



PATIENT

Honey Bunny Grovenor

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

18 years

WEIGHT

6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gunther

HOSPITAL NAME

New Frontier Animal Medical Center

REFERRING VET

Dr. Gunther

INVOICE

30213

DATE

5/9/22

PRESENTING CLINICAL SIGNS

History of several years CKD IRIS stage 2/4 and hypertension Acute onset hyporexia and hiding last 24 hours, vomiting.

Abnormal PE/Chem/CBC/UA Results: CBC - unremarkable (some band neutrophils) CHEM - azotemia (IRIS 2/4); mild hyperglycemia, severely elevated ALT (1667), elevated GGT (9); elevated Tbili 1.6, mild elevation ALP (261) UA - isosthenuria, inactive sediment

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 was noted. Ureteral papillae were normal.

Multi-focal calculi, infarcts and interstitial nephrosis were noted. The right **kidney** is dystrophic and subnormal in size measuring 2.4 cm. The left kidney measured 2.58 cm with multi-focal, cortical collapse and pyelectasia.

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. The left adrenal gland measured 0.38 cm. The right adrenal gland measured 0.55 cm.

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** revealed increased portal markings, lobar biliary mineralization. The gallbladder presented acceptably thin walls with primarily anechoic content. The gallbladder was not obstructed. The common bile duct was 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



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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

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.

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ULTRASONOGRAPHIC FINDINGS

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Chronic degenerative renal disease. Interstitial nephrosis, infarcts and pyelectasia.

Cholangiohepatitis liver pattern with secondary calculi.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is warranted. Infectious agents should be considered. IV fluid support, Enrofloxacin and Clindamycin combination could be considered to cover for infectious agents. 72-hour IV fluid protocol and further treatment is recommended based on FNA results. Ursodiol therapy can be considered long term if the patient is able to survive this immediate crisis. Guarded prognosis.

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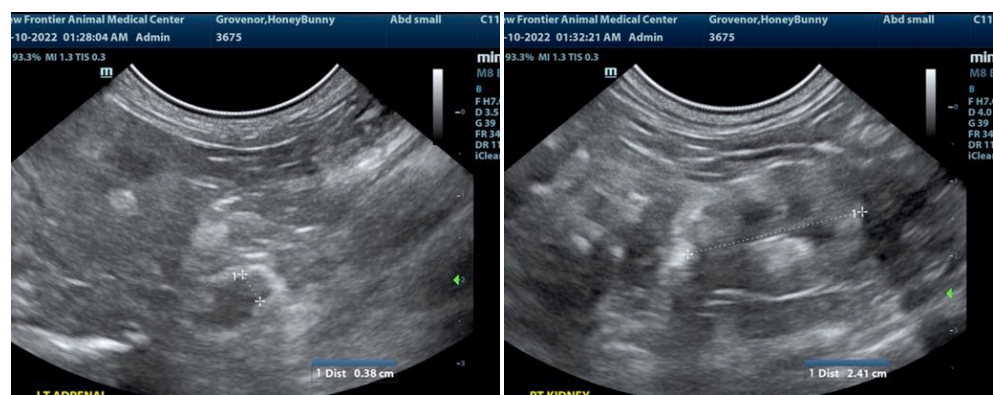
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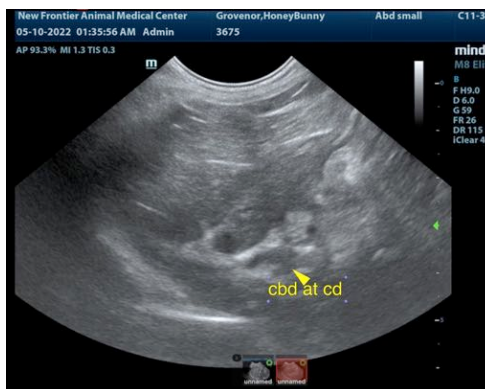
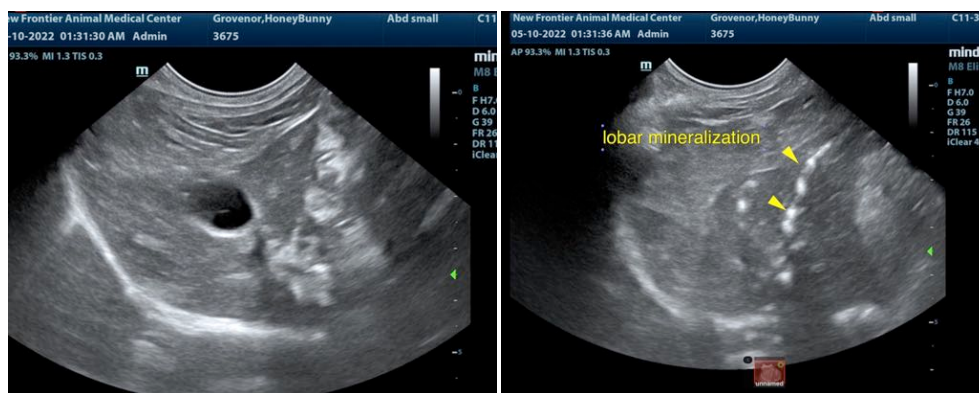
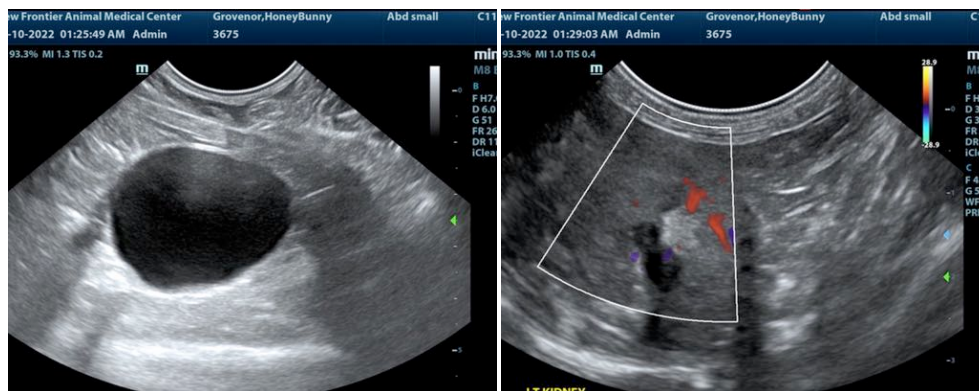
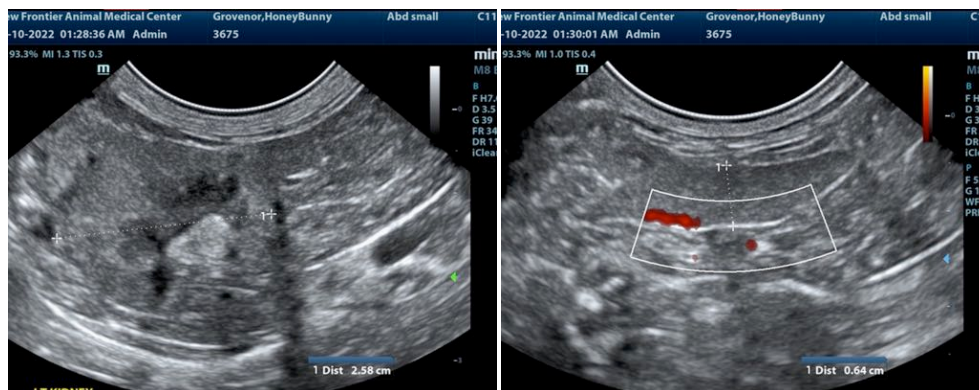
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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