



PATIENT

Shamoo Saul

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gaynor

HOSPITAL NAME

Lambertville VC

REFERRING VET

Dr. DeGrande

INVOICE

44718

DATE

6/13/23

PRESENTING CLINICAL SIGNS

History: Shamoo has a history of being diagnosed with diabetes mellitus and pancreatitis in May 2022. He was well controlled and did go into remission after 7 months. He presented again in May 2023 for vomiting/coughing. At this time blood work showed recurrence of his diabetes. He was started on Prozinc insulin. He has had several glucose curves with improvement in his glucose levels. He has had several episodes of hypoglycemia that we are adjusting his insulin for. He presented today 6/13/23 for lethargy and decreased appetite.

Abnormal PE/Chem/CBC/UA Results: Urinalysis on 5/19/23 - hyperglycemia, hematuria, occasional cocci BW from 5/12/23 attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The left ureter was also mildly dilated. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The left **kidney** was swollen with mild, irregular contour and measured 3.5 cm with pyelectasia. The left kidney revealed some loss of corticomedullary definition. The left kidney had echogenic debris or tissue in the renal pelvis. It appeared to continue into the left ureter. The right kidney revealed similar changes to the left with 3.86 cm of echogenic debris noted in the renal pelvises. Pericapsular inflammatory pattern was noted around the left kidney. Blood flow to the left kidney appeared to be subnormal.

Adrenal Glands

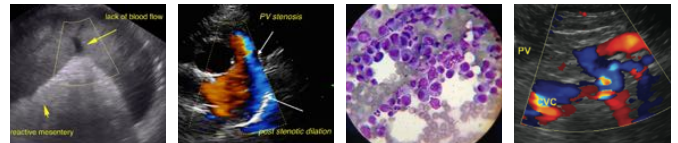
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

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** in this patient revealed a 3.4 cm right cranial, hyperechoic mass. Abnormal intrahepatic vascular contour was noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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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. 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

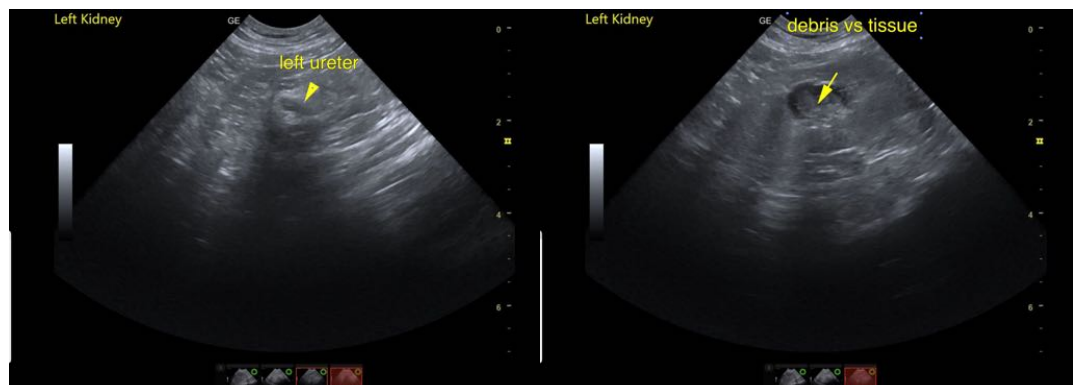
Subacute on chronic pyelonephritis renal pattern. Pyelectasia and tissue or blood clot or purulent material in the left kidney.

Hepatic mass. Differentials include carcinoma or complex, biliary cystadenoma.

Full urine culture and sensitivity is warranted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient may benefit from 72-hour IV fluid protocol, broad spectrum antibiotics or specific antibiotic therapy based on culture results. Blood pressure measurements are warranted. Pyelocentesis can be considered in this patient with cytology and culture of the left kidney. FNA of the hepatic mass can also be considered. Empirical treatment for pyelonephritis and a recheck sonogram is recommended in 10-14 days primarily of the left kidney can also be considered; however, I cannot rule out an emerging neoplastic process in the left renal pelvis. The prognosis is guarded.





