



PATIENT

Wallie Mansberger

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

4.7 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

37761

DATE

5/18/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for being lethargic/ADR for several days. Tonight, was just laying in front of water dish. Seems weak in hind end. Pancreatic tumor monitored with q6 month ultrasounds and bloodwork with rDVM. Previous Health Concerns: chronic kidney disease, tumor on pancreas, history of urinary issues (previous cystitis). Current Medications: none

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: Grade 3/6 sternal heart murmur, est 8-10% dehydration; bilateral femoral pulses Abdominal: reactive on palpation, no obvious mass, small urinary bladder- difficult to determine abdominal vs. referred back pain Musculoskeletal: able to stand; kyphotic stance, very painful caudal lumbar spine palpation- vocalizing; painful left hip palpation- vocal/reactive Radiographs: sig mineralization of R renal pelvis, R kidney large, L kidney small, fluid distended stomach, empty small intestine w/ sl gas, fecal material in colon Renal panel: BUN 107.6, Creat 5.7, Phos 12.8, TP 8.8, Glob 5.9 EPOC: pH 7.157 L, Chloride 132 H, Ionized Ca 1.19 L, BUN 100 H, Creatinine 6.33 H, Glucose 159 H ProBNP: abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a small calculus measuring 6.0 mm. The patient may have passed a calculus recently.

The **left kidney** presented end stage degenerative nephrosis pattern with cortical infarcts, remodeling, and disrupted corticomedullary definition. The left kidney measured 2.56 cm x 1.77 cm.

The **right kidney** measured 5.0 cm. A pelvic calculus was noted in the right kidney measuring 1.0 cm. Pericapsular inflammatory pattern noted with chronic interstitial nephrosis pattern. Minor fluid noted around the right kidney.

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 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.

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.



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Pancreas

Minor heterogeneous changes noted in the right limb of the pancreas.

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ULTRASONOGRAPHIC FINDINGS

- Acute on chronic interstitial nephrosis pattern right kidney
- End stage degenerative left renal changes
- Bladder calculus

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient may have passed a calculus recently. 72-hour IV fluid support, culture and sensitivity, blood pressures, and attempt at stabilization warranted. No evidence of masses or neoplasia.

SEX

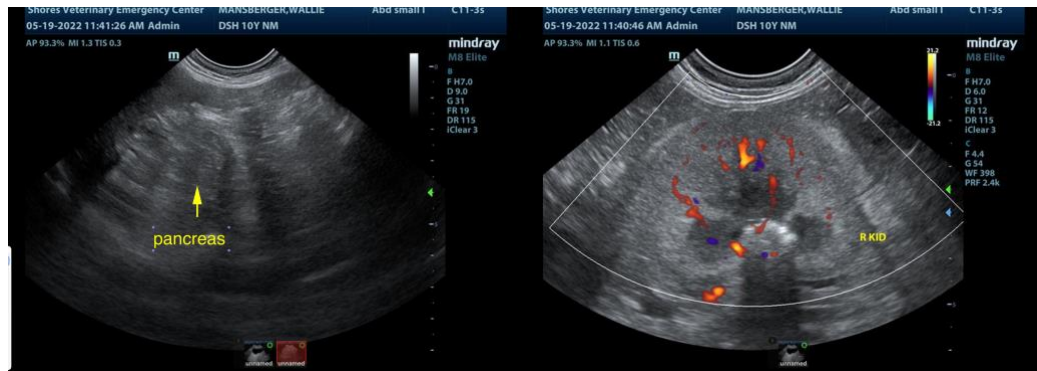
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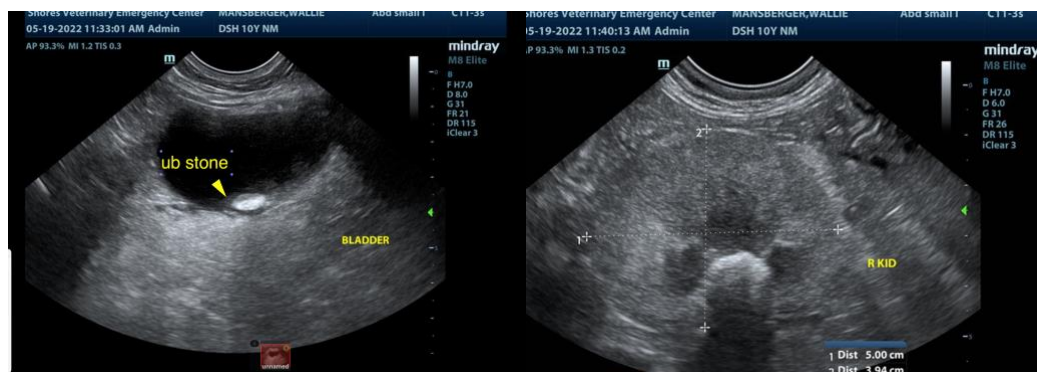
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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