



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Jack Mack
SPECIES Feline
BREED Domestic Medium Hair
SEX Neutered male
AGE 12 years
WEIGHT 7.18 lbs
INTERPRETED BY Eric Lindquist, DMV DABVP, Cert. IVUSS
IMAGING PERFORMED BY Loomis
HOSPITAL NAME Brookwood AC
REFERRING VET Dr. Wymard

Losing weight. Used to be a chow hound and recently he is not eating well. Tried Elura a while back and it made him drool. GF recently moved into house w/ other pet so suspect P might be stressed. P has an artificial ureter (e.g. a port surgically implanted) that we flush periodically. Recently we have been having issues w/ recurrent UTI's. Recently started vomiting up clear liquid (~2 episodes that O knows of). Yesterday he vomited clear liquid 3x within 5 minutes.
 Abnormal PE/Chem/CBC/UA Results: Recurrent UTI (E. coli) treated previously w/ convenia. Switched to orbax recently (ordered but not in yet). CBC/Chem pending... Last BW performed in 7/2021 was normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

20 still images and 4 videos were submitted

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Urinary catheter was present. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 3.5 cm. The left kidney measured 3.3 cm with pyelectasia that measured 0.5 cm with areas of mineralization and enhanced pelvic fat. This is suggestive for pyelonephritis.

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.

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 was 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

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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.

SPECIES

Feline

Gastrointestinal

BREED

Domestic Medium Hair

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. 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. The mesenteric lymph nodes were reactive.

SEX

Neutered male

Pancreas

The **pancreas** was hypoechoic with undulating contour.

AGE

12 years

ULTRASONOGRAPHIC FINDINGS

Pyelonephritis renal pattern with chronic active pancreatitis.

WEIGHT

7.18 lbs

Subacute on chronic pancreatitis pattern in the left limb.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recurrent UTI is likely owing to lack of clearing of the left kidney. 4-6 week antibiotic therapy is likely necessary. However, complete liberation of the pyelonephritis of the left kidney/UTI may not be able to be completed owing to chronic changes. Chronic active pancreatitis is likely the cause of current hyporexia. Artificial ureter is present and present in proper position. The urinary bladder was unremarkable. Pulse antibiotics may be appropriate in this patient. Palpation of the left cranial abdomen adjacent to the kidney is recommended as well as paralumbar palpation cranial to the left kidney to assess for discomfort where the pancreatic changes were most prominent. There was no evidence or suspicion of neoplasia.

IMAGING PERFORMED BY

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Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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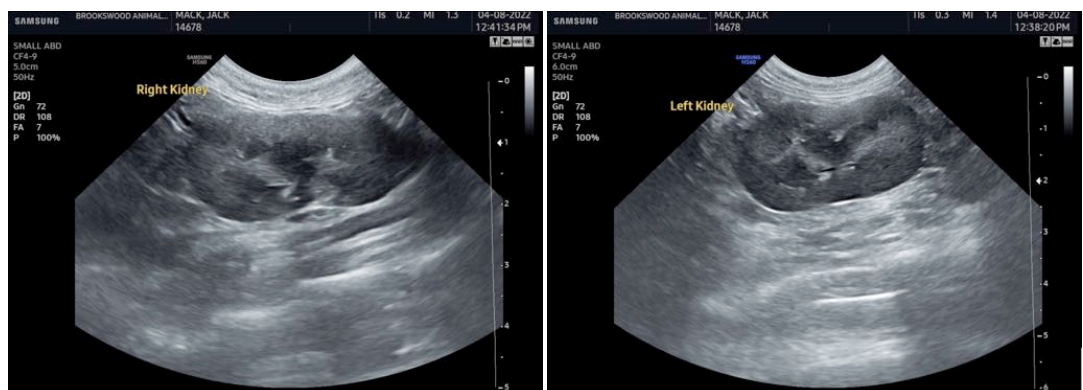
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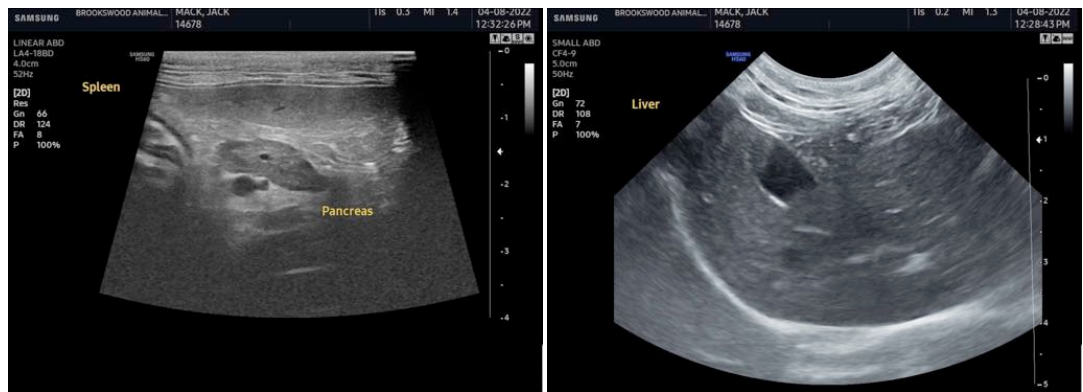
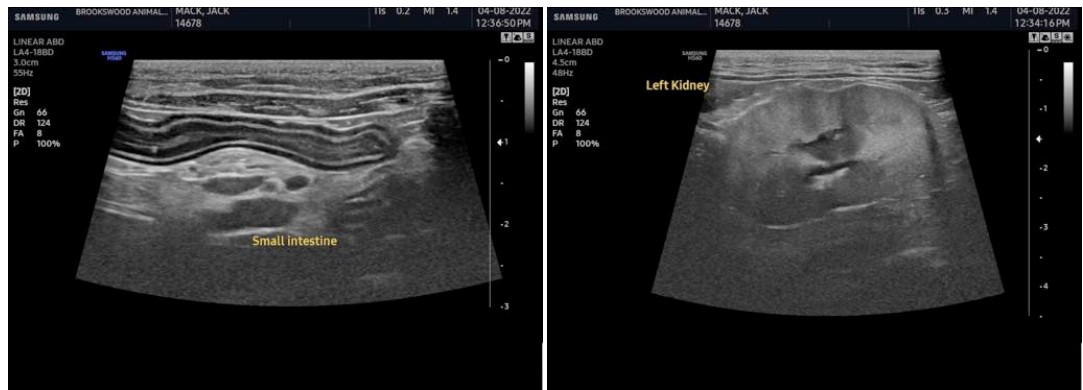
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com