



PATIENT

Blackie Schoenhals

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

13.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Heather Brenner

HOSPITAL NAME

Riverside AC

REFERRING VET

Dr. Heather Brenner

PRESENTING CLINICAL SIGNS

Indoor/Outdoor cat. Lethargy and vomiting started April 16 multiple times a day. Unknown if eating. Started treatment IVF, IV Enrofloxacin, IV Cerenia, fever improved to 102.7 after 16 hours, still not eating.

Abnormal PE/Chem/CBC/UA Results: April 18 Fever 104.1, Abdomen soft but palpation elicited vomiting, depressed. Fleas. CBC Neutropenia 0.19 (2.3-10.29), Lymphocytosis 7.44 (.92-6.88), Monocytosis .78 (.05-.067), Thrombocytopenia 86 (151-600). Azotemia BUN 75 (16-36), Creatinine 3.2 (.8-2.4), Hyperphosphatemia 8.7 (3.1-7.5). Hyperglycemia stress 217 (74-159). Hyperglobulinemia 6.1 (2.8-5.1). Hyperbilirubinemia 1.3 (0-.9). Hyponatremia, hypokalemia, hypochloremia. FPL Abnormal. Negative Feline Leukemia and FIV and HW. Urinalysis cysto sample USG >1.050, pH 6.0, Protein 2+, Bilirubin 2+, rare bilirubin crystals, 5-12 cocci/hpf. Abdominal radiographs no effusion, intestines soft tissue density with no gas, large intestines formed stool.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** presented minor swelling. The left kidney measured 4.1 cm. The right kidney measured 4.94 cm with minor pyelectasia and ill-defined pelvic fat. Pericapsular inflammatory pattern noted, primarily in the right kidney. Blood flow to both kidneys appeared to be adequate.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** presented minor micronodular changes, suggestive for possible splenitis.

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 an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Some luminal linear structures noted in the small intestine, may be related to parasitism. No evidence obstruction or foreign body suspected. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

INVOICE

36992

DATE

4/19/22



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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

- Non-specific nephritis pattern
- Enteritis pattern
- Possible splenitis

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DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

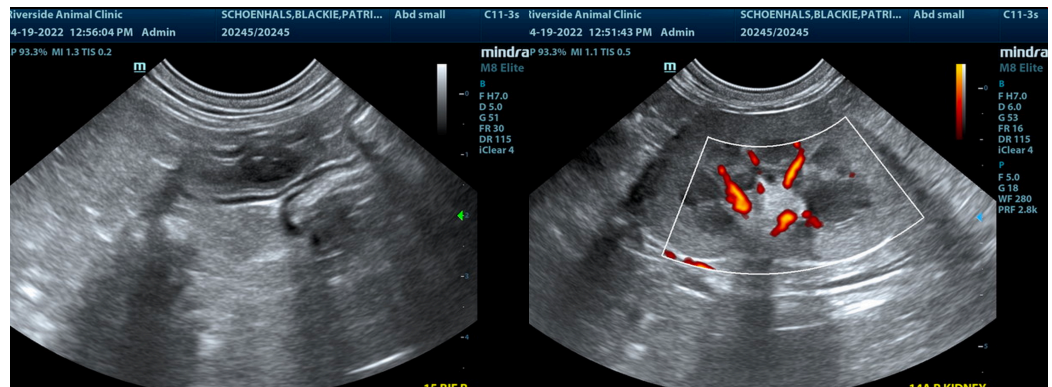
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Neutered Male

Infectious agents such as toxoplasmosis and bartonella should be considered. Urine culture and sensitivity and treatment for pyelonephritis recommended. IV fluid support warranted. The kidneys present only minor degenerative changes. Enrofloxacin/Clindamycin combination would be suggested as a broad-spectrum antibiotic to cover for infectious agents.

