



**PATIENT**

Tuffy Tomasko

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

19 Years

**WEIGHT**

9 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ridge Road AH

**REFERRING VET**

Dr. Pathak

**INVOICE**

36675

**DATE**

4/1/22

**PRESENTING CLINICAL SIGNS**

Patient presents for hematuria and renal disease. Current meds: methimazole 3.75mgs, Orbax oral suspension, Clavamox drops.  
Abnormal PE/Chem/CBC/UA Results: Elevated SDMA/BUN, WBC, neutrophils/monocytes elevated. U/A: hematuria/ (3+) proteinuria/ marked rods, USG 1.016.

**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. The left ureteral papilla was slightly thickened, yet no evidence of neoplasia.

The **kidneys** presented moderate degenerative changes. The right kidney measured 3.37 cm. Increased cortical echogenicity noted, no evidence of pyelectasia. The left kidney was subnormal in size at 2.7 cm.

**Adrenal Glands**

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.46 cm.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen measured 0.89 cm. 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**Gastrointestinal**

The **stomach** itself was unremarkable. Variable small intestinal thickening with hypertrophied muscularis. No evidence of neoplastic criteria. Fluid filled stasis was noted in the cecum.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.



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**ULTRASONOGRAPHIC FINDINGS**

- Moderate degenerative renal changes with slight right ureteral papilla thickening
- Variable intestinal thickening and fluid filled cecum

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The kidneys do not appear end stage in this patient. 72-hour IV fluid protocol warranted. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Low-grade pancreatitis possible. Both prerenal and renal events may be playing a role. Assessment for history of GI insult that may be playing a role recommended.

