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Clinical Sonography & Telecytology
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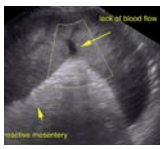
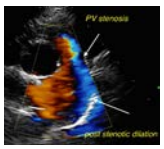
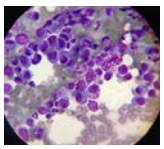
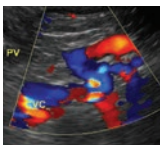

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1-800-838-4268 info@sonopath.com

PATIENT

Murgatroyd LaBolle

SPECIES

Feline

BREED

DLH

SEX

Neutered male

AGE

12 Years

WEIGHT

12.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Desen Ertunc

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Desen Ertunc

INVOICE

38190

DATE

6/1/22

PRESENTING CLINICAL SIGNS

1-2 week history of hyporexia with anorexia x 36 hours, occasional vomiting. Has been lethargic. Recheck U/S findings from 2/22/22 with ascites and pancreatic nodules noted.
Abnormal PE/Chem/CBC/UA Results: PE- Mildly dehydrated, otherwise WNL. Kidney profile- stable azotemia (Creat= 3.6, BUN= 59), otherwise WNL. No growth on urine culture 2 weeks prior fPL in normal range 2.5 (<3.5 in normal range) u/A- U.S.G.= 1.028, inactive sediment

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** presented coarse interstitial nephrosis pattern with corticomedullary mineralization and a 5.0 mm pelvic calculus. Pericapsular inflammatory pattern noted around the left kidney. Cortical cyst noted in the right kidney caudal pole measuring 4.0 mm.

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 right adrenal gland measured 0.40 cm. The left adrenal gland measured 0.40 cm.

Spleen

The **spleen** revealed minor heterogeneous parenchymal changes, normal size.

Liver

The **liver** presented uniform enlargement, coarse architecture. The gallbladder and common bile duct 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. 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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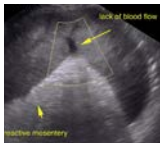
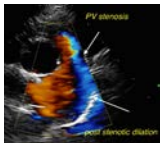
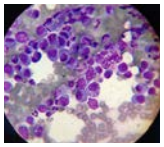
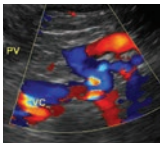

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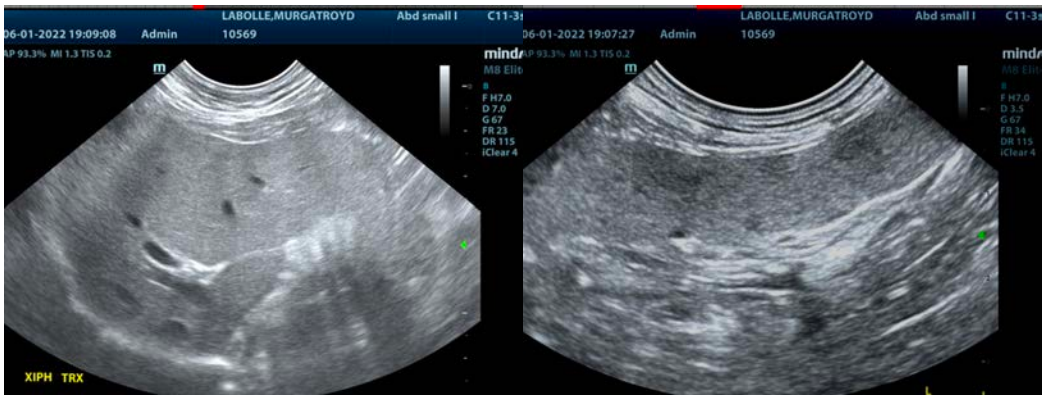
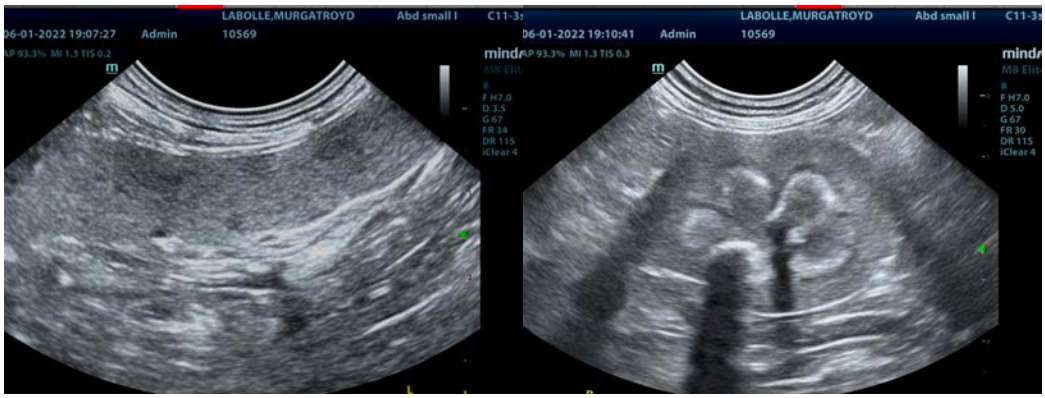
ULTRASONOGRAPHIC FINDINGS

