



PATIENT

Danzig Kerner

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16

WEIGHT

5.09

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brittany Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Brittany Gardner

INVOICE

47012

DATE

4/28/23

PRESENTING CLINICAL SIGNS

P presented for straining to poop this morning and not e/d. O fed P some salmon last night to see if he would eat, took a few bites but v+ it up a few hours later mostly liquid.

Abnormal PE/Chem/CBC/UA Results: From 4/27: lytes: Na 155, K 4.1, cl 116 PCV/TS: 30/6 EPOC: HCT 26 Gluc 195 Creat 5.85 BUN 92 i cA 1.20 Na 152 K 5.2 PCV/TS: 30/6.0

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 chronic interstitial nephrosis pattern with loss of corticomedullary definition. Minor pyelectasia noted. The right kidney measured 4.6 cm. Subnormal blood flow noted in both kidneys. Hyperechoic idiopathic medullary rim sign noted.

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 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. An anechoic cyst was noted measuring 4.0 mm in the left medial liver. 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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

- Subjectively end stage degenerative renal changes, interstitial nephrosis pattern
- Unremarkable abdomen otherwise with geriatric changes

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

I cannot rule out dry form FIP in this patient, given the medullary rim sign in the kidneys. Subjectively, the kidneys appear near end stage. Pyelectasia potentially owing to UTI. Recommend 72-hour IV fluid protocol to correct azotemia, urine culture, and blood pressures. Prognosis is guarded depending upon response to therapy.

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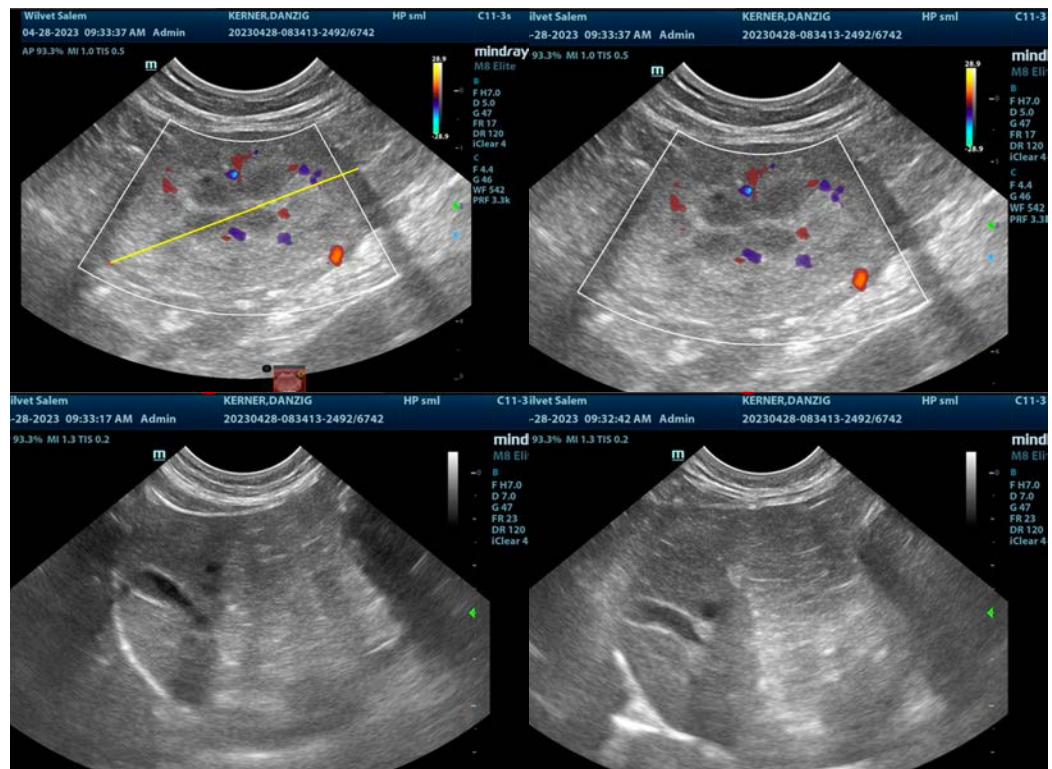
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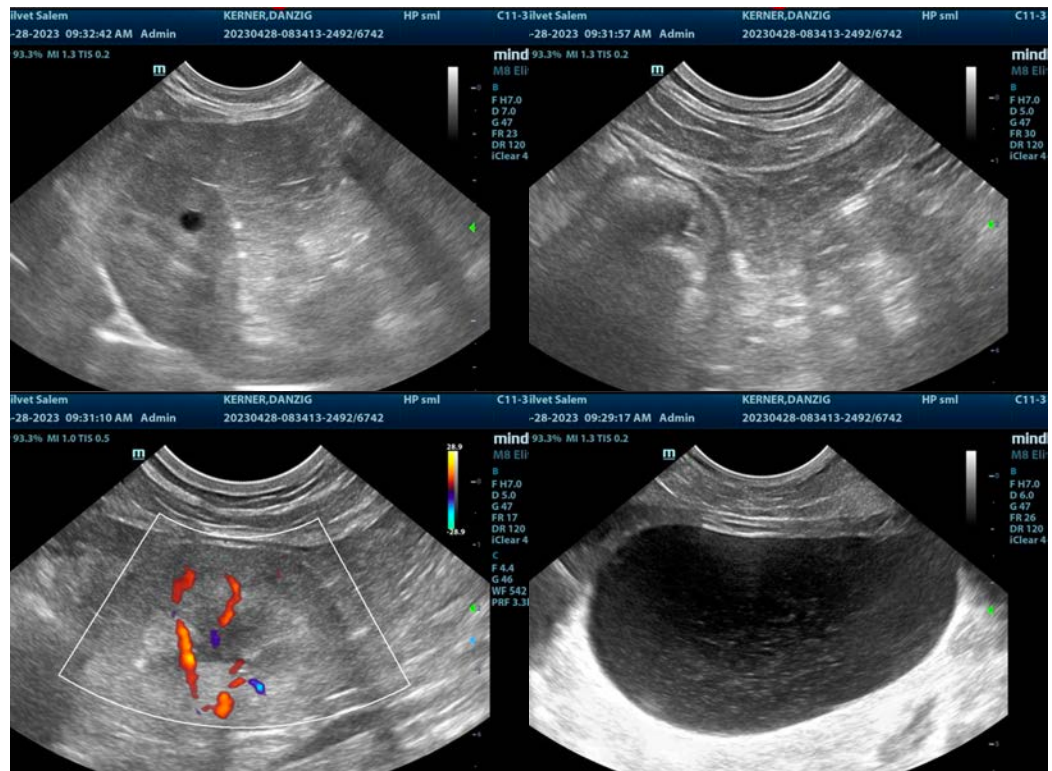
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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