritis. The left kidney measured 3.06 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evidence of 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

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.



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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

- Chronic pyelonephritis pattern with potential for emerging renal neoplasia
- Age related urinary bladder changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Full urinary work up is warranted. FNA of the right renal cortex would be ideal for further definition. If urinalysis is unremarkable, then other causes, such as toxoplasmosis and bartonella should be considered.

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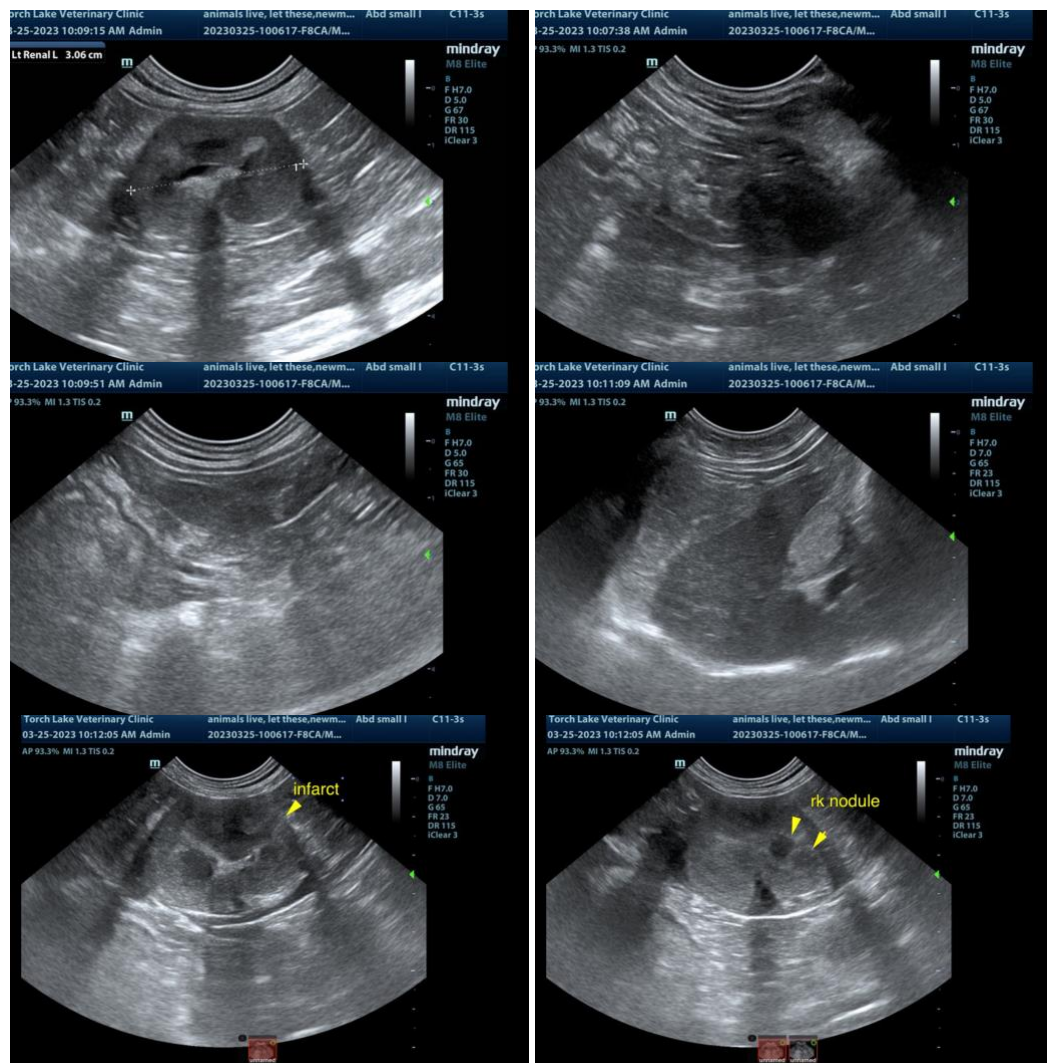
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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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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