



PATIENT

Mr. Big Rudkin

PRESENTING CLINICAL SIGNS

Very emaciated Inappetent lethargic
 Abnormal PE/Chem/CBC/UA Results: High renal enzymes hematuria and hypoglobulinuria

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Oriental

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 was noted. Ureteral papillae were normal.

SEX

Neutered male

The right **kidney** revealed thickened, irregular, dystrophic changes with chronic interstitial nephrosis pattern and dorsal cortical collapse owing to infarct. Pelvic dilation was noted in the left kidney and measured 1.63 cm with cortical infarcts and remodeling and chronic interstitial nephrosis pattern. The left kidney measured 4.17 cm.

AGE

12 years

Adrenal Glands

WEIGHT

4.6 kg

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 right adrenal gland measured 0.4 cm.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Dr. Belan

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 was noted.

HOSPITAL NAME

South Pointe AH

Liver

REFERRING VET

Dr. Eslinger

The **liver** revealed coarse architecture and increased portal markings. Lobar biliary calculi and cystic duct calculi were noted. The common bile duct had a large amount of sand accumulation prior to the duodenal papilla grouping of which measured 0.7 cm.

INVOICE

30293

Gastrointestinal

DATE

5/11/22

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.



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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. 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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BREED

Oriental

SEX

Neutered male

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WEIGHT

4.6 kg

ULTRASONOGRAPHIC FINDINGS

Biliary sand and partial common bile duct obstruction.

Biliary calculi.

Increased portal markings and lobar biliary mineralization.

Chronic and subjectively end stage degenerative renal disease, interstitial nephrosis with infarcts and remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72 hour IV fluid protocol is warranted to stabilize the azotemia if possible. Eventual cholecystoduodenostomy would be necessary with biliary duct lavage and liver biopsy.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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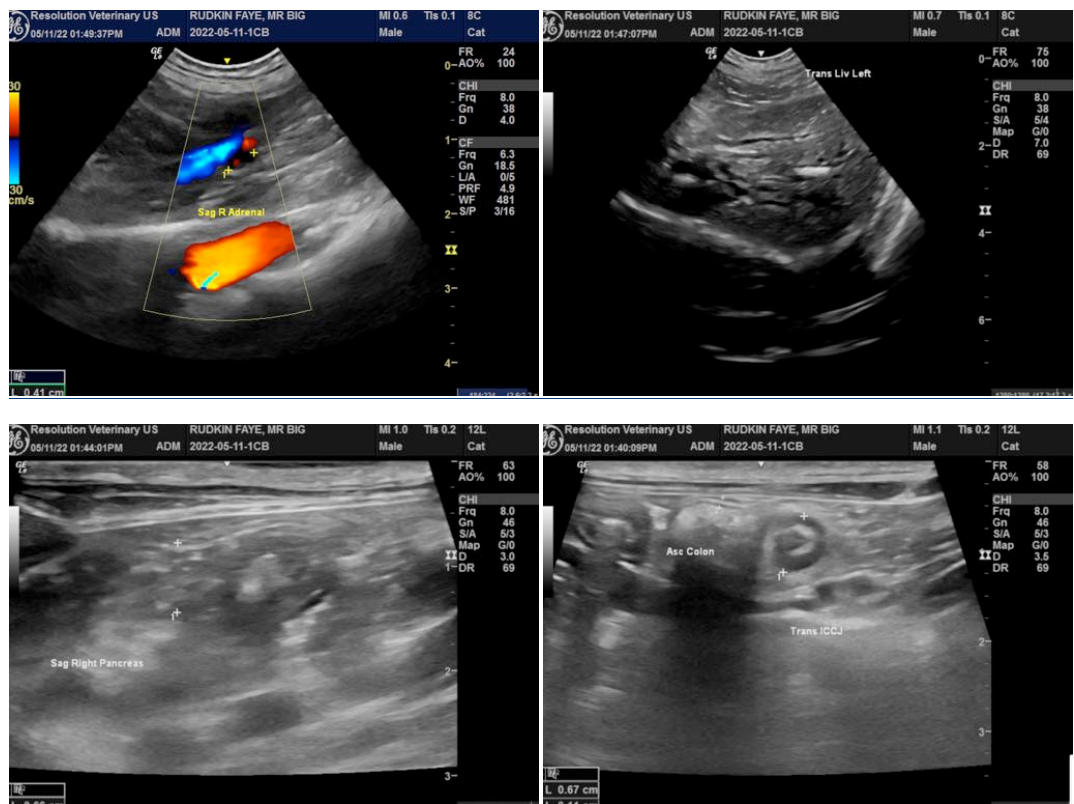
Dr. Eslinger

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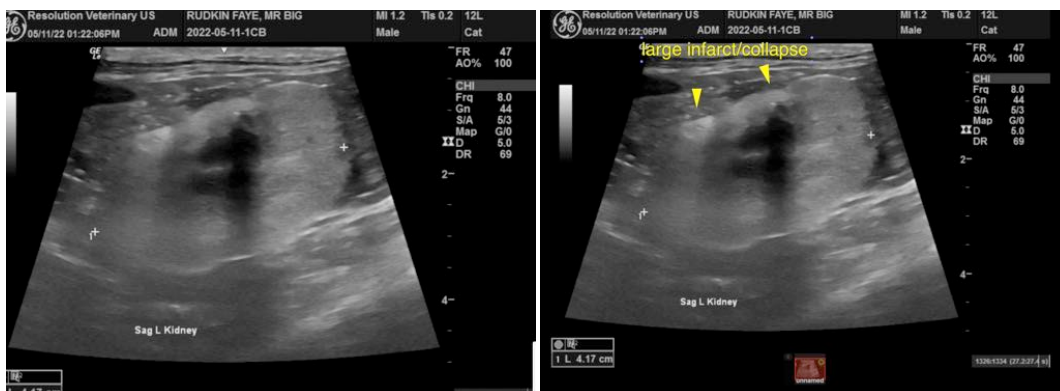
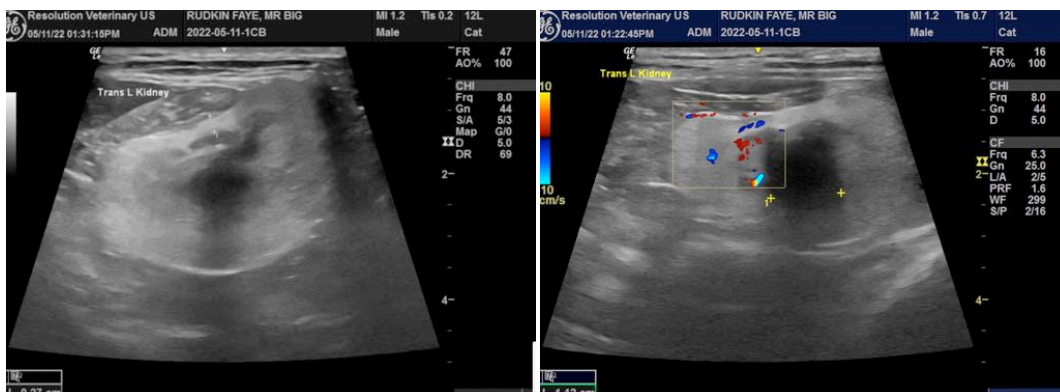
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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