



PATIENT

Buddy Schnabel

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8.25 years

WEIGHT

21 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Turner

HOSPITAL NAME

Pennsauken AH

REFERRING VET

Dr. Turner

INVOICE

96717

DATE

3/9/22

PRESENTING CLINICAL SIGNS

History: Since 5/21: constipation intermittently. Vomiting and not eating since 2/22. Recently re-presented for weight loss, inappetence, and vomiting.
Abnormal PE/Chem/CBC/UA Results: BCS 9/9, 4 lb weight loss over 1 year. Mod (grade 2) pddz. Kidneys firm bilaterally. 12/30 BW unremarkable. 3/8 BW offers BUN 107, Cr 7.6, USG 1.016 (urine pending), Phos 6.8. All BW attached.

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 was noted. Ureteral papillae were normal.

The **kidneys** were both enlarged with slight subcapsular halo. Pericapsular inflammatory pattern was noted. There was loss of corticomedullary definition. Minor pyelectasia was noted. Subtle hypoechoic to isoechoic nodular cortical changes were noted particularly in the right kidney. The left kidney measured 6.38 cm. The right kidney measured 6.67 cm. Blood flow appeared to be 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.

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 was 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.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a minor amount of gastric stasis owing to metabolic ileus. The stomach and intestine had 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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Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

8.25 years

Bilateral renomegaly with subcapsular halo and pericapsular inflammatory pattern. There is a strong concern for renal lymphoma. Dry form FIP is a possibility. Acute renal insult, inflammatory swelling is possible, yet less likely.

WEIGHT

21 lbs

Gastric stasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Blood pressure measurements, coagulation panel, 25 gauge renal cortical FNA is indicated. Prognosis is very guarded.

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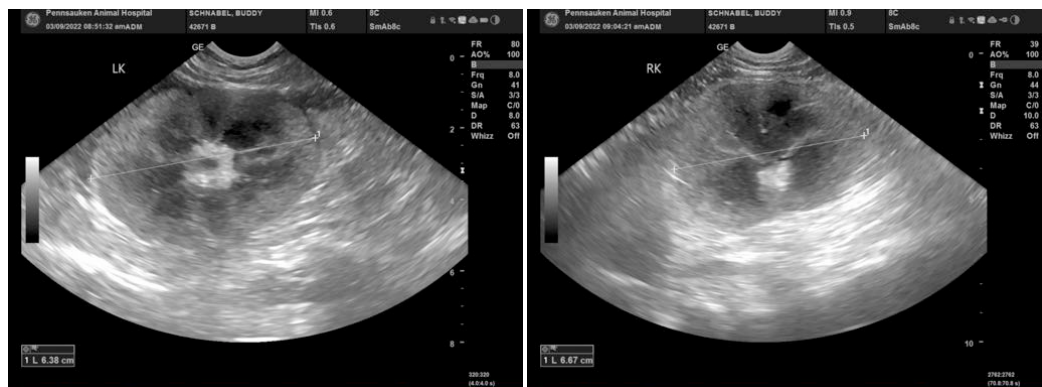
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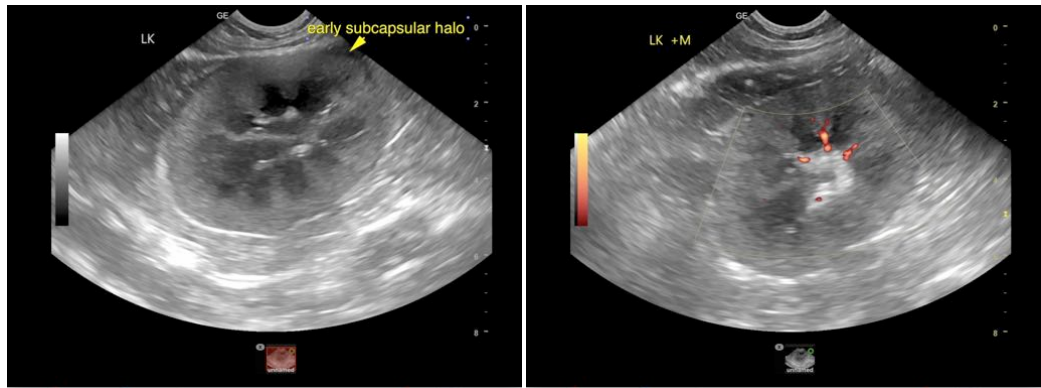
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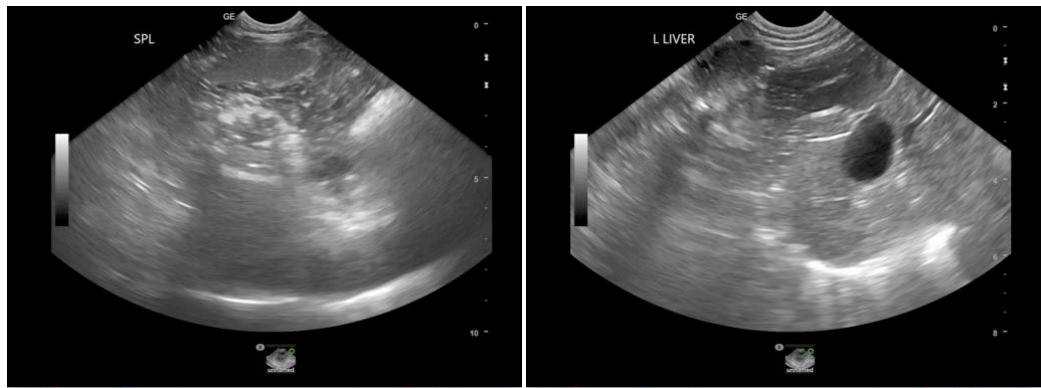
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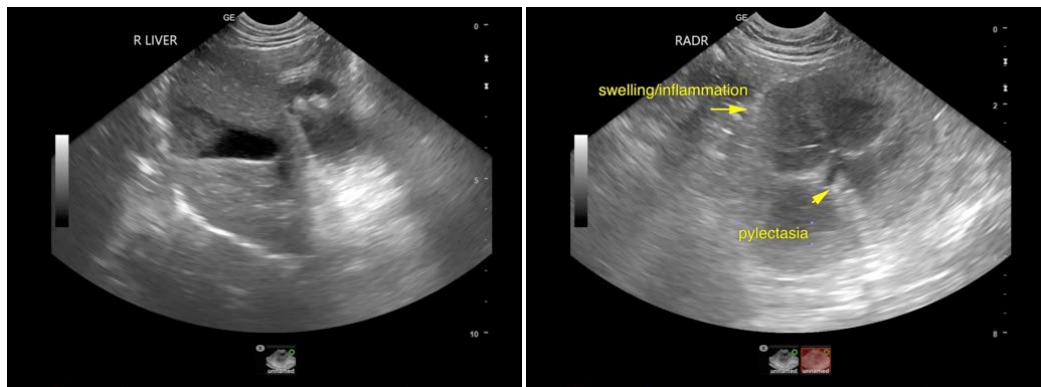
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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