



PATIENT

Tom Tom Digregorio

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15

WEIGHT

4.2 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Megan Spatz

HOSPITAL NAME

Boren Vet Medical Teaching Hospital

REFERRING VET

Dr. Elizabeth Solar

INVOICE

45715

DATE

3/3/23

PRESENTING CLINICAL SIGNS

3:15:09pm Tom Tom presented to OSU-VTH due to hyphema present in the right eye for the last four days, and uremia that has been noted after the hyphema began. On presentation today an obvious blood/fibrin clot is present on the anterior portion of the lens capsule, there is evidence of aqueous flare in the anterior chamber and there are cellular infiltrates present as well. The pressure in the right eye is constant with uveitis. The left eye was unremarkable with only nuclear sclerosis present in the lens. Today, his blood pressure was 138 during examination. The only diagnostics run so far are a U/A pH 5.0 and USG 1.018.

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The area of the aortic trifurcation was free of pathology.

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 measured 3.92 cm. Hyperechoic medullary rim sign noted. Blood flow to the kidneys appeared to be subjectively subnormal on power doppler assessment. The right kidney measured 4.0 cm.

Adrenal Glands

The **left adrenal gland** was particularly enlarged at 0.65 cm x 1.2 cm. The left adrenal gland measured 1.06 cm x 0.60 cm. The **right adrenal gland** was also enlarged, measuring 0.60 cm x 1.0 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen was folded upon itself cranially.

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

Minor retention of ingesta noted in the **stomach**. The small intestine and colon were unremarkable.



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Pancreas

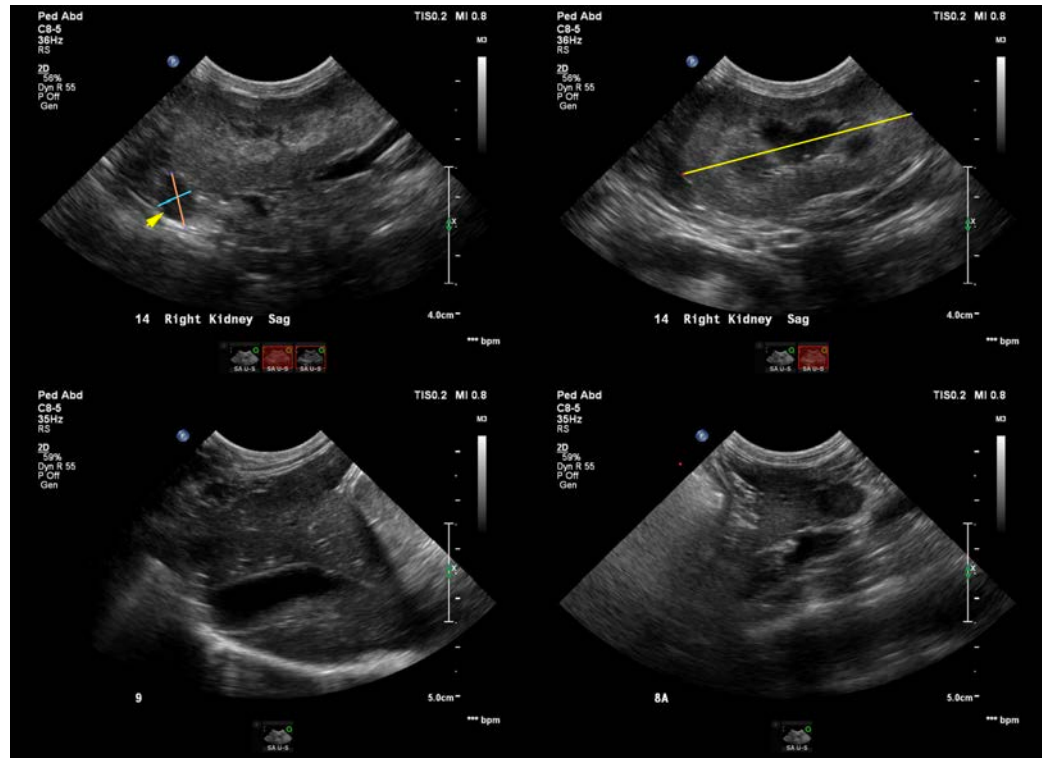
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal hypertrophy
- Moderate degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Stress related adrenal hypertrophy possible. The kidneys appear to be subjectively end stage. Renal values and urine inflammatory sediment should be monitored carefully. Geriatric abdomen otherwise. No specific disease.





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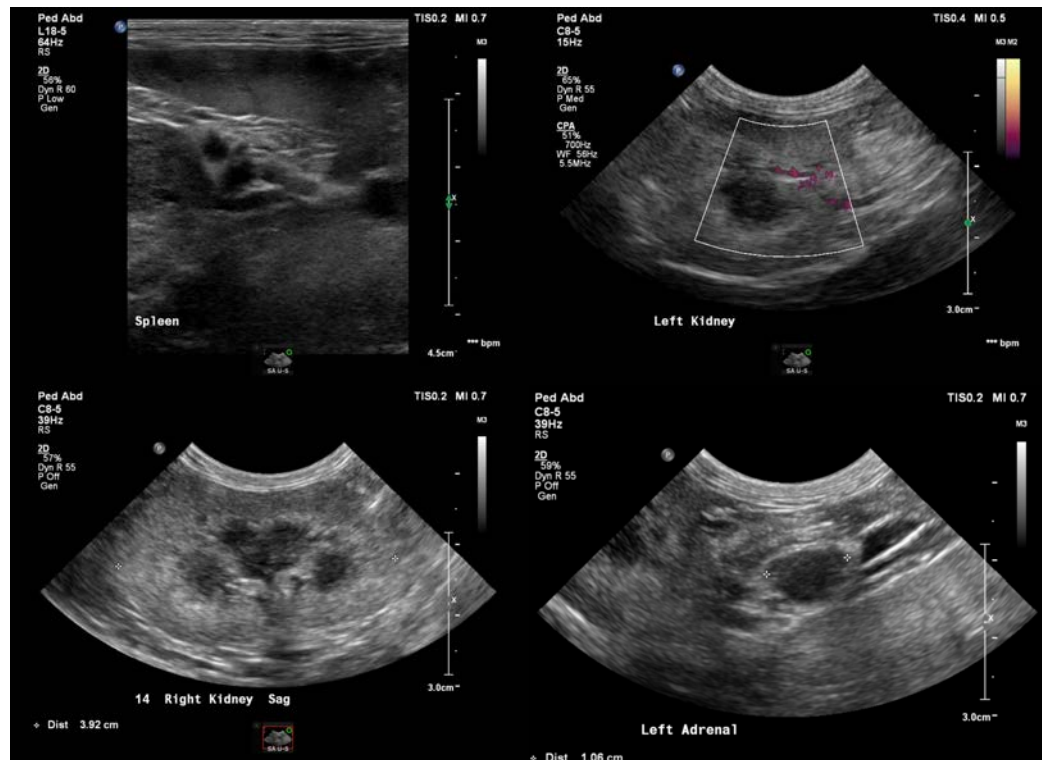
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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