



PATIENT

Sgt Bosco Lehmer

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1.2 Years

WEIGHT

7.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Meghan Myers

INVOICE

36684

DATE

4/1/22

PRESENTING CLINICAL SIGNS

Pet presented for having a couple episodes of vomiting over the last few days. Still e/d normal. Possibly pu/pd chronically since owner adopted 4 months ago (owner thinks has always drank more water than a normal cat).

Abnormal PE/Chem/CBC/UA Results: felv/fiv Negative, cbc: hct: 30% (low end of normal), wbc 20.8 (3.9-19), lymphocytes mild increase: 5.866 (.5-5.85), monocytes slight increase 0.54 (0.04-0.53), basophils slight increase 0.146 (0-0.1) SDMA: 38 (0-14), bun: 111 (16-37) creat: 3.3 (0.9-2.3) Globulin slight increase: 6.1 (3.0-5.9) alb normal: 2.9 (2.6-3.9) u/a via cysto: dilute urine - usg 1015, sediment inactive

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** presented interstitial nephrosis pattern. Blood flow appeared to be subjectively subnormal on power doppler assessment. The right kidney measured 3.87 cm with pyelectasia of 0.7 cm. Cortical infarct noted in the dorsocranial cortex of the left kidney with minor cortical collapse. The left kidney measured 4.1 cm with pyelectasia of 0.8 cm.

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 adrenal glands measured 3.0 mm each.

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

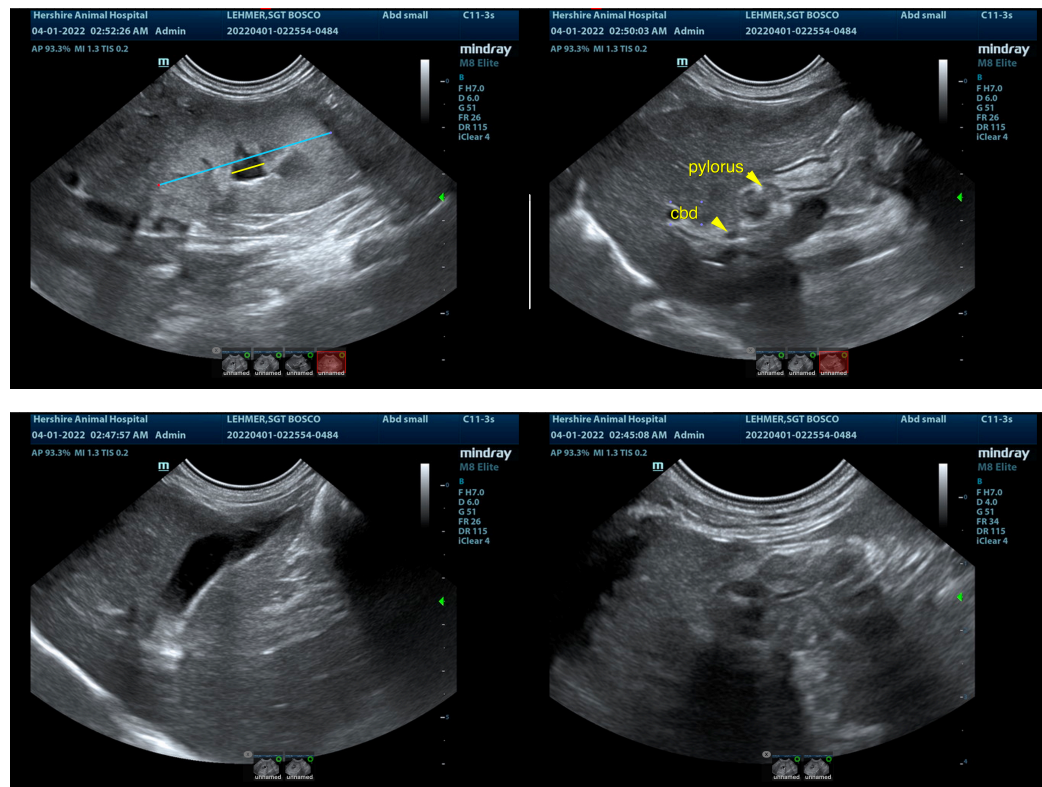
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic interstitial nephrosis pattern with pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic toxin or infectious disease should be considered. No evidence of obstructive disease at this time. The pyelectasia may be owing to pelvic scarring or infection depending upon urinalysis results. 72-hour IV fluid protocol, urine culture and sensitivity warranted if any inflammatory sediment is present. Blood pressure measurements recommended. Prognosis is guarded. Some level of primary renal dysplasia may be playing a role in this patient, yet would necessitate renal biopsy for further definition.





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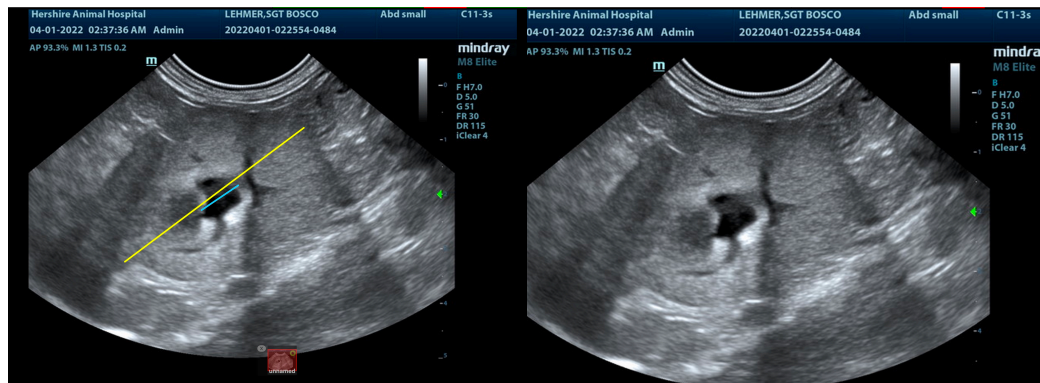
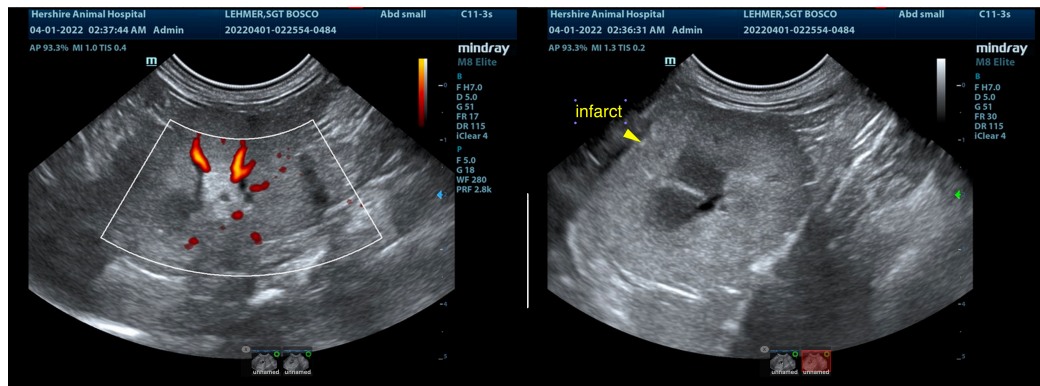
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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