

PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Stripes Walker

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
16 Years

WEIGHT
8.43 Pounds

Presented for Anorexia x 3 days - Vomiting liquid 2-3 times per day - ADR with reduced activity X 3 days - Urinating outside or litter box x 3 days - Hx of IRIS Stage 2 CRI - On physical exam, Stripes had lost 1.13 lbs since January, was drooling, was dehydrated, and had a rough coat
Abnormal PE/Chem/CBC/UA Results: Will be attaching labs from 3/29/22 Urine dilute with SG = 1.024 BUN=37 (14-36) Creatinine = 2.5 (<1.6 IRIS) Low normal T4 = 1.0 Current Medications 1. Adequan q 2 weeks

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 2.0 cm beyond the cystourethral junction.

The **kidneys** were normal in size with slight irregular contour. Non-specific mild increased cortical echogenicity and remodeling noted. No significant pyelectasia. The left kidney measured 3.5 cm. The right kidney measured 3.95 cm. Blood flow to the kidneys appeared to be mild to moderately subnormal on power doppler assessment.

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 0.35 cm. The right adrenal gland measured 0.37 cm.

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Corvallis Cat Care

REFERRING VET

Dr. Sharon Blouin

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PATIENT *Pancreas*

Stripes Walker 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

- Mild to moderate non-specific degenerative renal disease
- Minor intestinal thickening, no evidence of neoplasia or obstructive disease

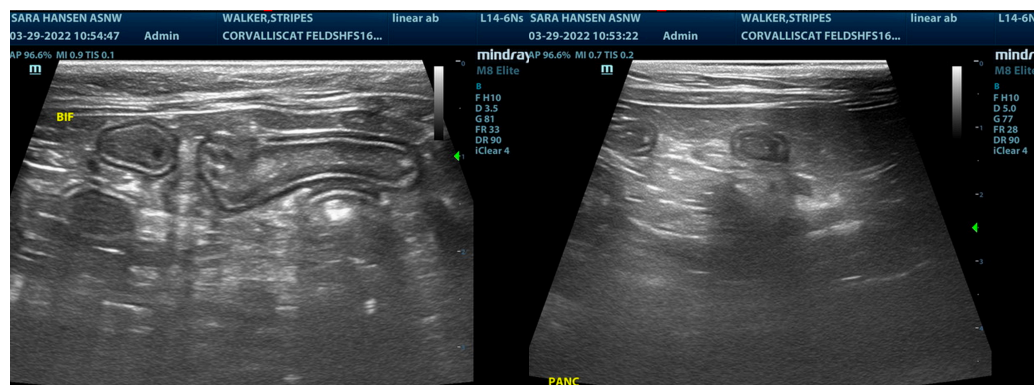
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

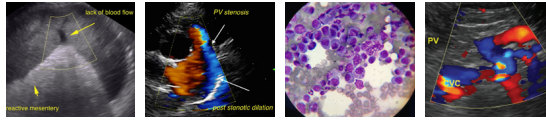
Recommend investigating complicating factors, as the kidneys do not appear end stage from a structural standpoint. Hypertension, UTI, dehydration, prerenal disease should all be considered. Diet change may be appropriate. 72-hour IV fluid protocol and reassessment of the clinical profile warranted. It is likely that both prerenal and renal disease is playing a role in the azotemia in this patient.

