



PATIENT

Sweetie Goodyear

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Laura

INVOICE

15870

DATE

6/4/22

PRESENTING CLINICAL SIGNS

History: Sweetie was admitted to MDAEH on 6/3/22 to continue with Diuresis and antibiotic therapy after she was diagnosed at the RDVM with azotemia and UTI. Previous UTI'S and history of megacolon. Patient was at RDVM on 5/31,6/1, 6/2 receiving IV fluids at RDVM. Kidney values improving

Abnormal PE/Chem/CBC/UA Results:At RDVM 5/31/22 chem/lytes: Creat 4.5 BUN:101 PHOS: 11.7 CHLO:108 ANION GAP 34 SDMA:47 CBC: WBC:41.7 H RBC:6.86 L PLT:828 NEU:39.615 LYM:834 L MONO:1251 UA: USG:1011 GLUCOSE: TRACE PROTEIN: 1+ WBC:10-15 RBC:15-20 BACTERIA: MARKED >40/HPF RODS pH:6.5 UCS pending PRO BNP: pending FeLV/FIV/heartworm: negative 6/3/22 SDMA: 36 CREAT:3.8 BUN:68 PHOS:7.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed sand accumulation, nonobstructive at the time of the sonogram. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **right kidney** revealed cortical infarcts and chronic interstitial nephrosis. Corticomedullary and pelvic mineralization were noted. Cortical collapse at the cranial pole was noted in the right kidney. The right kidney measured 3.61 cm. A pelvic calculus was noted in the right kidney. The patient is likely passing calculi periodically.

The **left kidney** was swollen with pericapsular inflammatory pattern. Pyelectasia and echogenic debris were noted in the left kidney. The left kidney measured 5.32 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged. No evidence of pathology.

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

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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

- Nephrolithiasis/urinary bladder sand. Renal pelvic calculi. Chronic pyelonephritis pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Urine culture and sensitivity, 72-hour IV fluid protocol, GI protectants, broad spectrum antibiotics all indicated. Blood pressure measurements warranted. Both kidneys presented an inflammatory component and chronic active inflammation was present. Prognosis long-term is guarded, depending upon the ability to stabilize the azotemia. No evidence of neoplasia. The calculi were nonobstructive at the time of the sonogram, however, the right renal calculus may pass or obstruct in the near future.

AGE

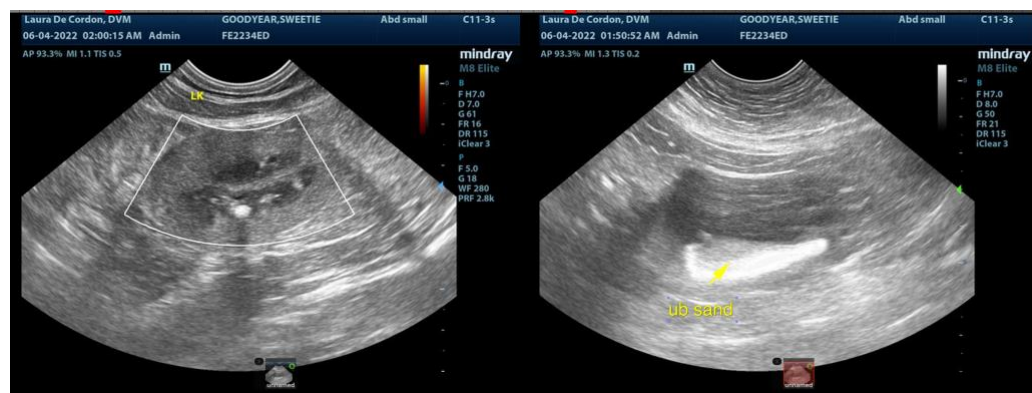
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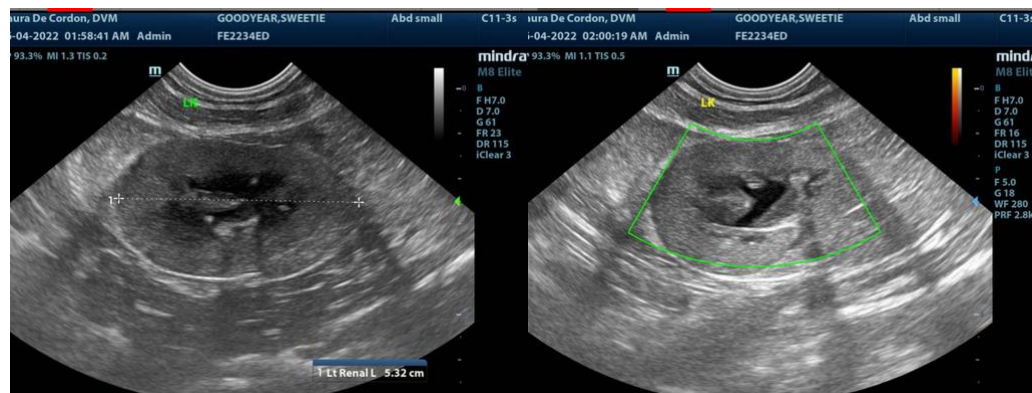


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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