

**DATE**

4/6/22

**PRESENTING CLINICAL SIGNS**

Hypercalcemia, progressive renal disease, hx of chronic pancreatitis and cystic liver.

**PATIENT**

Julius Lane

Current Medications: Apoquel 16mg- 1/4 BID.

Lab Results: Ionized calcium 1.69, low parathyroid 0.6, SDMA 18, serum calcium 14.5, USG 1.020, pH 5.5

Date of Previous IntraPet Ultrasound: 2/4/2018 (polycystic kidneys, polycystic liver, moderate degenerative renal changes with calculi, chronic pancreatic changes.

Sedation: Declined.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

DSH

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Trace amount of sand noted in the bladder at 0.66 cm, non-obstructive.

**SEX**

No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

Neutered Male

The **kidneys** presented persistent polycystic cortical changes with disrupted pelvic architecture and multiple calculi within the renal pelvis and corticomedullary junction. Pyelectasia of the left kidney measured 0.27 cm. The left kidney measured 4.86 cm. The largest cyst measured 1.18 cm. The largest calculus measured 1.0 cm. The right kidney presented more severe polycystic changes than the left kidney, with pyelectasia of 0.37 cm. The largest cyst in the right kidney measured 2.5 cm. The right kidney measured 5.08 cm. Blood flow to the kidneys was mildly subnormal on color flow assessment.

**AGE**

7/24/08

**WEIGHT**

14.1 Pounds

**Adrenal Glands**

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

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

**Liver**

The **liver** revealed persistent polycystic changes. A cystadenomatous type mass was noted in the right cranial liver measuring 2.7 cm. The gallbladder was deviated caudally.

**HOSPITAL NAME**

Cat Hospital at Towson

**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.

**REFERRING VET**

Dr. Brunt

**INVOICE**

36780

**Pancreas**

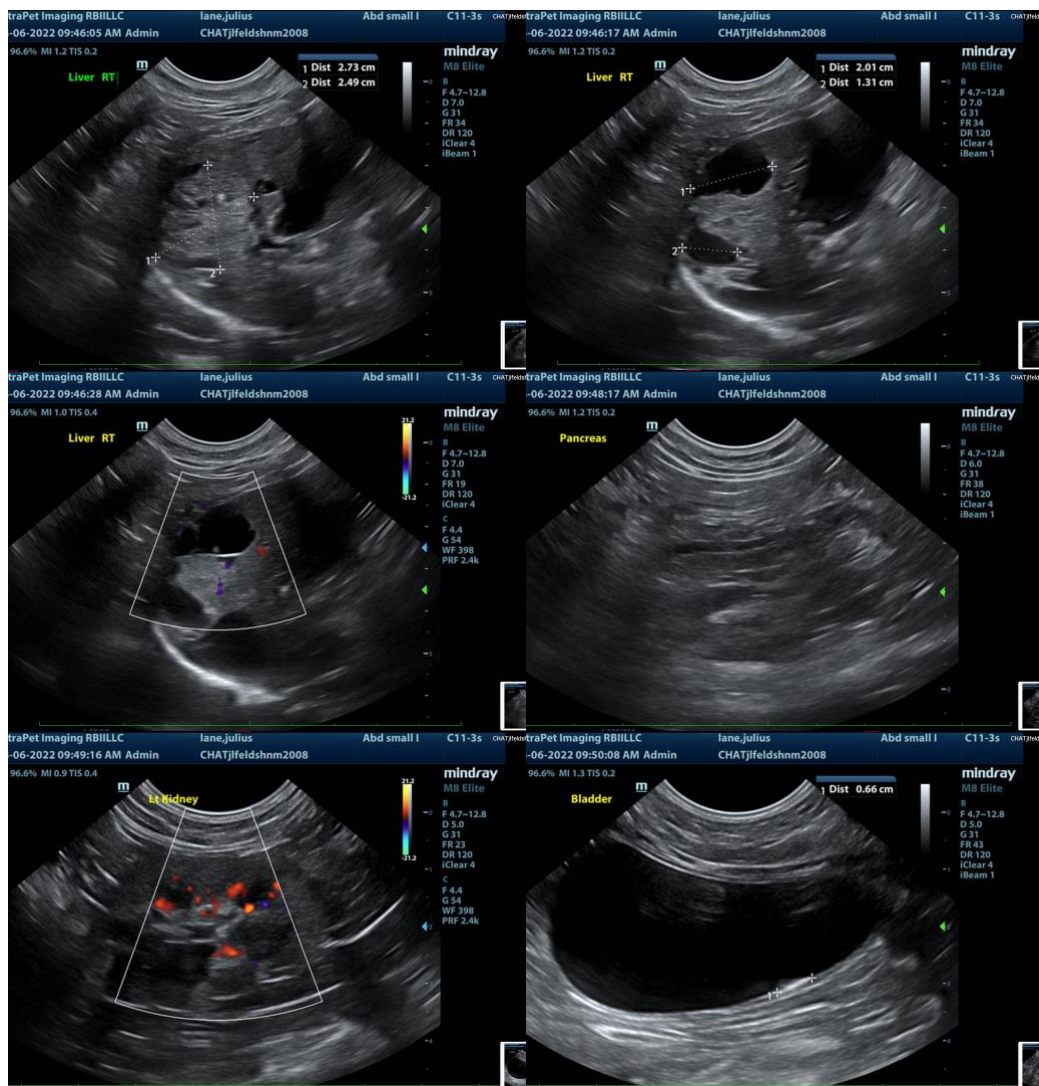
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