****Lateral radiograph: Unremarkable.**

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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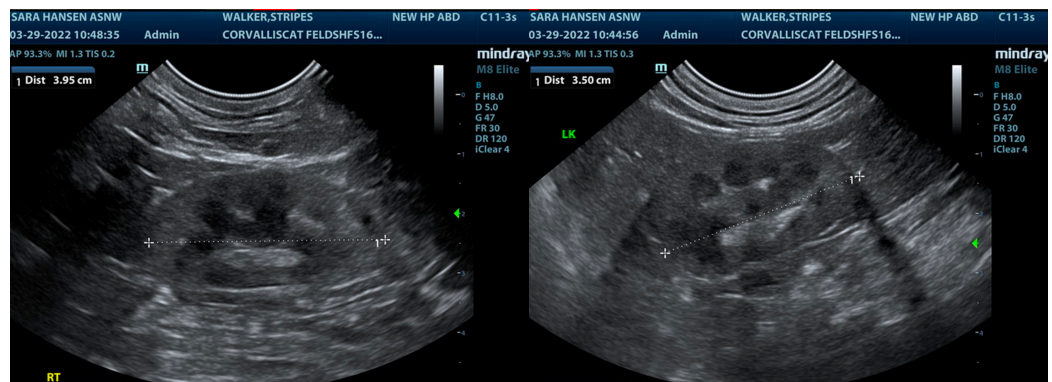
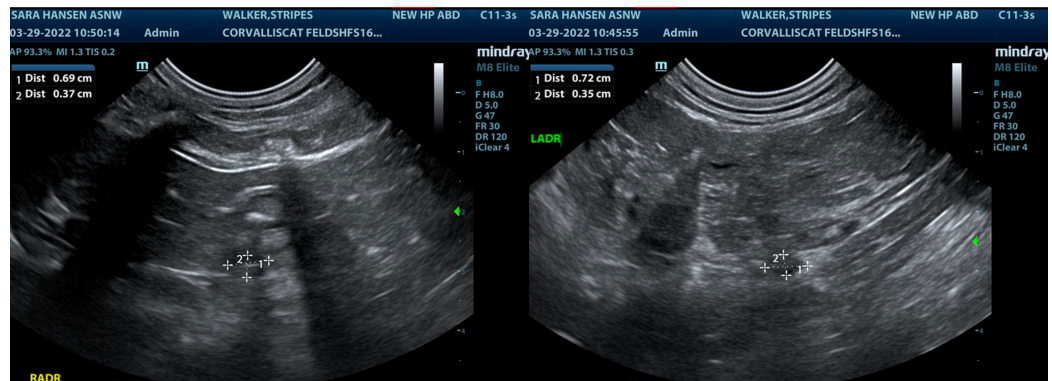
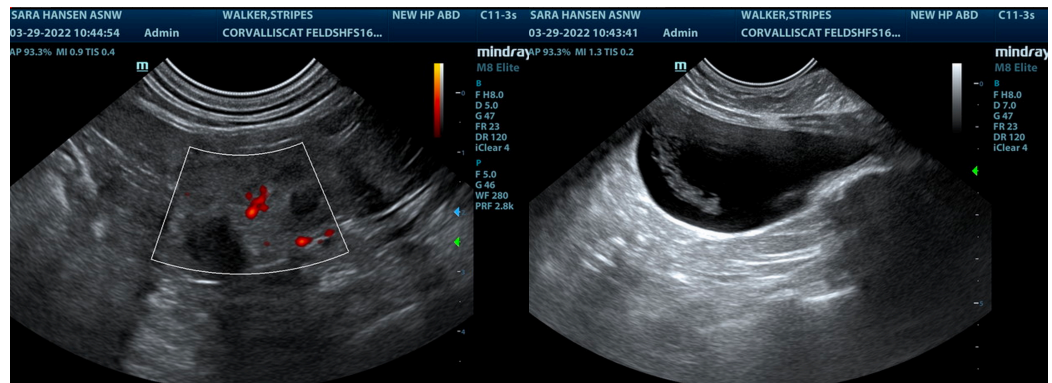
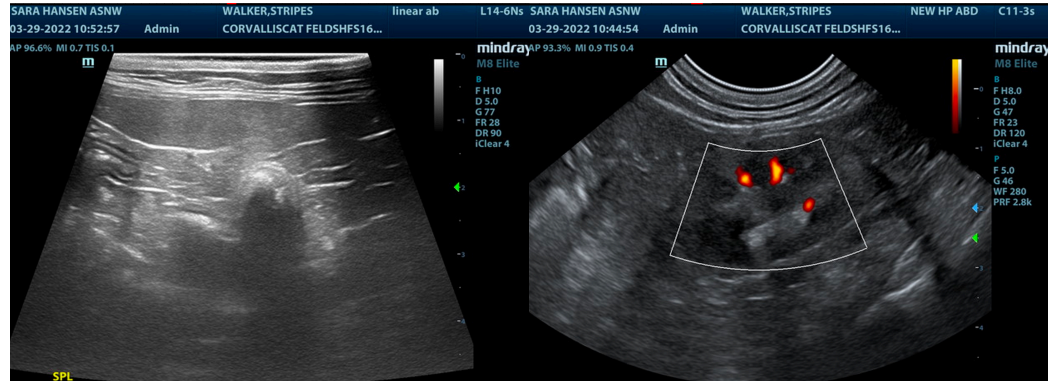
Dr. Sharon Blouin

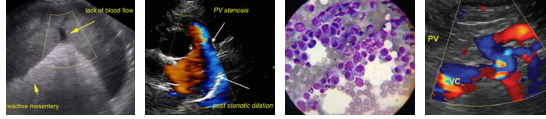
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PATIENT

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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.

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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

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info@SonoPath.com

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