



PATIENT

Eddie Slifer

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

9.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jo Goodman

HOSPITAL NAME

Evandale-Blue Ash PH

REFERRING VET

Dr. Jo Goodman

INVOICE

46833

DATE

4/21/23

PRESENTING CLINICAL SIGNS

Dx20260 - Otitis Media Dr. Brunner Dx20210 - Otitis Externa - Bacterial Dr. Brunner Feline Atopic Skin Syndrome - Dr Brunner Dx16310 - Lymphocytosis Dx18750 - Neutrophilia Dx15490 - Leukocytosis Dx12350 - Hematuria Chronic Nasal Discharge Dx22480 - Proteinuria 4/20 - O called two nights ago Eddie didn't finish his dinner, then didn't eat much the next morning. This morning he had still left food. So hasn't eaten in about 24 hours - the 24 before that, not much. He vomited some clear liquid/mucous around 5:30pm tonight. Acting fine and she has seen him drinking some water

Abnormal PE/Chem/CBC/UA Results: WBC 26.27 2.87 - 17.02 K/ μ L HIGH NEU 17.34 2.30 - 10.29 K/ μ L HIGH GLOB 5.3 2.8 - 5.1 g/dL HIGH ALT 581 12 - 130 U/L HIGH ALKP 122 14 - 111 U/L HIGH

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** revealed mild cortical degenerative changes with pelvic calculi up to 5.0 mm. Cortical infarct noted in the caudal pole of the left kidney. The left kidney measured 3.8 cm. Cortical infarcts noted at the dorsal cortex of the right kidney. The right kidney measured 4.8 cm. Corticomedullary calculi noted, non-obstructive. Active inflammation associated with the right kidney with minor pyelectasia.

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** was hypoechoic with subtle nodular changes and slight irregular contour. Upper limits of normal size at 9.0 mm.

Liver

The **liver** presented minor increased portal markings, consistent with inflammatory hepatopathy. The gallbladder was unremarkable.

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.

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.



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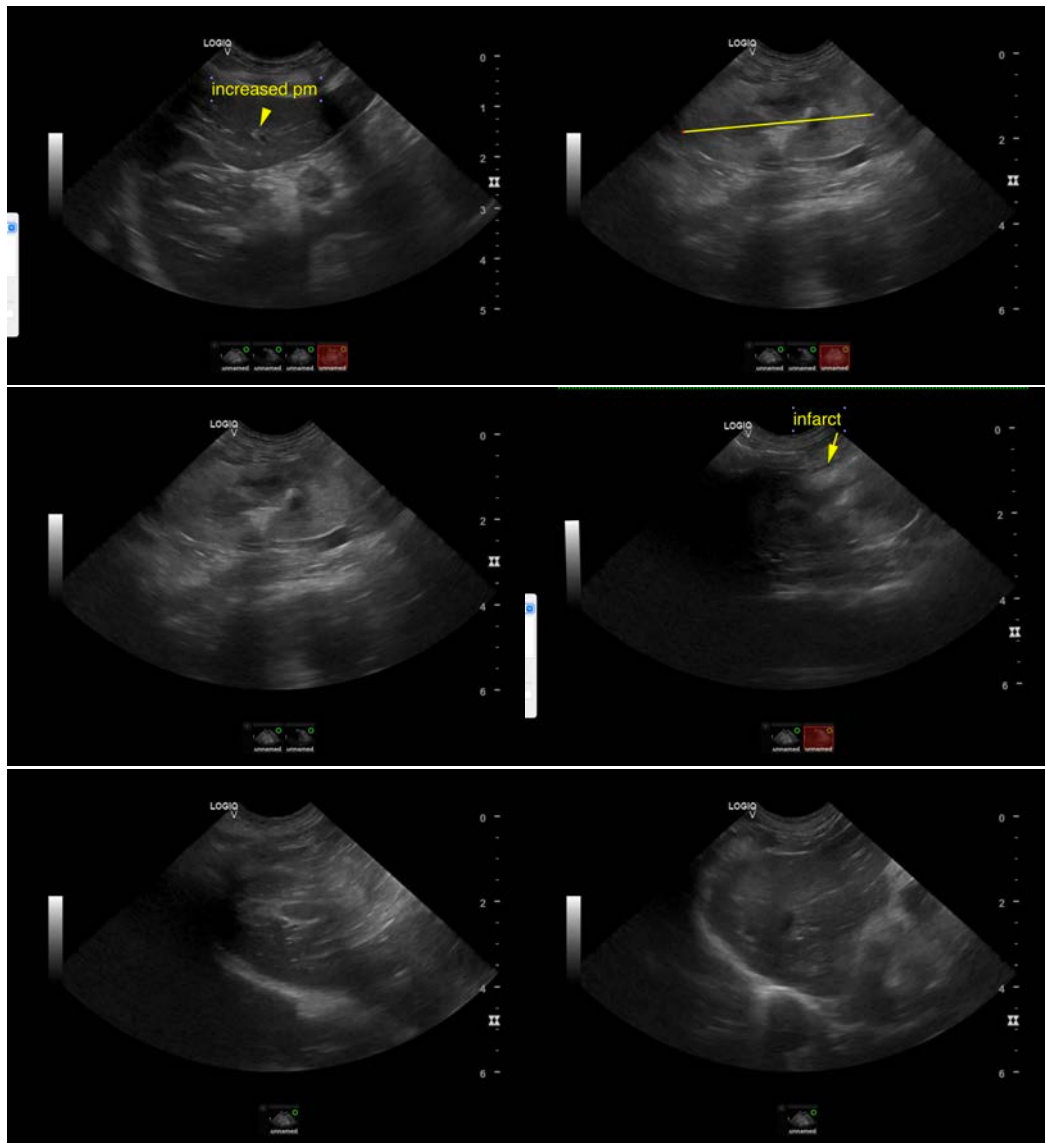
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ULTRASONOGRAPHIC FINDINGS