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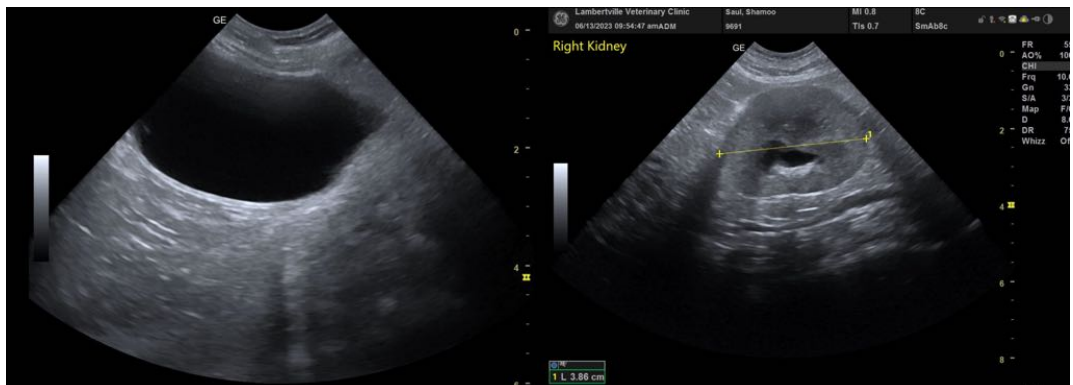
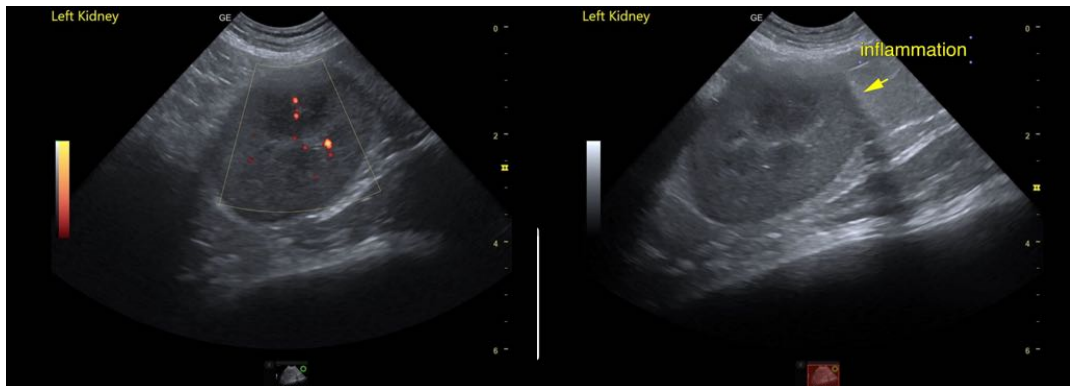
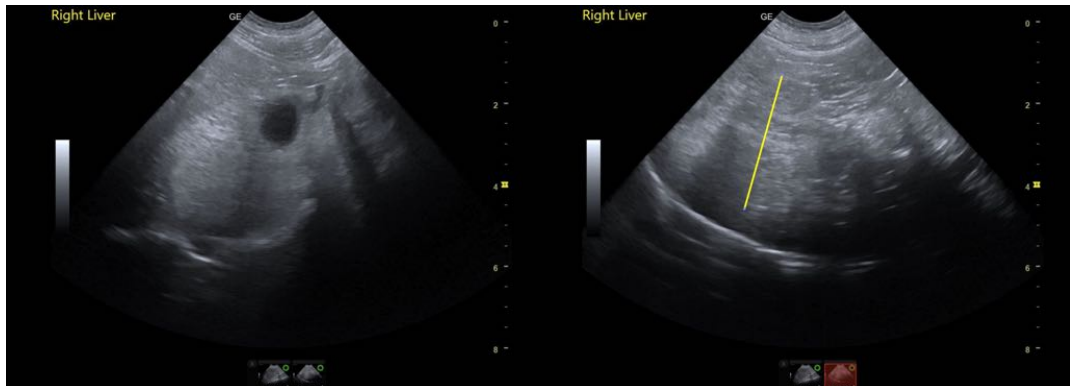
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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