



PATIENT

Leo Kaplinsky

PRESENTING CLINICAL SIGNS

History: Presented for inappropriate urination but not apparent lower urinary signs. Owner was concerned with possible protein in the urine. No c/s/v/d/PUPD

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

SEX

Male

Both **kidneys** were hypervascular on color flow assessment. The left kidney was swollen and large for this breed and size, measuring 5.1 cm. The right kidney revealed similar changes to the left with cortical infarcts. The right kidney measured 4.8 cm.

AGE

10 Months

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

WEIGHT

3.7 kg

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 were noted.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Liver

The **liver** 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.

IMAGING PERFORMED BY

Matthew Olcha

HOSPITAL NAME

East Meadow VC

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.

REFERRING VET

Dr. Matthew Olcha

Pancreas

INVOICE

16032

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.

DATE

6/11/22

ULTRASONOGRAPHIC FINDINGS

- Nonspecific swollen kidneys, low-grade nephritis suspected with cortical infarcts



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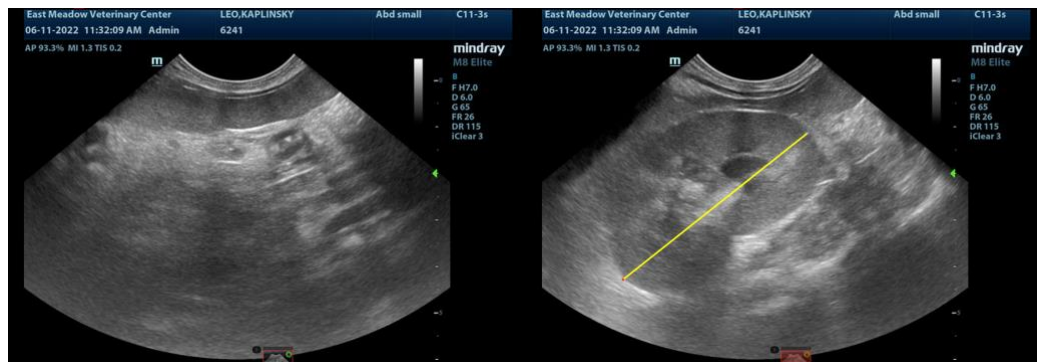
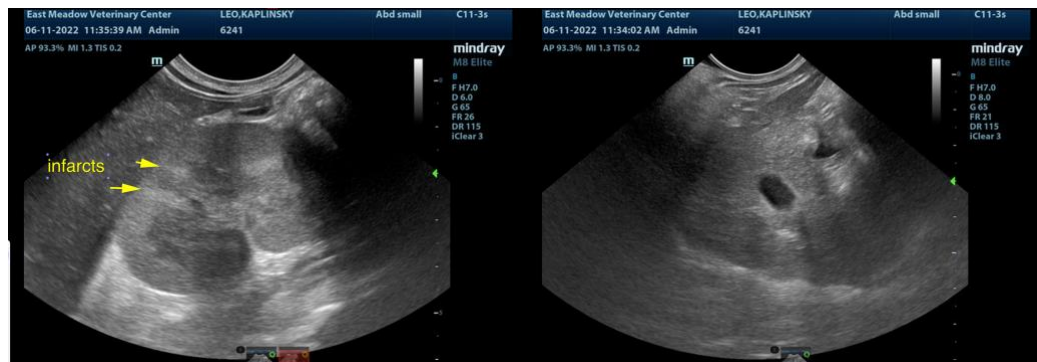
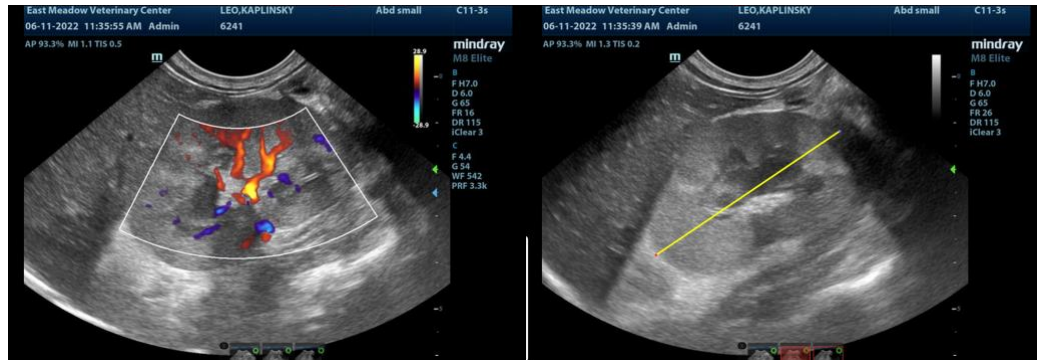
East Meadow VC

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying infectious agents, emerging FIP is a potential. Coagulation panels and FNA of the renal cortex could be considered to assess for inflammation. No overt evidence of neoplasia. Doxycycline, clindamycin trial could be considered to cover for infectious agents. Good to guarded prognosis depending upon response to therapy.



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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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