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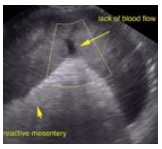
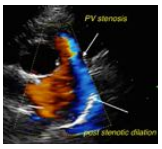
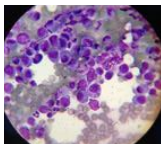
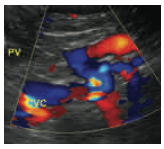

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1-800-838-4268 info@sonopath.com

PATIENT

Harley Kortendick

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

12 years

WEIGHT

7.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gallick

HOSPITAL NAME

Magnolia Springs VC

REFERRING VET

Dr. Gallick

INVOICE

31341

DATE

6/29/22

PRESENTING CLINICAL SIGNS

History: Inappropriate Urination, Still having blood in urine even with being on antibiotics (Clavamox)
Abnormal PE/Chem/CBC/UA Results: Urine shows no bacteria, but blood present.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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 **right kidney** was swollen with pericapsular inflammatory pattern and pyelectasia. The right kidney revealed a 0.4 cm calculus in the midst of a dilated ureter measuring approximately 0.6 cm in width. The calculus was present in the proximal ureter prior to stricture. The right ureter was strictured approximately 2.0 cm caudal from the right renal pelvis. The left kidney was subnormal in size and measured approximately 2.0 cm with dystrophic changes and infarcts. The left ureter also appeared strictured.

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. Both adrenal glands measured 0.4 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 was 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.

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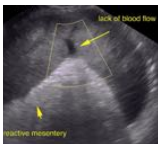

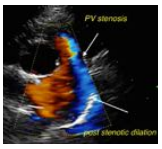

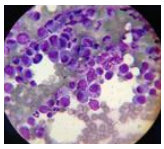
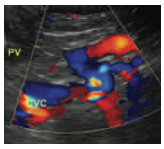

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Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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.

Free Abdomen

A slight amount of free fluid was noted associated with the right kidney.

ULTRASONOGRAPHIC FINDINGS

- Right renal nephritis pattern with strictured right ureter and right renal calculus. The stricture appears to be obstructing the right kidney. The calculus appears to be passively present in the right ureter.
- Dystrophic left kidney, subnormal in size. Subjectively near end stage. Left ureter also appeared strictured.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing calculi and stricturing the ureters. Although the lower urinary tract appeared unremarkable referral for SUB placement or similar is recommended with ureteral bypass with interventional radiologist specialist. IV fluid support, urine culture and blood pressure measurements are all indicated. The left kidney appears near end stage, yet likely still has viability if the obstructive disease and cause of inflammation and insult is resolved. The right kidney appears to only have mild degenerative changes. The majority of the changes are acute in nature with active nephritis and inflammation. The prognosis is guarded.

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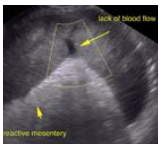
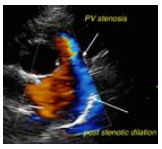
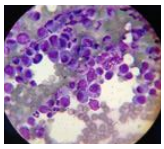
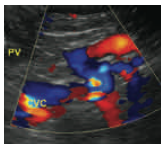

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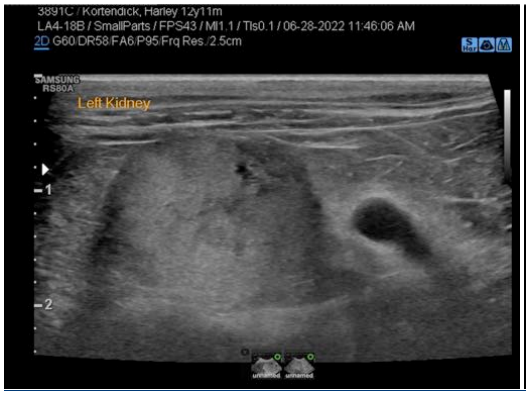