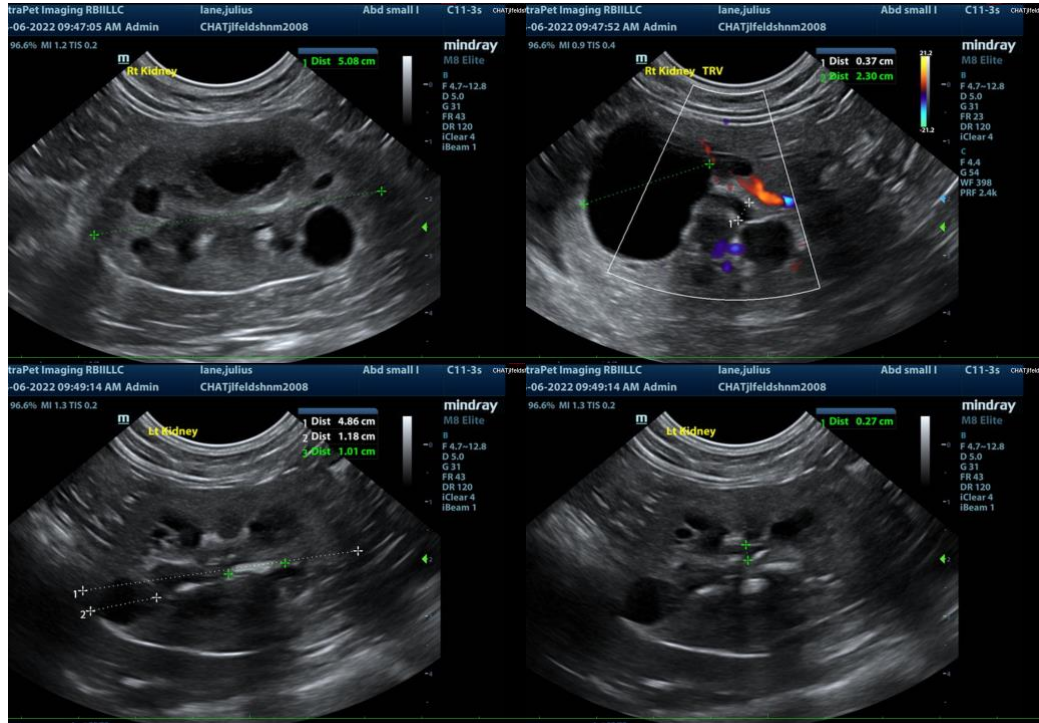
## ULTRASONOGRAPHIC FINDINGS

- Polycystic liver
- Polycystic kidneys with moderate progressive degenerative renal changes and calculi
- Minor bladder sand
- Age related pancreatic changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplasia. The kidneys both demonstrate more prominent cystic changes in size and number than the prior sonogram. The liver has significantly progressed regarding cystic changes. Renal function and hepatic function evaluations should be based on clinical urinary and blood chemistry parameters. Geriatric diet warranted. The patient may be passing calculi periodically, causing vague clinical signs.





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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