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Clinical Sonography & Telecytology
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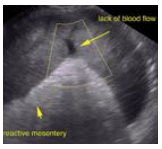
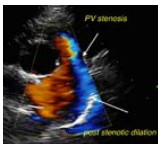
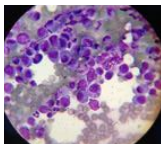
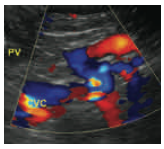

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Leo Dally

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
11 years

WEIGHT
8.75 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Fortin

INVOICE
30698

DATE
5/24/22

PRESENTING CLINICAL SIGNS

History: Chronic vomiting, with acute worsening recently. PU/PD reported by owner. Had an URI several weeks ago, treated with Clavamox. On Hydrolyzed diet currently. Treated with SQ fluids and Cerenia.
PE: uncomfortable on pressure on mid and cranial abdomen. Mild muscle wasting. BW (5/14/22): Hct 39%, SDMA 13, Creat 1.9, BUN 28. Cl 112. TP 8.6, Alb 3.0, Glob 5.6. A:G ratio: 0.5. Normal T-4. UA: SG 1.005, WBC 0-2/HPF, RBC 0-2/HPF. Fecal Antigen: NEG.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. 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.

The **kidneys** were normal in size and contour with slightly increased cortical echogenicity thickness with cortical striations. This is most consistent with interstitial nephrosis. The left kidney measured 3.7 cm. The right kidney measured 4.05 cm.

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** was mildly hyperechoic to the falciform fat. Early hepatic lipidosis pattern, yet not likely a clinical issue. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Possible hair accumulation 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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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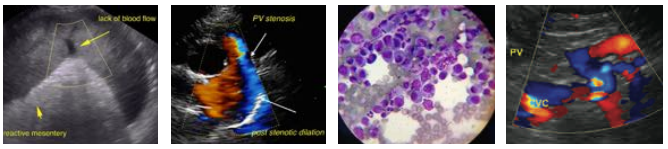

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Pancreas

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

ULTRASONOGRAPHIC FINDINGS

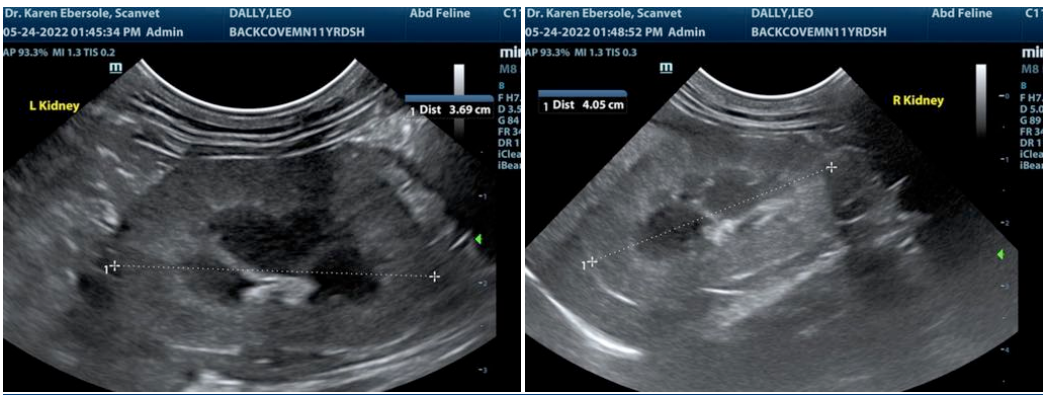
Early hepatic lipidosis pattern. Not likely a clinical issue.

Chronic interstitial nephrosis pattern with microinfarcts, cortical striations and remodeling.

Hairball density in the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a minor potential for dry form FIP. The vomiting is likely owing to structurally insignificant inflammatory bowel with hairball issues. Diet change to a hydrolyzed diet and hairball therapy is indicated. Eventual renal biopsy would be warranted especially if the urine specific gravity remains subnormal and the renal values continue to elevate. Subjectively the kidneys appear to be 40-50% compromised. FNA could be considered to assess for granulomatous disease. However, core biopsy would be ideal. Blood pressure measurements are recommended given the hyposthenuria wash out effect upon any inflammatory sediment is likely an issue.



