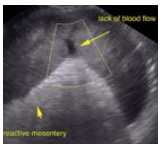

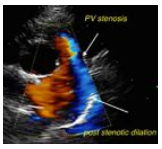

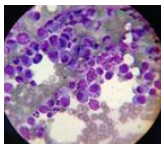
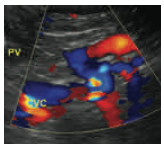

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1-800-838-4268 info@sonopath.com

PATIENT

Silly Meigs

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

16 years

WEIGHT

5.03 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Gardner

INVOICE

30744

DATE

5/26/22

PRESENTING CLINICAL SIGNS

History: Transfer from banfield - Chronic renal issues, need IV fluid therapy 48-72 hrs. Labs performed and then sent here for continued care. No known previous azotemia? Is on chlorazepam for anxiety
Abnormal PE/Chem/CBC/UA Results: rDVM labs 5/25 CBC - Monocytosis 6.2, HCT 37.7%, rest wnl Chem - SDMA - 17, Azotemia CREA 3.8, BUN 43, Elevated globulins 6.5, Elevated total protein 9.5, Stress hyperglycemia 161, Hypercalcemia 11.4, rest wnl T4 - 0.8 EPOC - Azotemia CREA 3.3, BUN 43, rest wnl UA - USG 1.028, pH 6.0, WBC < 1/hpf, RBC 11/hpf, no bacteria, casts or crystals noted BP - Hypertensive systolic 190-200 5/26 DAY: EPOC - azotemia CRE 2.42, BUN 28, pH 7.473, low pCO2 27.8, low Ca 1.20.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was over distended with suspended debris. The pelvic urethra was slightly dilated and measured 2.0 cm caudal from the cystourethral junction.

The **kidneys** 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. Chronic interstitial nephrosis pattern was noted with minor pyelectasia and echogenic debris. Pericapsular inflammatory pattern was noted. Blood flow to the kidneys appeared to be somewhat adequate.

Adrenal Glands

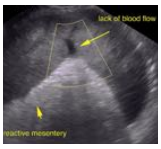
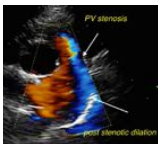
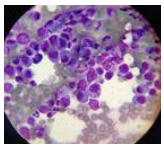
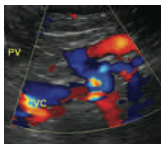
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory,

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infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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.

Pancreas

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.

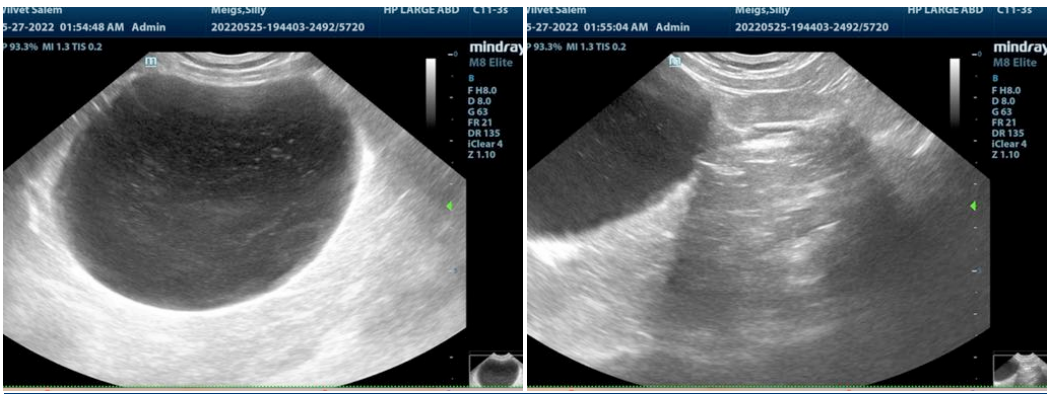
ULTRASONOGRAPHIC FINDINGS

Acute on chronic interstitial nephrosis pattern with pyelectasia, possible distal obstruction.

Over distended bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend ensuring that this patient is able to urinate. Urine culture and sensitivity, 72 hour IV fluid protocol and management of the hypertension is recommended. If the patient stabilizes then 4 week antibiotic therapy is recommended given the renal pyelectasia. However, the pyelectasia at the time of the sonogram may be induced by over distension of the bladder and increased urinary pressures.



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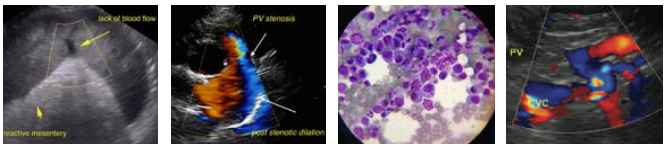

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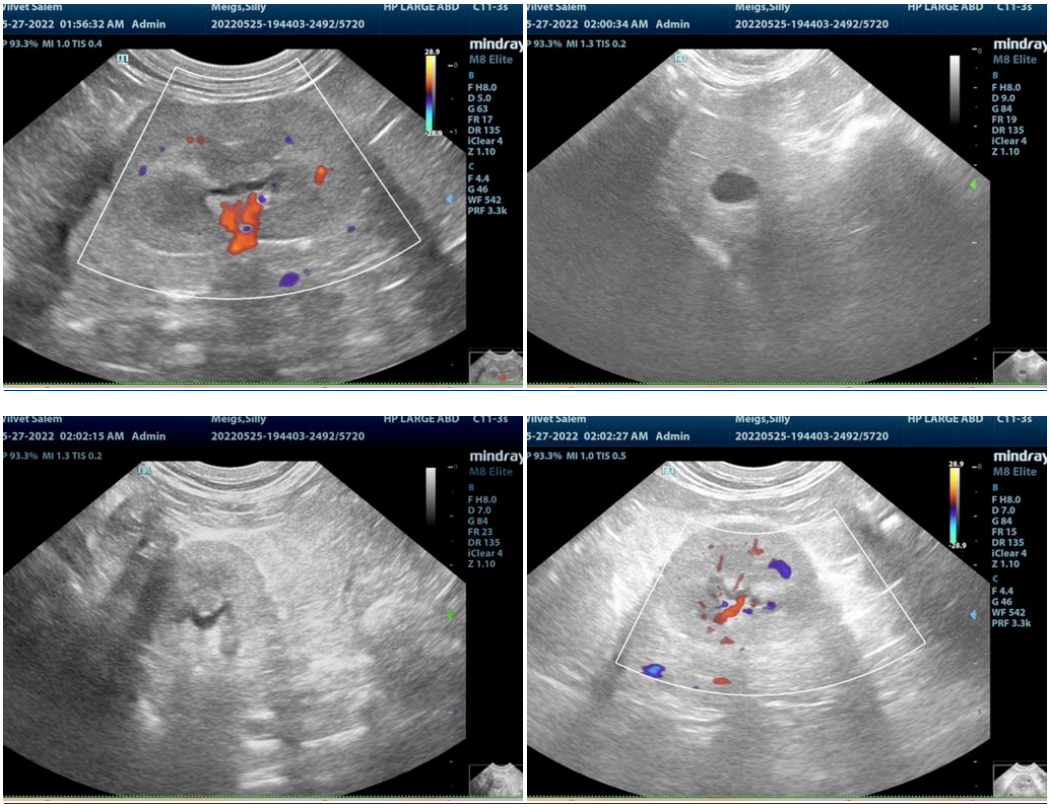

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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