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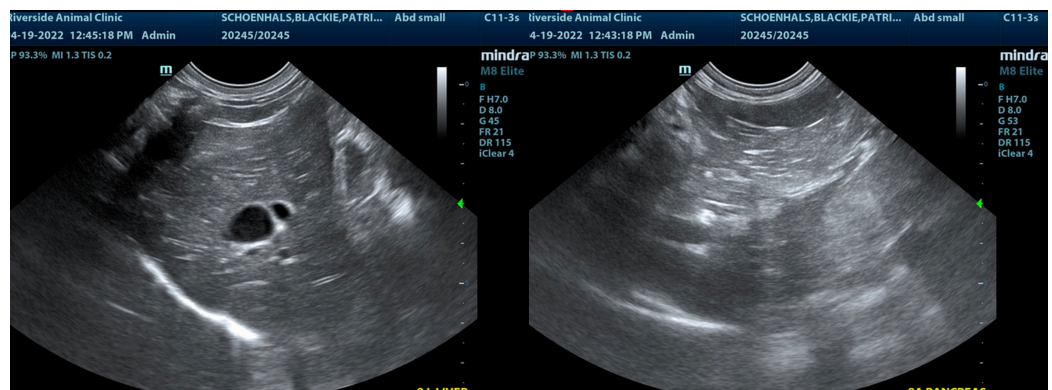


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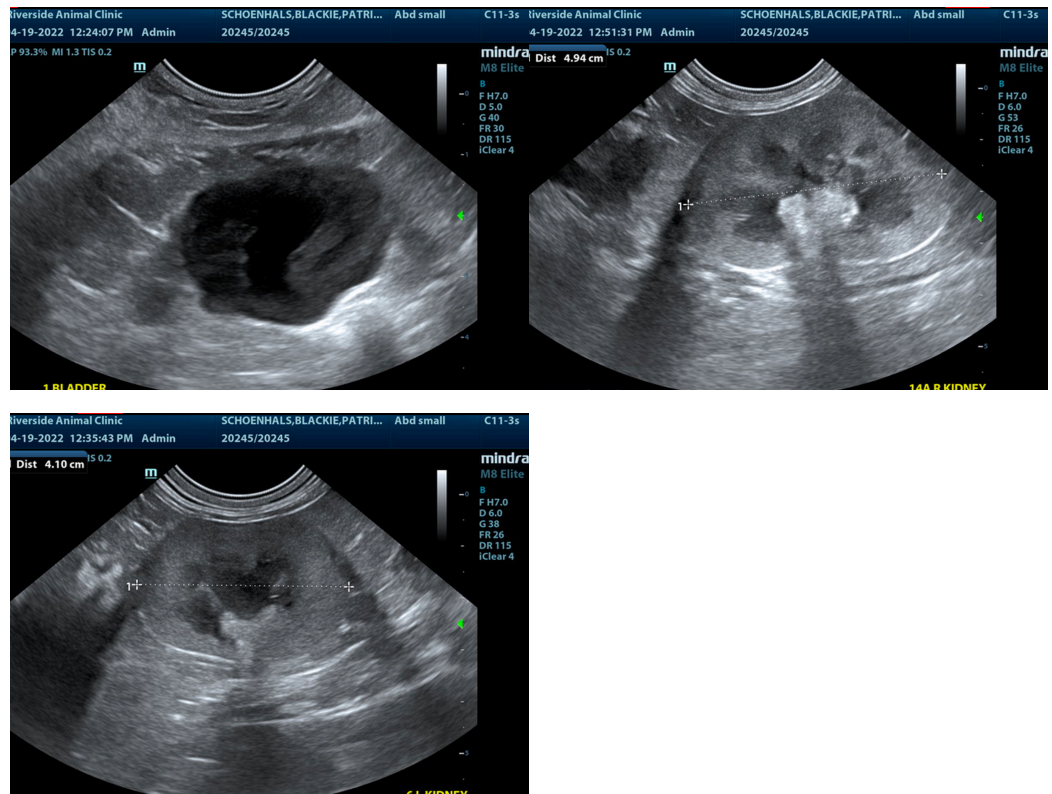
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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