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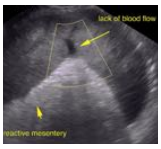
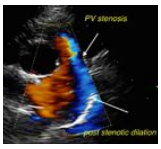
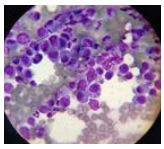
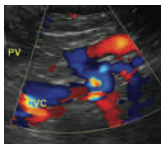

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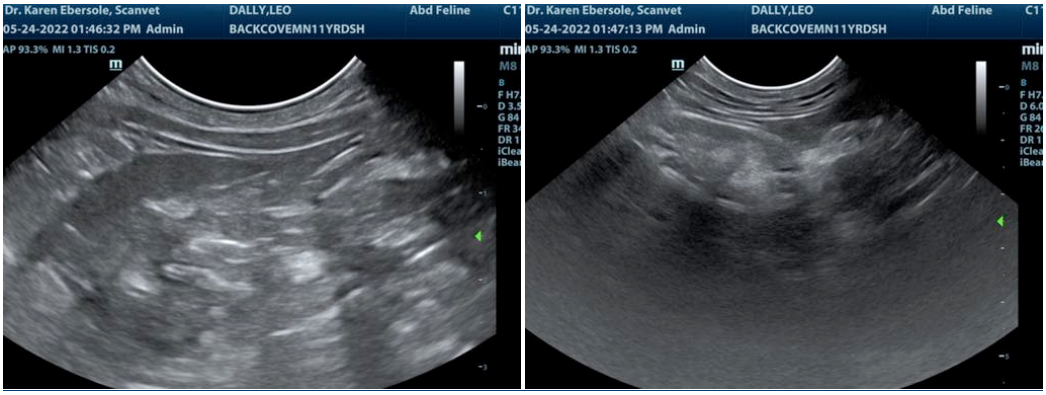

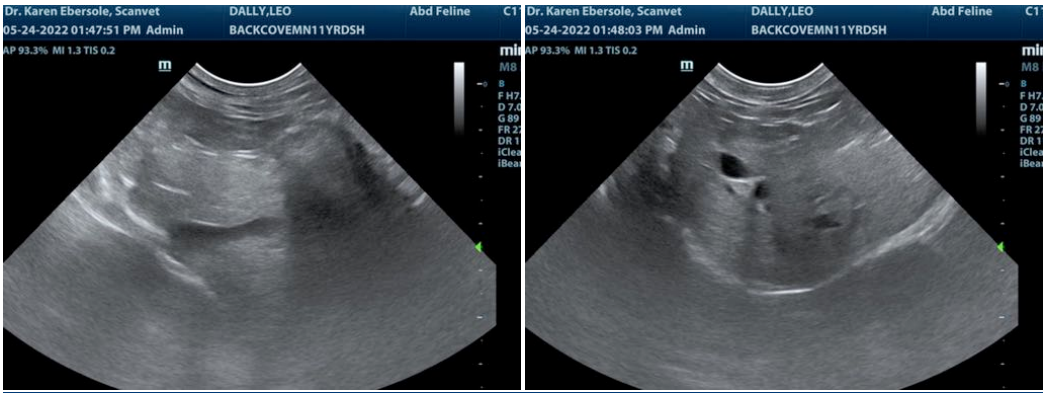

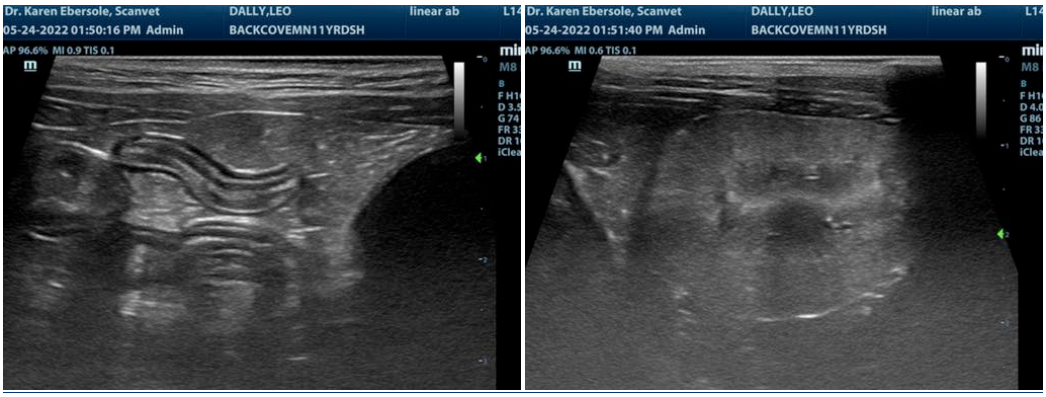

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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