



PATIENT

Mercury Rinehold

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

5.1 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Harmon

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Seyler

INVOICE

46346

DATE

4/1/23

PRESENTING CLINICAL SIGNS

3-4 day history of lethargy, anorexia for 3-4 days, vomiting clear liquid to bile 1-2 times in last 3-4 days. p presented very lethargic and laterally recumbent but able to sit sternal, grade 3/6 systolic parasternal murmur. PLR intact but dull mentation

Abnormal PE/Chem/CBC/UA Results: Chem10 - CRE 3.5 (H), BUN 122 (H), ALT 149 (H) EPOC - BE - 5.5, k+ 3.5 (L), Ca++ 0.9 (L) BUN >120, CRE 3.5 CBC - neu 0.3k, eos 0.03k, plt 57k, Pct 0.12% UA - 1.032, ph 6.5, bld 250, cocci susp pre, rods susp pre, TBil 4.1 (H),

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. Minimal amount of urine present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

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. Mineralization noted in the left kidney. The left kidney measured 4.0 cm. The right kidney measured 4.3 cm. Blood flow to the kidneys was subnormal.

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 0.40 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** presented multifocal hyperechoic nodular changes, largest of which measured 1.5 cm in the left cranial liver. Increased portal markings also present. The gallbladder was unremarkable.

Gastrointestinal

Minor amount of fluid filled **gastric** lumen noted. 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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ULTRASONOGRAPHIC FINDINGS

BREED

- Chronic interstitial nephrosis pattern with dystrophic mineralizations, non-obstructive
- Nodular hepatic changes – hyperplasia, biliary adenoma, adenocarcinoma all possible

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

FNA of the liver nodules warranted. Treatment for acute on chronic renal failure indicated. Blood pressure measurements and urine culture indicated. 72-hour protocol warranted and reassessment of clinical status. Prognosis is guarded.

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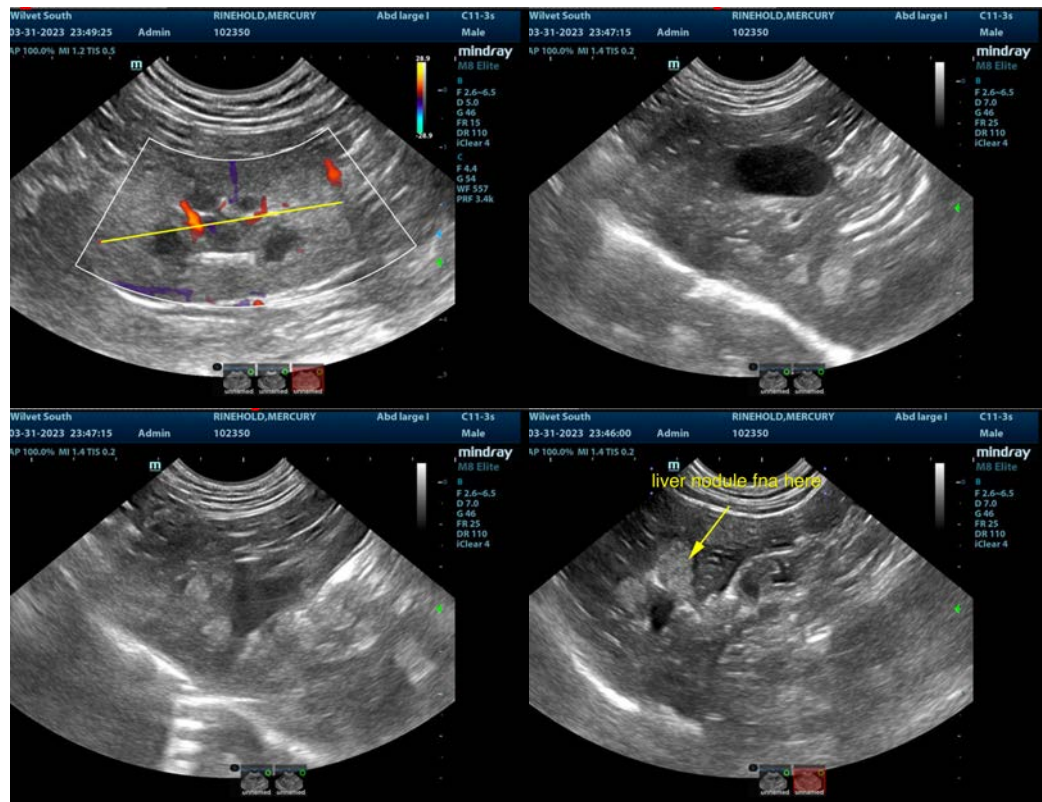
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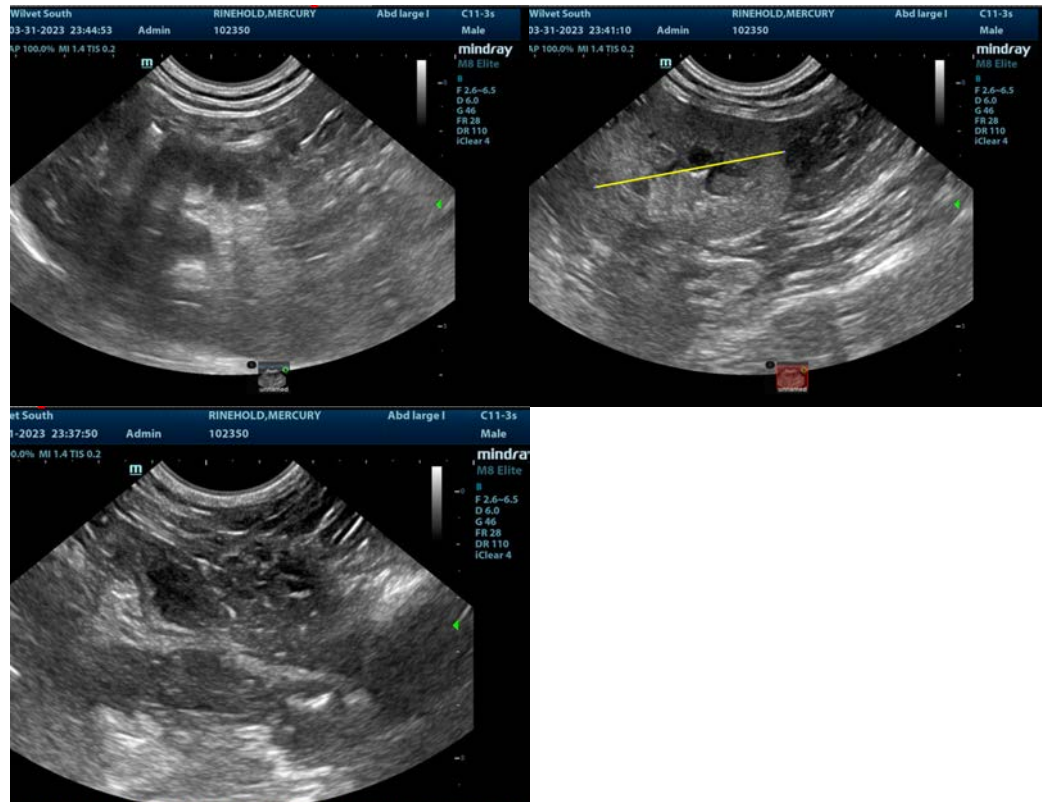
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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