



PATIENT

Jacob Arnold

PRESENTING CLINICAL SIGNS

History: starting this am owners noticed that jacob was moving very slow which is not normal for him. throughout the day he has been vomiting on and off and has had decreased eating.

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. A trace amount of bladder debris/sand was noted. This was non-obstructive at the time of the sonogram. The sand entered into the pelvic urethra. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

BREED

Domestic Shorthair

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Poor blood flow was noted on color flow assessment. Hyperechoic medullary rim sign was noted in the left kidney. The left kidney measured 3.5 cm with slight pyelectasia and calculi measuring up to 0.73 cm. The right kidney had corticomedullary and pelvic calculi and measured 4.1 cm. The blood flow was subnormal.

SEX

Neutered male

AGE

12 years

WEIGHT

4.72 kg

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Gardner

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. The liver was edematous and mildly echogenic with thickened gallbladder. The gallbladder thickening continued into the cystic duct and common bile duct. This is consistent with history of chronic cholangitis.

HOSPITAL NAME

Wilvet Salem

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Dr. Gardner

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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to

DATE

6/22/23



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malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

SPECIES

Feline

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.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered male

Chronic interstitial nephrosis pattern. Nephrolithiasis, non-obstructive at the time of the sonogram.

Age related GI changes.

Bladder sand.

AGE

12 years

Chronic cholangitis liver pattern.

WEIGHT

4.72 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full CBC, chem, UA and urinary work-up is warranted in this patient. The kidneys subjectively appear near end stage, yet periodic passage of calculi are likely playing a role. Chronic cholangitis may also be playing a role. Cholecystocentesis and gallbladder culture would be ideal depending on liver enzyme elevations. There was no overt evidence of neoplasia.

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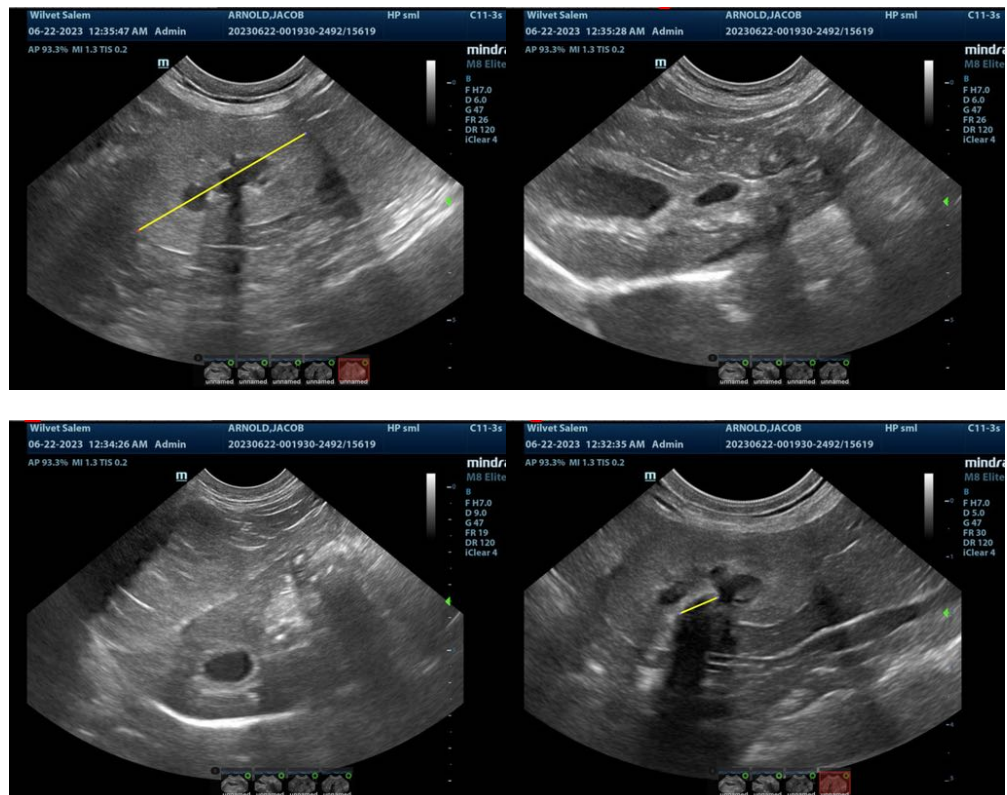
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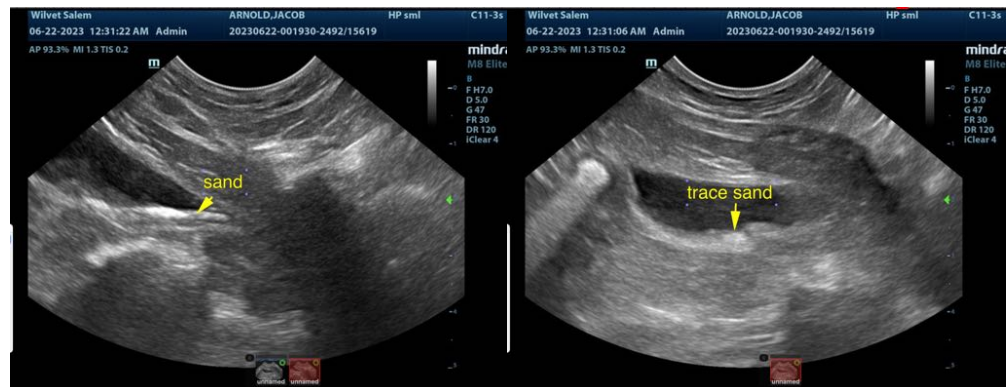
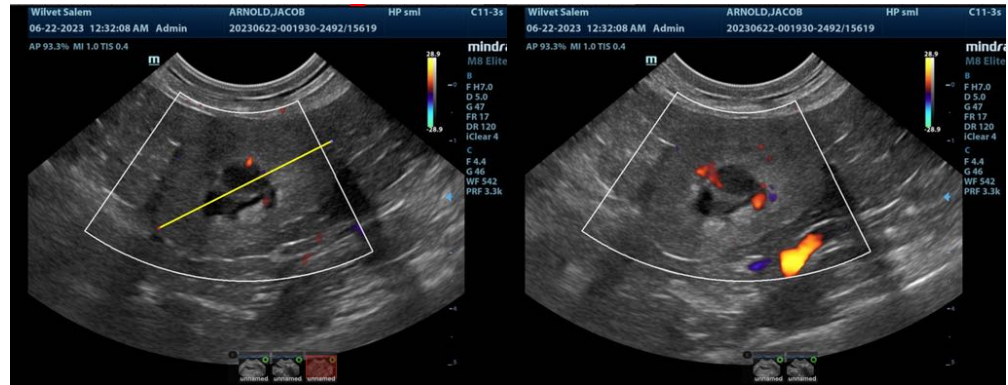
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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