



PATIENT

Anubis Shoff

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

5.2 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

47013

DATE

4/28/23

PRESENTING CLINICAL SIGNS

Presented at our hospital for vomiting 4 times today and multiple times the past 2 days. Only eating small amounts of food but not keeping it down. Does like to eat things Previous Health Concerns: possible allergies food/seasonal Current Medications: steroids as needed

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 20.32 (5.5-19.5), Neu 17.97 (3.12-12.58) Chem: BUN >140 (15-32), Cre 9.8 (0.8-1.8), IPhos 9.6 (2.6-6.0), tBil 0.6 (0.0-0.5) EPOC: pO2 169.9 (27.0-50.0), O2Sat 99.4 (50-80), BE(ecf) -8.8 (-5.0-2.0), Na 141 (148-163), Ca2+ 0.84 (1.21-1.51), BUN >120 (15-32), Crea 12.41 (0.5-1.9) UA: USG 1.020, pH 6.0, Protein trace, RBCs +++, struvite, calcium oxalate Courtesy Spot Check U/S: renal pelvis dilation of right kidney Gas within the gastrointestinal tract likely secondary to gastroenteritis/enterocolitis which could be due to dietary indiscretion, infection, toxin or much less likely pancreatitis. No evidence of gastrointestinal obstruction is identified on the images provided. Moving foreign material causing partial intestinal obstruction or intestinal irritation cannot be ruled out. If the clinical signs persist despite medical treatment, repeat abdominal radiographs or abdominal ultrasound could be considered for further evaluation. Mineral opaque structure within the right kidney most consistent with nephrolith or diverticular mineralization. Unremarkable thorax.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a calculus measuring 0.86 cm with mild acoustic shadowing. It is possible that the patient recently passed a calculus, causing pyelectasia in one of the kidneys.

The **kidneys** were swollen in contour. Pyelectasia noted in the right kidney measuring 3.6 cm x 1.0 cm. . The right kidney measured 4.81 cm. Minor pyelectasia noted in the left kidney of 0.30 cm x 2.1 cm. The left kidney measured 5.43 cm. Right hydroureter noted, potentially owing to ureteral stricture. The right ureter measured 0.46 cm of dilation. Degenerative changes in the left kidney are moderate, mild on the right at the current time.

Adrenal Glands

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

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



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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.

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ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Moderate hydronephrosis of the right kidney with hydroureter
- Mild degenerative changes left kidney with minor pyelectasia
- Bladder calculus

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV fluid protocol to correct the azotemia, urine culture and sensitivity, blood pressures all indicated, and reassessment of the renal profile and sonogram. No evidence of neoplasia.

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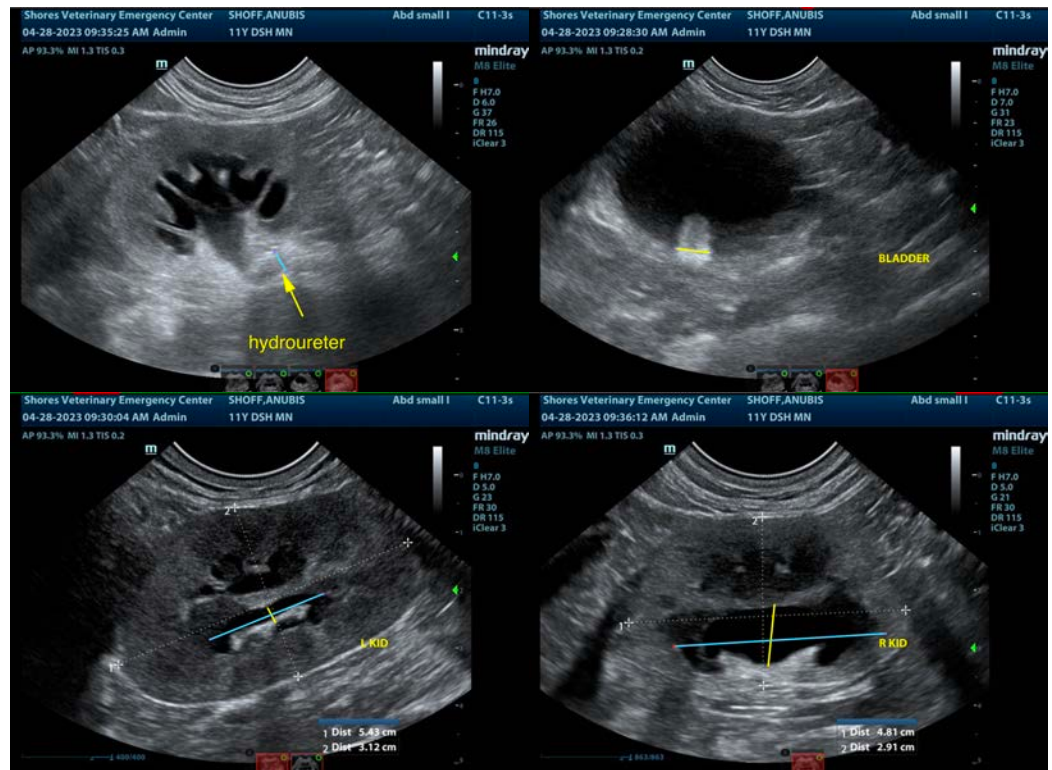
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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