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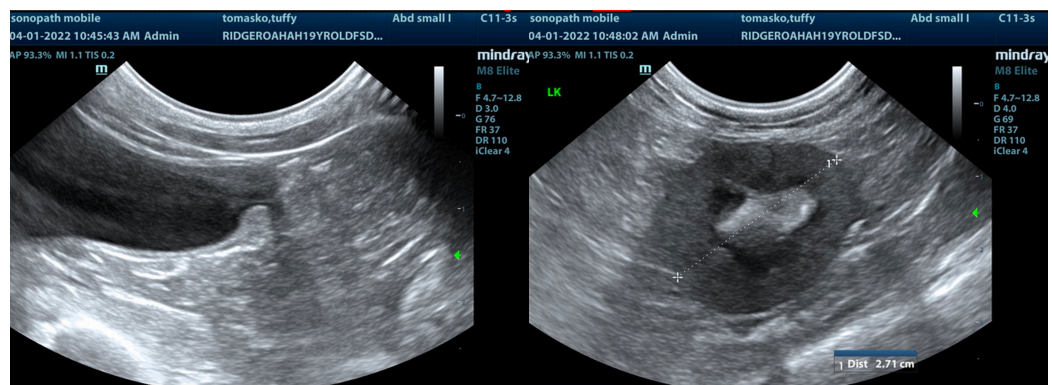
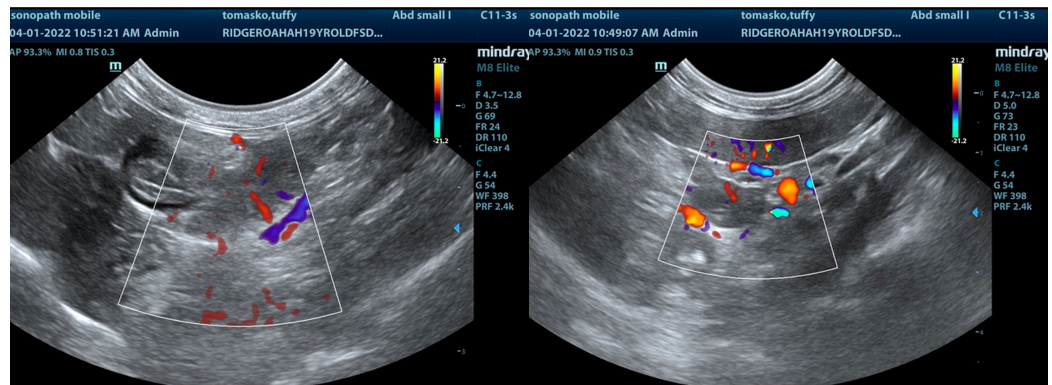
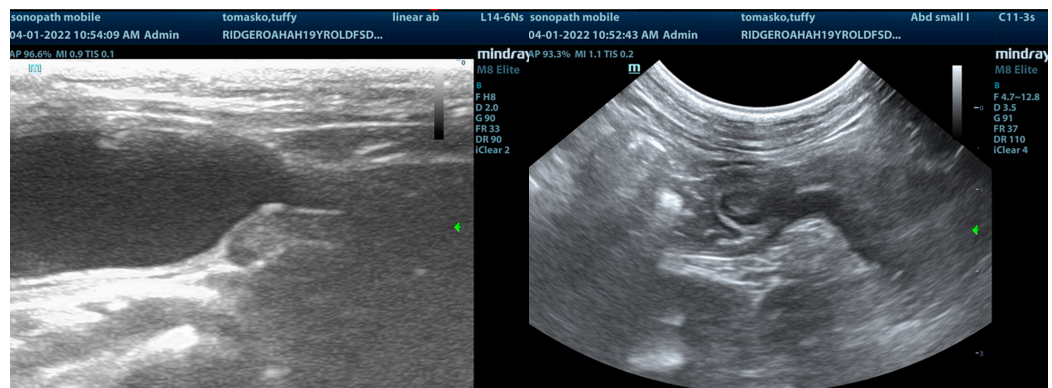
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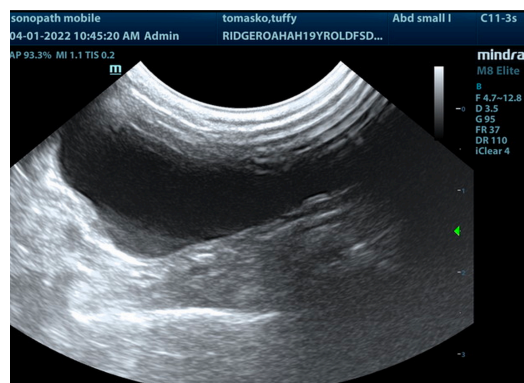
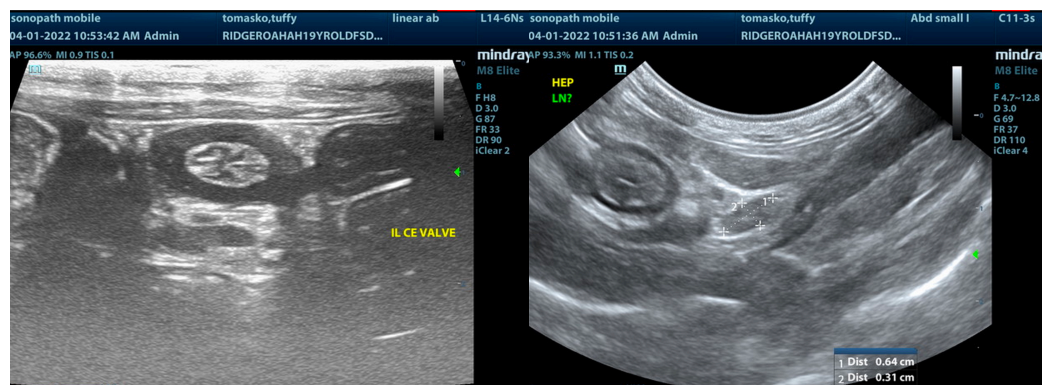
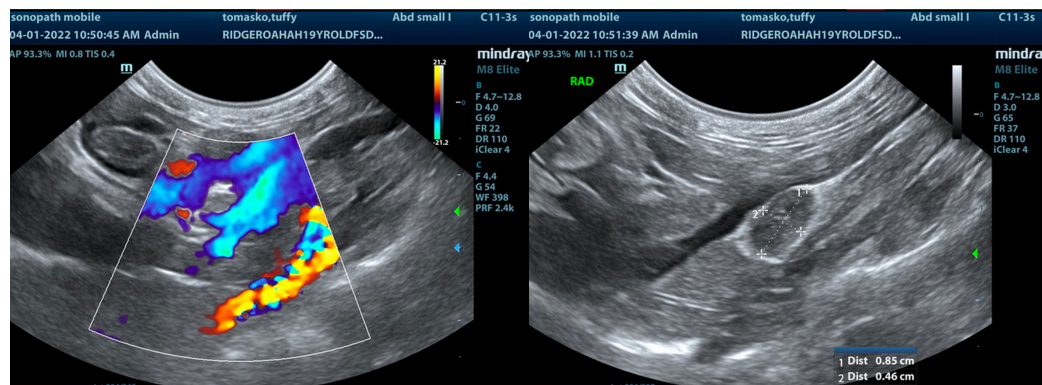
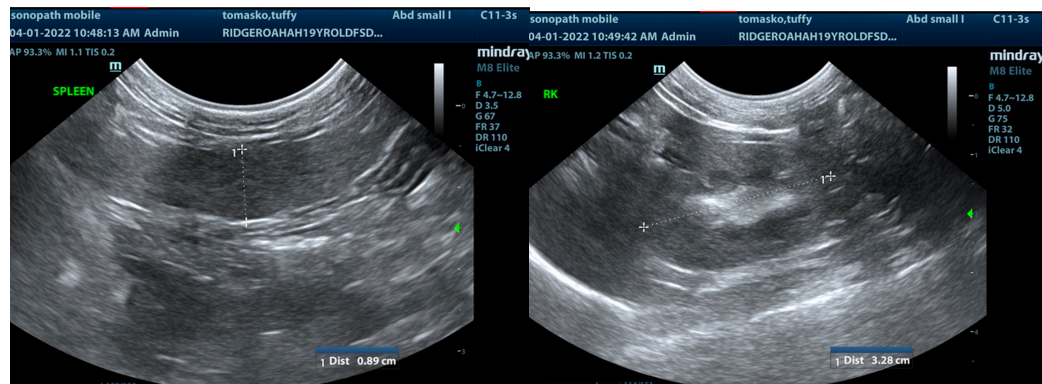
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Feline

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](mailto:info@SonoPath.com)

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