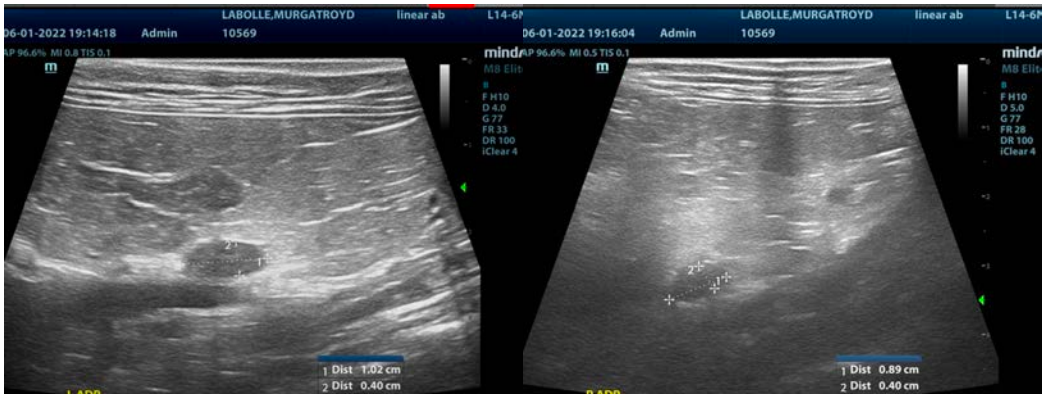
- Chronic renal changes with medullary rim sign
- Minor heterogeneous spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of ascites noted at this time. I am concerned with long-term viability of the kidneys. 72-hour IV fluid protocol and blood pressure measurements recommended. The hyporexia is likely owing to azotemia in this patient.







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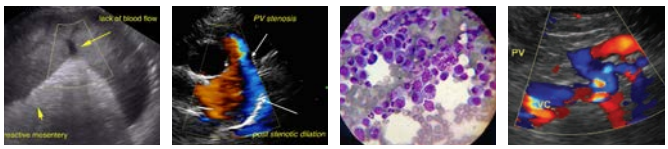

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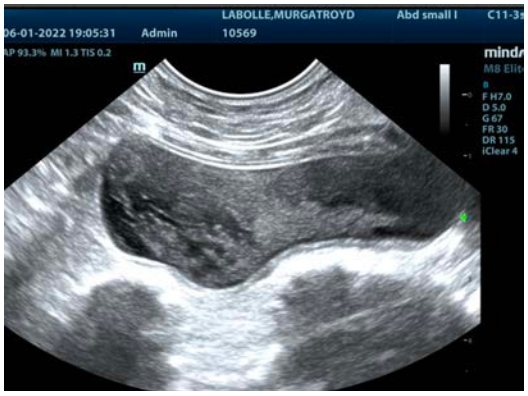

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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