



PATIENT

Gabby Huff

PRESENTING CLINICAL SIGNS

History: Transferred from Aloha on 6/24/22 for hospitalization. 7 day history of not eating and acting lethargic. BW at RDVM showed elevation of T-bil, creat and BUN. pt is hypotensive and hypothermic

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Apical **urinary bladder** wall thickening was also noted. 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 was noted. Ureteral papillae were normal.

BREED

Domestic Shorthair

SEX

Spayed Female

The **kidneys** revealed significant, echogenic remodeling, irregular contour, infarcts with pericapsular inflammation and pyelectasia. This is consistent with acute on chronic nephritis. Slight areas of free fluid noted. There is a minor potential for emerging renal lymphoma. The left kidney measured 4.15 cm. The right kidney measured 4.6 cm.

AGE

10 years

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.

WEIGHT

4.8 lbs

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. DeCordon

HOSPITAL NAME

Mason Dixon Animal
ER

Liver

The **liver** was mildly hyperechoic to the falciform fat. The gallbladder and common bile duct were unremarkable.

REFERRING VET

Dr. DeCordon

Gastrointestinal

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A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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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6/25/22



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Pancreas

Gabby Huff

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.

SPECIES

Feline

Free Abdomen

BREED

Domestic Shorthair

A significant amount of steatitis/inflamed mesentery was noted throughout the midabdomen. This is consistent with acute on chronic inflammatory bowel.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Acute on chronic inflammatory bowel.

Acute on chronic nephritis, possibility of emerging renal lymphoma.

AGE

10 years

Apical bladder wall thickening.

WEIGHT

4.8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal cortical FNA is indicated to assess for nephritis versus early lymphoma. Assessment for toxin or infectious exposure is recommended. Urine culture and sensitivity, IV fluid support, pain management, Enrofloxacin and Clindamycin combination or similar antibiotic spectrum is recommended. Prognosis is guarded. A recheck sonogram is recommended in 48 hours.

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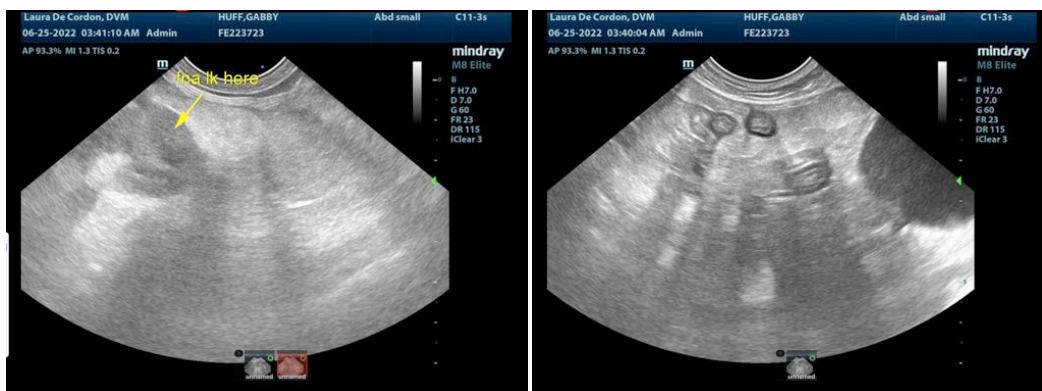
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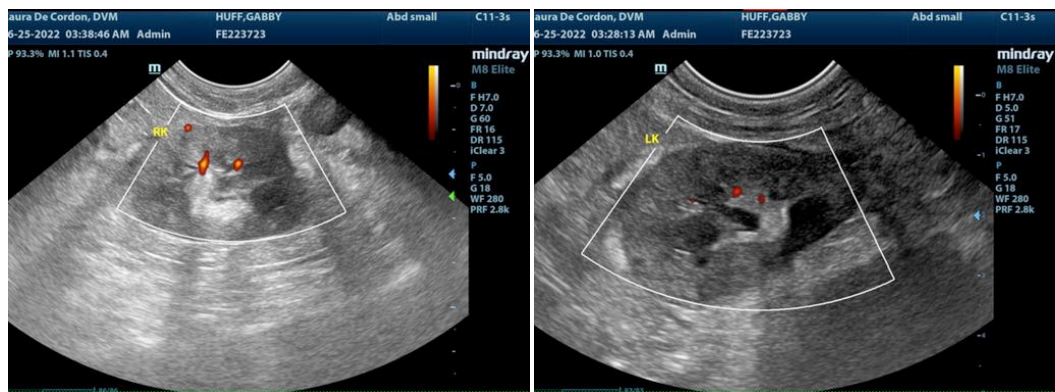
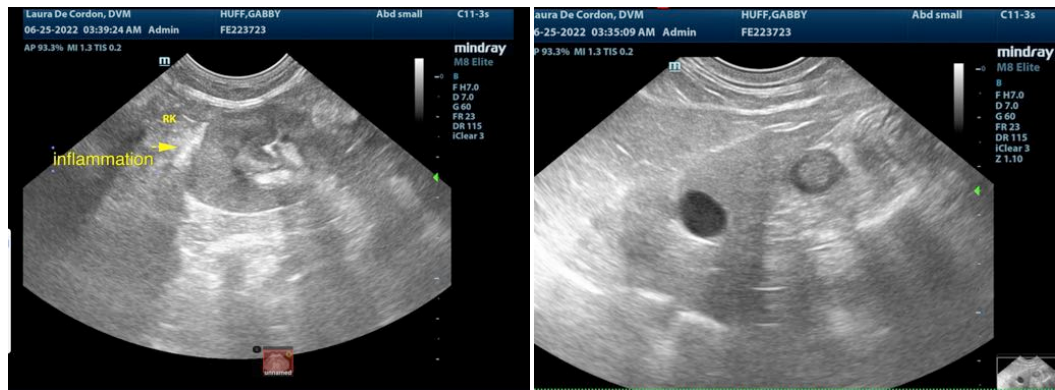
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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