



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Scarlett Jakubowicz	Was previously outdoor cat taken inside about 4 years ago. Presented for changed in OD on 3/19/23, pt showed signs of uveitis OD with irideal pigmentation, mature cataract OD so unable to visualize back of eye well. Pt also had significant periodontal disease and grade 2/6 heartmurmur. Cardiac pro BNP was normal (see remaining BW below), given convenia inj and started on Neopolydex drops and oral prednisolone. UA showed UTI, pt started 7 day course of veraflox. Rechecked OD on 4/13, no improvement and IOP slightly elevated 24-25. Scheduled Dental and enucleation procedures. OS was normal. Presented today for surgery now blind OS (no menace, no direct or consensual PLR), appears to have retinal hemorrhage and suspected retinal detachment at least medially. Randomly showed aggression which is unusual for pt. IOP OD 22, IOP OS 7. Blood pressure normal (around 135 mmHg systolic). Temperature normal (99.6). Concern fir FIP vs toxoplasmosis vs neoplasia vs fungal (not typical of our area).... Meds: Prednisolone acetate drops OD BID, prev given convenia on 3/19 and tapering dose of prednisolone oral that was discontinued around 4/13, given 7 days course of veraflox.
<b>SPECIES</b>	
Feline	
<b>BREED</b>	
DSH	
<b>SEX</b>	
Spayed Female	
<b>AGE</b>	Abnormal PE/Chem/CBC/UA Results: 5/9/23 BUN 58(H), CREA 3.0 (H), TP 10.3(H), GLOB 7.4 (H), ALB 2.9(N), 3/19/23 BUN 32(N), CREA 2.4 (H), TP 9.2 (H), GLOB 6.7(H), ALP 2.5 (L).... Whole body rads hyperinflation of the lungs, heart size WNL, no masses in abdomen, liver potentially a little large.
10 Years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
7.3	<b>Urinary System</b>
<b>INTERPRETED BY</b>	The <b>urinary bladder</b> , 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.
Eric Lindquist, DMV	
DABVP, Cert. IVUSS	
<b>IMAGING PERFORMED BY</b>	The <b>kidneys</b> presented moderate degenerative changes with loss of corticomedullary definition. Normal size. The right kidney measured 4.7 cm with slight pyelectasia. The left kidney measured 4.58 cm with slight pyelectasia. Slight pinpoint mineralizations noted in both kidneys.
Jessica Green	
<b>HOSPITAL NAME</b>	<b>Adrenal Glands</b>
Stanglein VC	Both <b>adrenal glands</b> 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 0.52 cm. The right adrenal gland measured 0.46 cm.
<b>REFERRING VET</b>	<b>Spleen</b>
Dr. Suzanne DiNello-Schleicher	The <b>spleen</b> 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.
<b>INVOICE</b>	
47258	
<b>DATE</b>	<b>Liver</b>
5/9/23	The <b>liver</b> 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.



**PATIENT**

**Gastrointestinal**

Scarlett Jakubowicz

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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**SEX**

Spayed Female

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7.3

**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**

- Moderate degenerative renal changes with pyelectasia, unremarkable abdomen otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urine culture and sensitivity, 72-hour IV fluid protocol, blood pressure measurements recommended, and reassessment of the azotemia in this patient. Renal oriented diet warranted. The kidneys appear subjectively 50-60% compromised from a subjective standpoint.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Green

**HOSPITAL NAME**

Stanglein VC

**REFERRING VET**

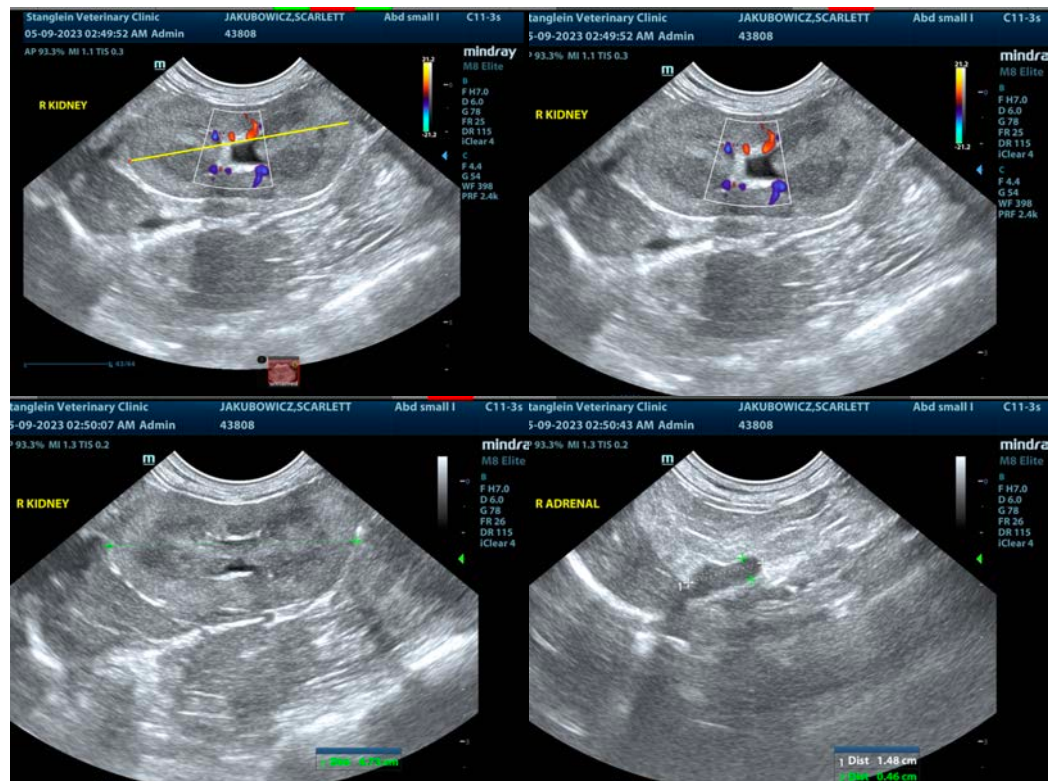
Dr. Suzanne DiNello-Schleicher

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**DATE**

5/9/23



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](mailto:info@SonoPath.com)