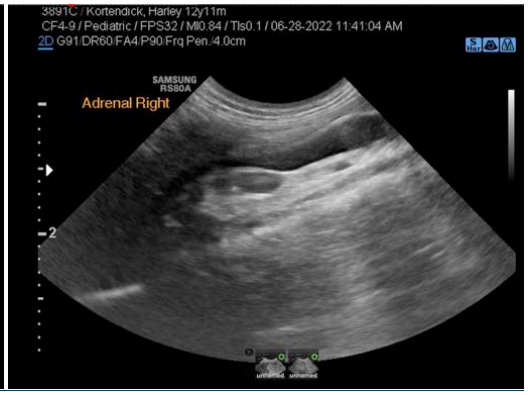

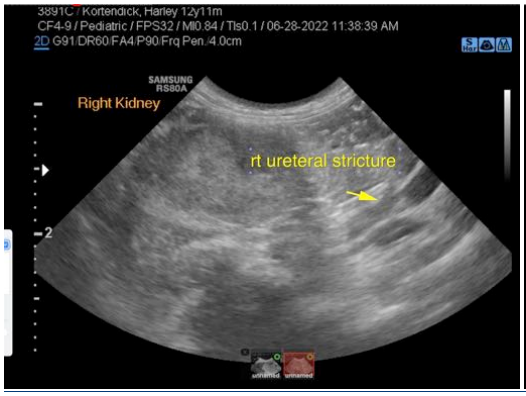

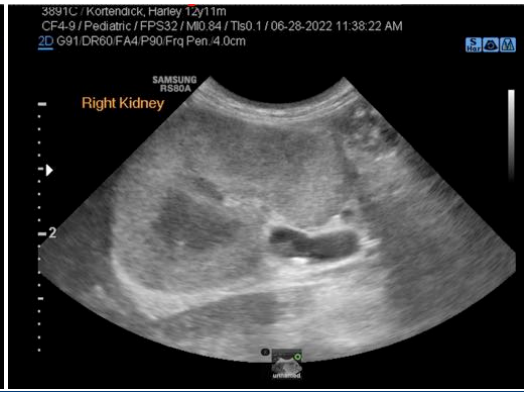

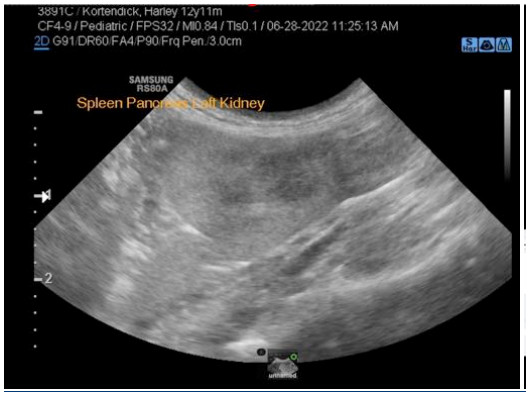

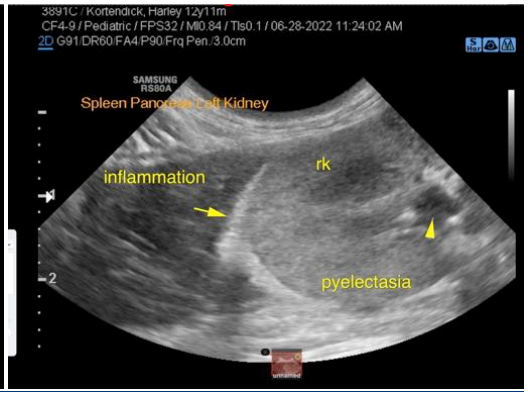

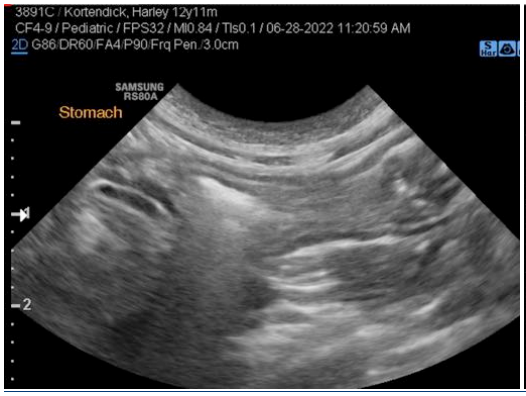

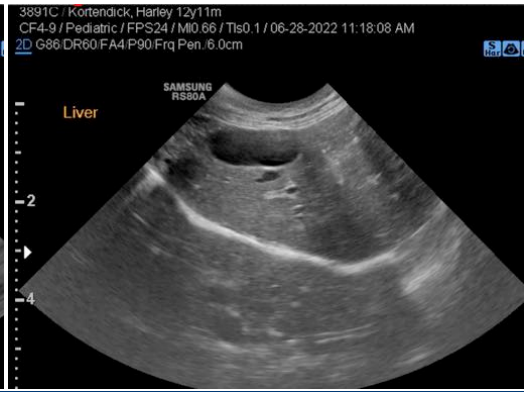

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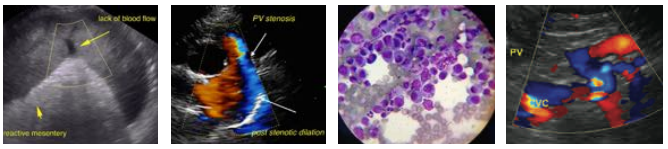

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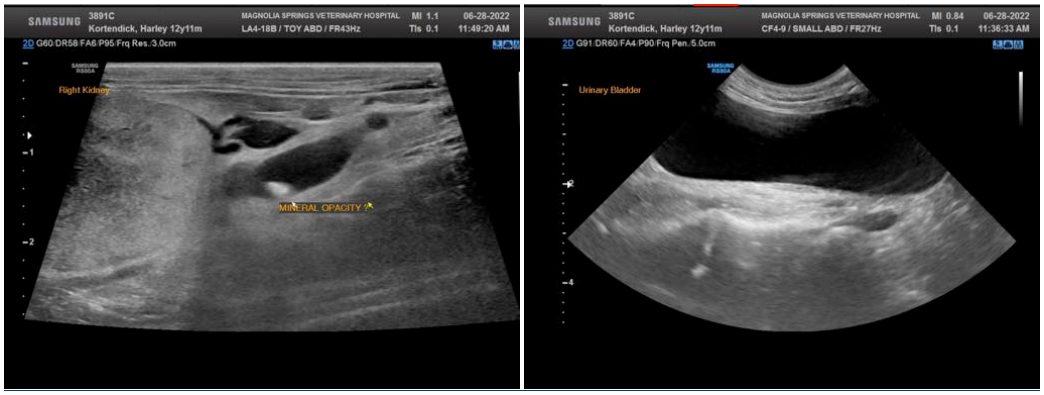

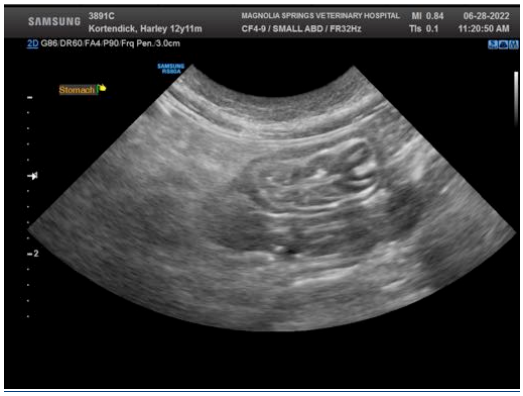

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com