



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Popeye Russomano	was hospitalized for constipation went home now came back for not eating
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	The <b>urinary bladder</b> , 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 were noted. Ureteral papillae were normal.
DSH	
<b>SEX</b>	The <b>kidneys</b> presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.6 cm. The right kidney measured 4.27 cm. Blood flow to the kidneys was subnormal on power doppler assessment.
Neutered Male	
<b>AGE</b>	<b>Adrenal Glands</b>
4 Years	The regions of the <b>adrenal glands</b> were unremarkable.
<b>WEIGHT</b>	<b>Spleen</b>
11 Pounds	The <b>spleen</b> 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.
<b>INTERPRETED BY</b>	<b>Liver</b>
Eric Lindquist, DMV	The <b>liver</b> 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.
DABVP, Cert. IVUSS	
<b>IMAGING PERFORMED BY</b>	
Jenn	
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Rockaway AH	The <b>stomach</b> revealed shadowing pyloric material, density is that of hairball accumulation. The small intestine and colon were unremarkable.
<b>REFERRING VET</b>	<b>Pancreas</b>
Dr. Maniar	The base and limbs of the <b>pancreas</b> 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.
<b>INVOICE</b>	
37674	
<b>DATE</b>	
5/17/22	



**PATIENT**

Popeye Russomano

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

4 Years

**WEIGHT**

11 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

37674

**DATE**

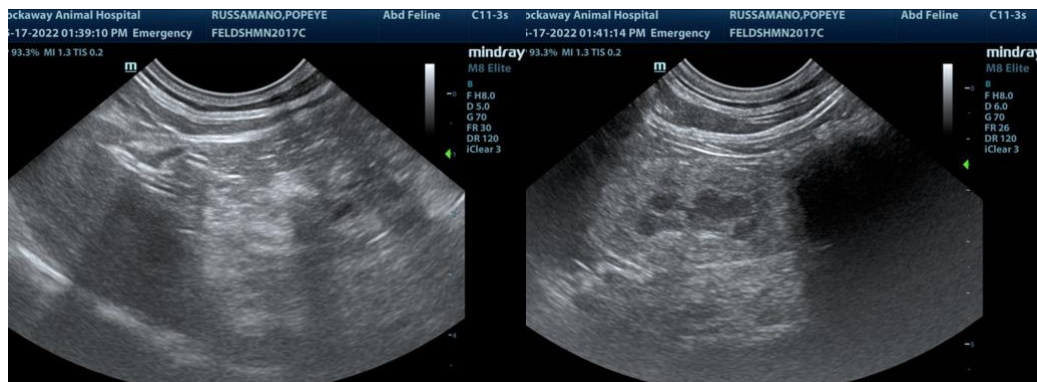
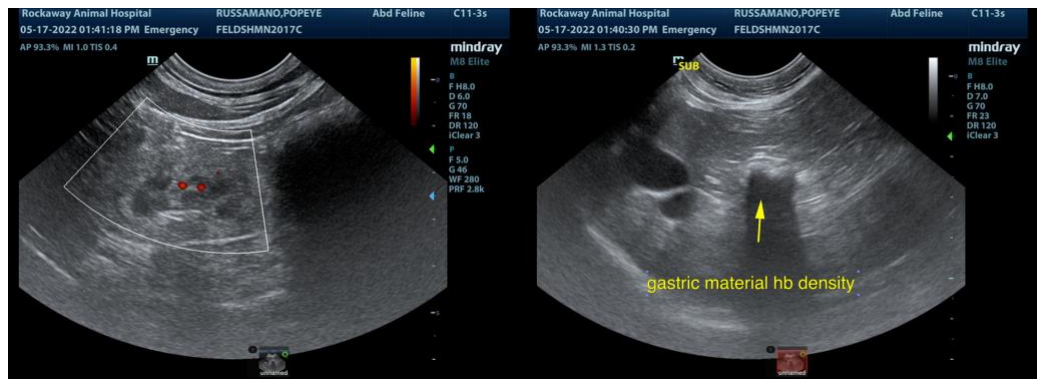
5/17/22

**ULTRASONOGRAPHIC FINDINGS**

- Early chronic interstitial nephrosis
- Hairball type density in the stomach
- Unremarkable abdomen otherwise

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Renal parameters should be fully evaluated. Evaluation of CBC/Chem/UA and primary hairball therapy warranted. Supportive care should prove effective.



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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