- Renal dystrophy with non-obstructive nephrolithiasis and cortical infarcts
- Inflammatory hepatopathy liver pattern
- Reactive spleen or splenitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA spleen and liver recommended. Full urinary workup warranted, given the renal presentation. Passage of calculi may be in this patient's history. Hematuria likely owing to infarcts or passage of calculi. No overt evidence of neoplasia. However, this cannot be completely ruled out, hence the FNA of spleen and liver.





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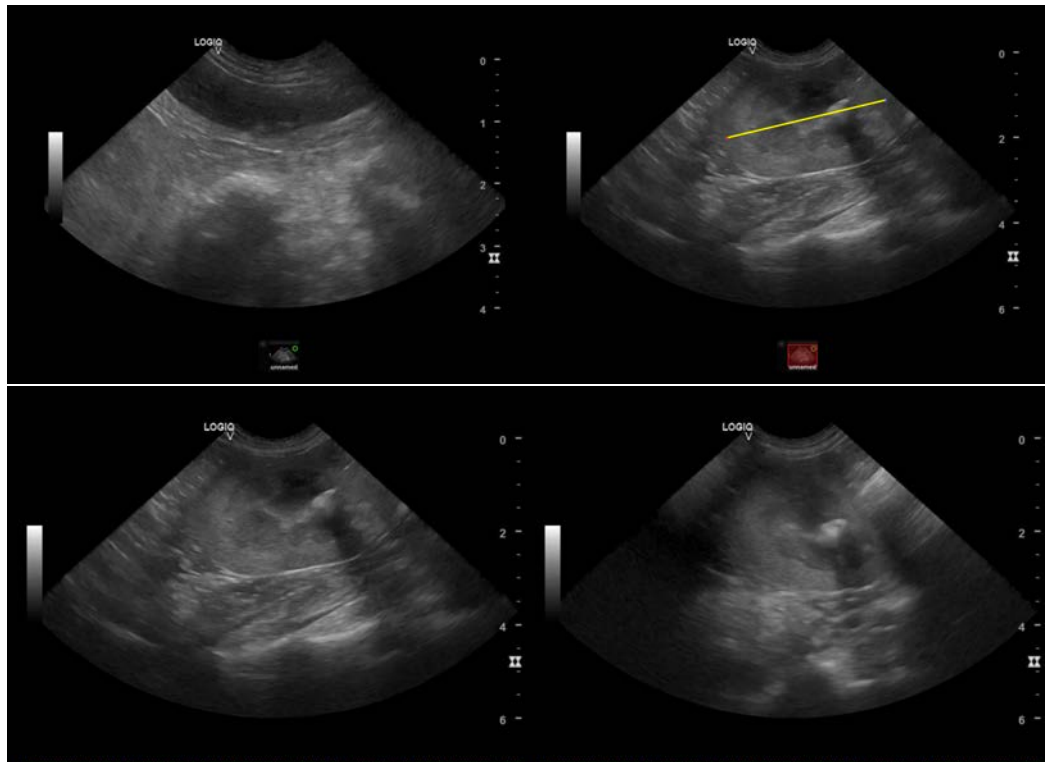
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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