



PATIENT

Jerry Mormando

PRESENTING CLINICAL SIGNS

History: hyporexia, vomiting, azotemia, hyperglycemia

SPECIES

Feline

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 were noted. Ureteral papillae were normal.

BREED

DSH

SEX

Neutered Male

The **left kidney** revealed thickened irregular cortices, corticomedullary mineralization and pericapsular inflammatory pattern. Pyelectasia and echogenic debris were noted in the left kidney. The left kidney measured 4.61 cm.

AGE

16 Years

The **right kidney** revealed similar changes to the left with moderate degenerative renal changes in general with acute on chronic inflammatory presentation, measuring 4.1 cm.

Adrenal Glands

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

WEIGHT

12.9 Pounds

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 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

Jenn

HOSPITAL NAME

Rockaway AH

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. Bednar

INVOICE

16049

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.

DATE

6/13/22

Free Abdomen


PATIENT

Free fluid was noted in the caudal **abdomen** and sublumbar space.

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ULTRASONOGRAPHIC FINDINGS
SPECIES

- Aggressive nephritis/pyelonephritis pattern in the left kidney, moderate degenerative right renal changes. Possibility of emerging renal neoplasia.
- Free fluid

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
BREED

Urine culture and sensitivity, ultrasound guided abdominocentesis and cytospin of the free fluid and FNA of the left kidney all indicated for further definition. Supportive care for pyelonephritis warranted in the meantime. Recheck sonogram in 48 hours.

DSH

SEX

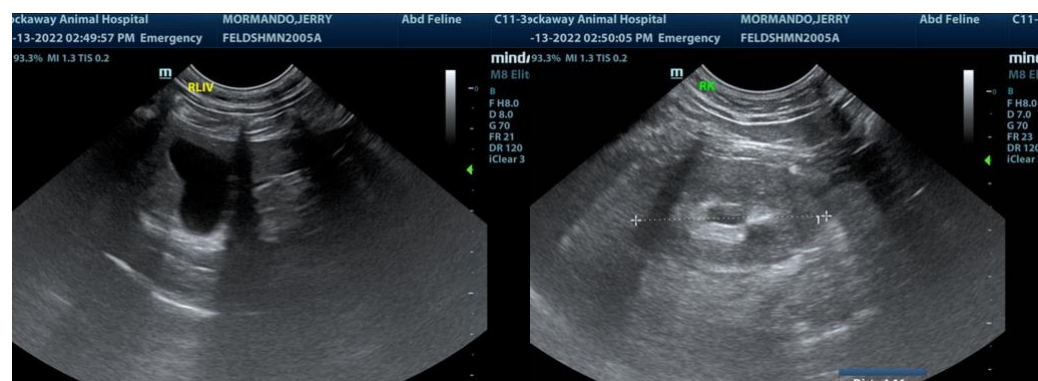
Neutered Male

AGE

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WEIGHT

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HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Bednar

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.

INVOICE

16049

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

DATE

6/13/22