



PATIENT

His Nibs Thornhill

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7.5 Years

WEIGHT

3.3 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Petworks VH

REFERRING VET

Dr. Trudeau

INVOICE

38308

DATE

6/2/22

PRESENTING CLINICAL SIGNS

recently Dx with CRF - early may; later developed constipation and required sedation for manual evac; recovered from sedation but over the weekend he became listless and lethargic; started IVF mirtazapine and ampicillin with suspect acute on chronic renal disease

Abnormal PE/Chem/CBC/UA Results: early May bloods: CBC/Chem : creat 201 umol/L , urea 18.6 mmol/L- remainder unremarkable End of may CBC/Chem: Creat 435 umol/L, Urea 43.8 mmol/L otherwise NSF

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.

The **kidneys** presented a chronic interstitial nephrosis pattern with cortical infarcts, remodeling, and cortical collapse. Corticomedullary calculi also noted. The right kidney was mildly subnormal in size, measuring 2.96 cm. Mild to moderate degenerative changes. The left kidney measured 3.79 cm with a pelvic calculus also noted, non-obstructive at the time of the sonogram. However, this calculus may pass. The left renal calculus measured approximately 2.0 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 left adrenal gland measured 0.41 cm. The right adrenal gland measured 0.34 cm.

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.

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.

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.



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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.

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ULTRASONOGRAPHIC FINDINGS

BREED

DSH

- Chronic interstitial nephrosis pattern with moderate degenerative changes renal infarcts and mineralization, left renal calculus

SEX

Neutered Male

The kidneys subjectively do not appear end stage, even though a moderate amount of remodeling is noted in both kidneys. 72-hour IV fluid protocol, urine culture and sensitivity, blood pressure measurements recommended. Outpatient hydration status warranted after 3 days of fluid therapy. Coverage for any infection also indicated. Prognosis long-term is guarded. However, the kidneys subjectively do not appear end stage. Therefore, complicating factors such as passing calculi, periodic obstructive urolithiasis/nephrolithiasis, concurrent infection, hypertension, as well as prerenal disease should all be considered.

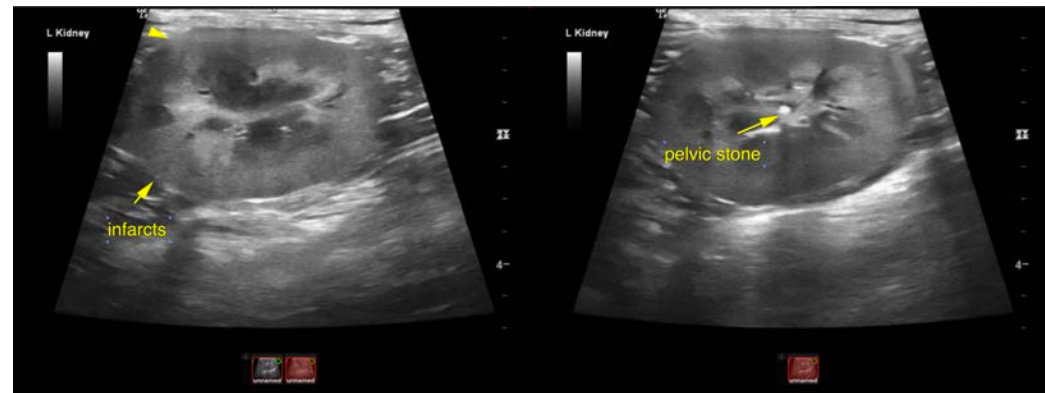
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

3.3 kg



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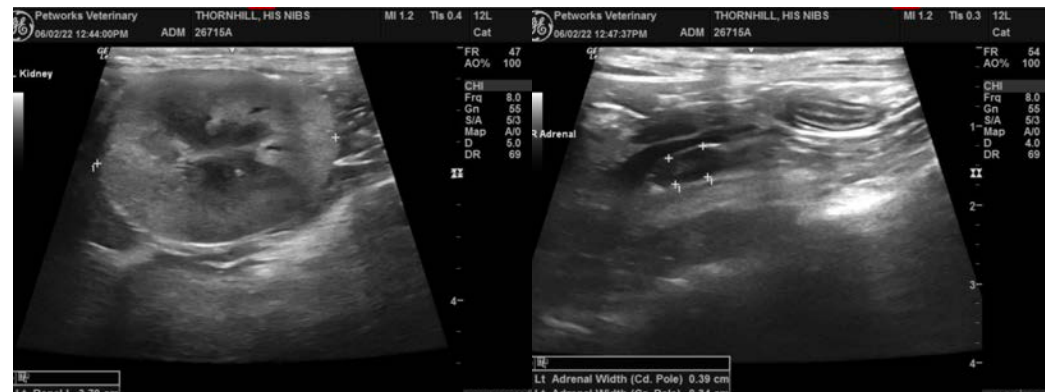
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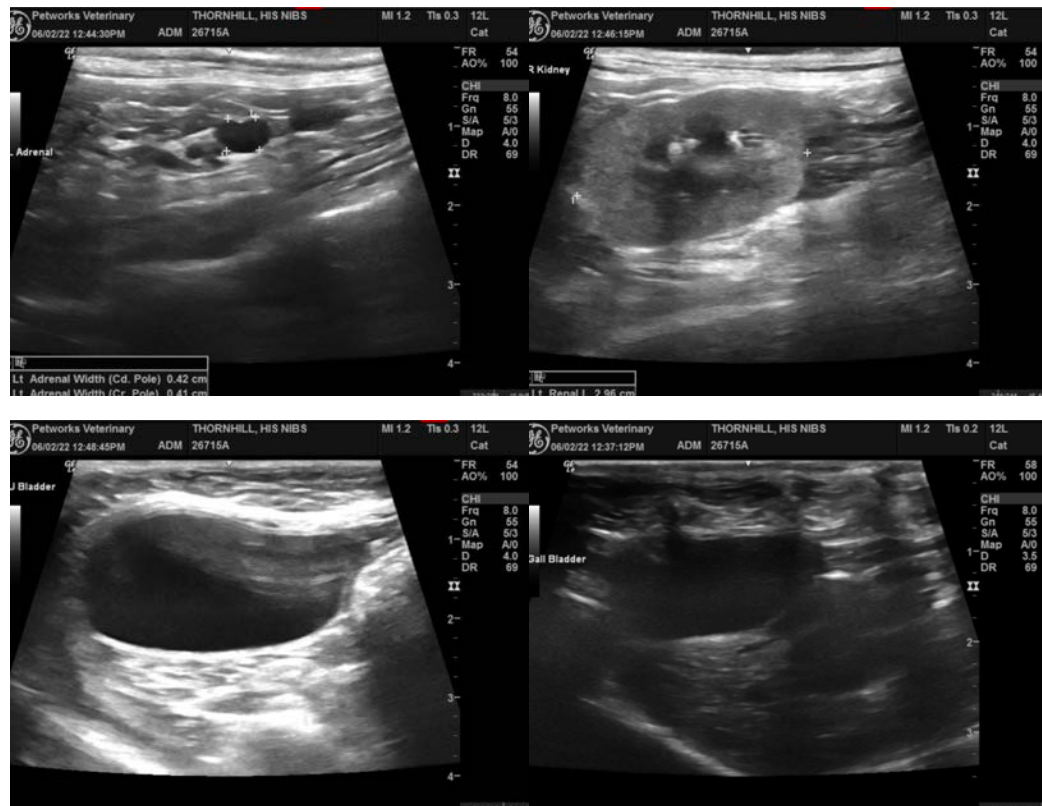
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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