



PATIENT PRESENTING CLINICAL SIGNS

Attica Bonn Heart murmur, persistent elevated HCT despite euhydration, decreased albumin, possible seizure like event and also noted proteinuria with quiet sediment.

SPECIES Abnormal PE/Chem/CBC/UA Results: U/A sp grav - 1.041 pH 7.0 Protein 500mg/dl RBCs elevated 15.7(7.1-11.5) Hematocrit 0.60(0.29-0.45) Hemoglobin 198(103-162) RDW 27.6(10-26) Retics low, WBCs 21(3.9-19), High lymphocytes SDMA elevated 20(0-14) Urea elevated 14.6(5.7-13.2) Total protein low Cardiopet Pro BNP 85(0-100)

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH *Urinary System*

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 were noted. Ureteral papillae were normal.

SEX

Spayed Female

AGE

1 Year

The **right kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.28 cm.

WEIGHT

3.74 kg

The caudal pole of the **left kidney** revealed a recent infarct with inflammation and cortical collapse. The left kidney measured 4.15 cm.

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **left adrenal gland** was 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 left adrenal gland measured 0.40 cm.

IMAGING PERFORMED BY

Crystal Hill

The region of the **right adrenal gland** was unremarkable.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

HOSPITAL NAME

Wellington AH

Liver

The **liver** was uniformly swollen Hepatic veins were dilated. Concern for emerging heart failure. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

REFERRING VET

Dr. Dennis

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

INVOICE

38014

DATE

5/26/22



PATIENT

Attica Bonn

Pancreas

SPECIES

Feline

The base and limbs of the **pancreas** 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.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Passive congestion liver
- Renal infarcts with active inflammation
- Unremarkable abdomen otherwise

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend focusing on the cardiac presentation. Plavix therapy would likely be appropriate, given the infarct.

AGE

1 Year

WEIGHT

3.74 kg

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DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

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REFERRING VET

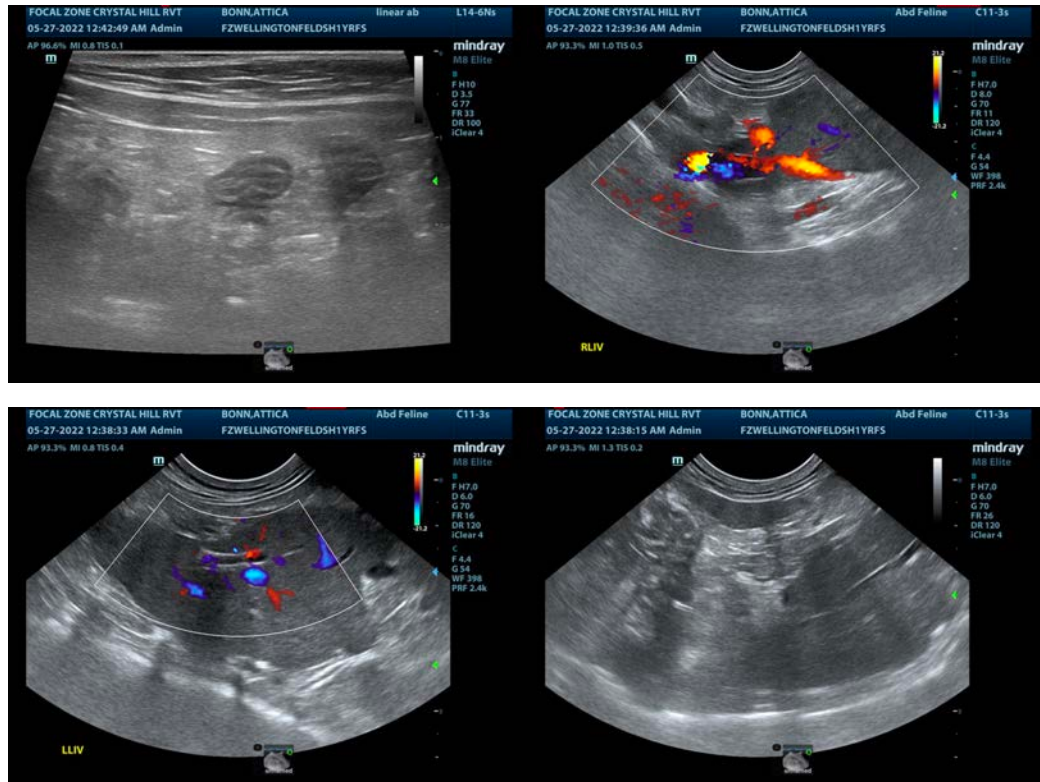
Dr. Dennis

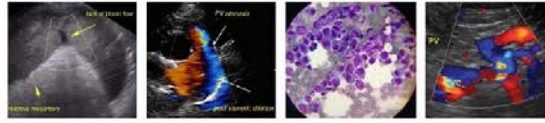
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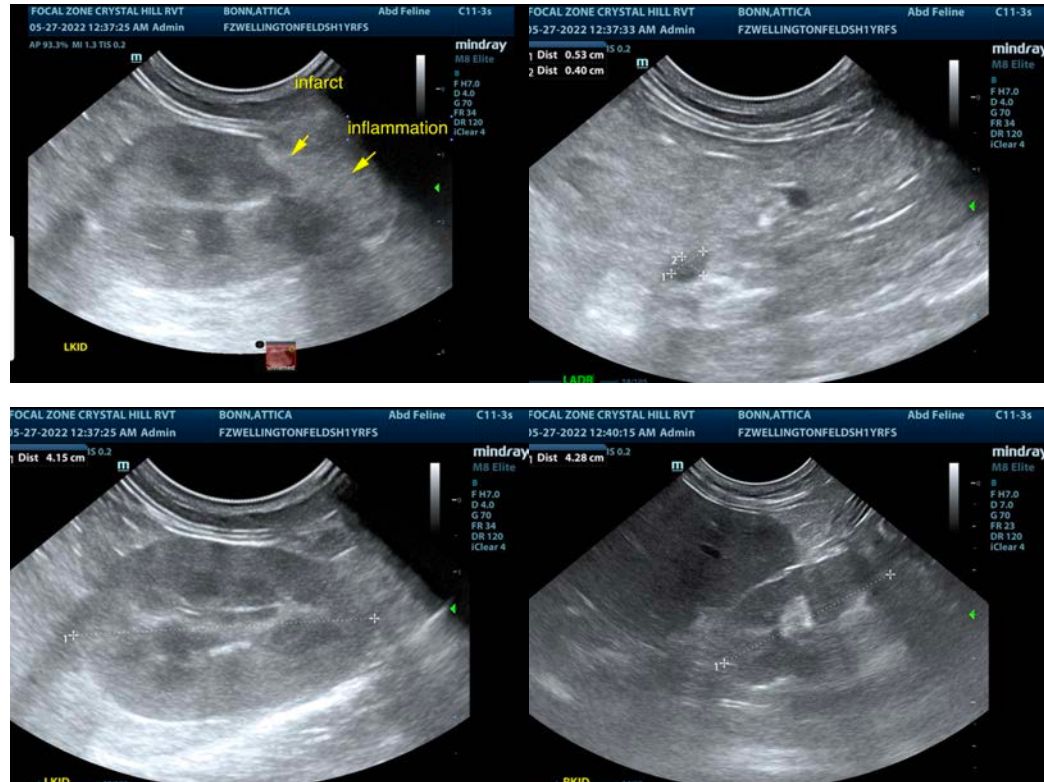
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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