



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Bob Walson
Presented 7/14 after a 3 day history of anorexia, vomiting, and lethargy. Owner reports has been about 1 week since she was completely normal. Has a communal litter box and does spend time indoors and outdoors. History of CKD.

SPECIES
Feline
Abnormal PE/Chem/CBC/UA Results: Unkempt hair coat, weight loss, and dehydration. Chem - SDMA 33, Cre 2.6, BUN 59, Alb 3.3, T4 1.0 CBC - RBC 9.10, HCT 42.2%, Lym 0.57, Eos 0.16 UA - USG 1.019, pH 6, 30mg/dL urine protein, WBC 8/hpf, WBC >50/hpf, Cocci present Started on IV fluids, antibiotics, appetite stimulant, pain medication, and gastroprotectants, but appetite isn't improving. Rechecked CBC/Chem after 2 days of fluid therapy on 7/16: CBC - RBC 6.45, Retic 0.0, Lym 0.44, Momo 0.04, Eos 0.16 Chem - Glc 168, Cre 1.5, BUN 22, Alb 2.4

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX
Urinary System

Spayed Female
The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of suspended debris was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

AGE

15 Years

The **kidneys** presented minor subjective swelling with pericapsular enhanced fat, suggestive for nephritis. The right kidney measured 4.3 cm. The left kidney measured 4.58 cm with slight pyelectasia noted.

WEIGHT

4.1 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. The left adrenal gland measured 0.33 cm. The right adrenal gland measured 0.35 cm.

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 were noted.

IMAGING PERFORMED BY

Dr. Jolee Stegemoller

HOSPITAL NAME

North Idaho AH

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.

REFERRING VET

Dr. Dawn Mehra

INVOICE

39609

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

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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.

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.

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ULTRASONOGRAPHIC FINDINGS

- Swollen kidneys – nephritis pattern.
- Minor intestinal thickening

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential emerging round cell neoplasia of the kidneys. Coagulation panel and 25-gauge FNA of either renal cortex and full urinary workup warranted. Supportive care otherwise. Given the pyuria, urine culture and sensitivity and 72-hour IB fluid protocol recommended. At least 3-4 weeks of antibiotics likely necessary. However, concurrent renal lymphoma may be emerging in this patient in addition to the UTI/nephritis pattern.

WEIGHT

4.1 kg

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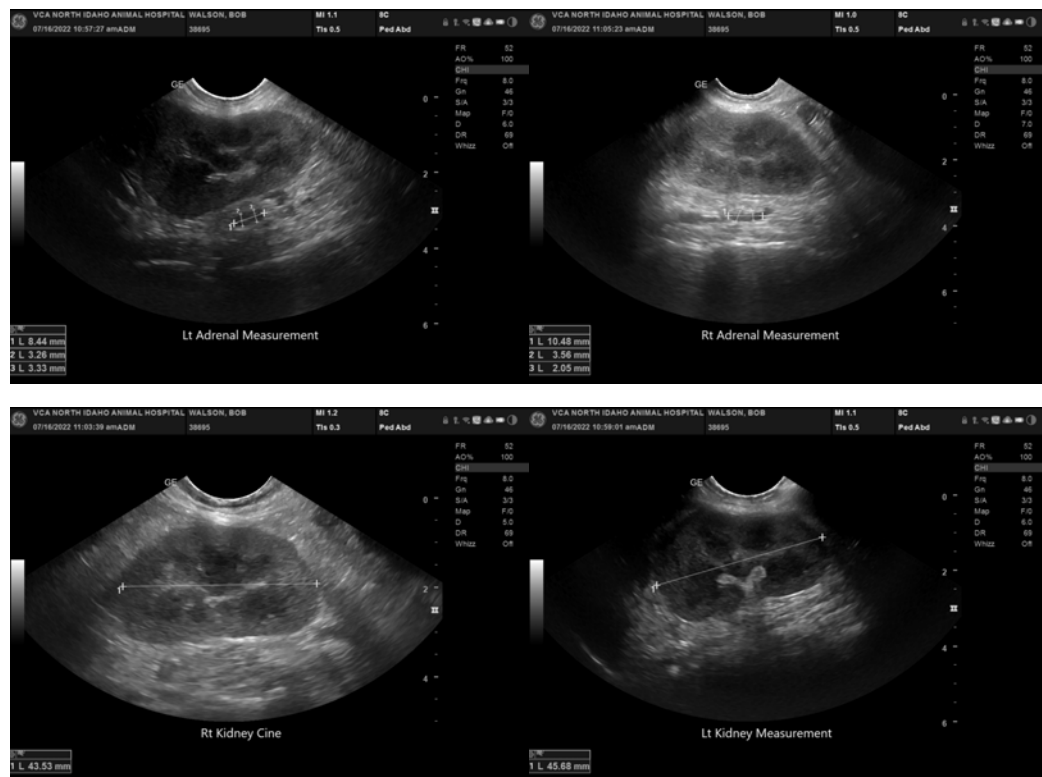
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SPECIES

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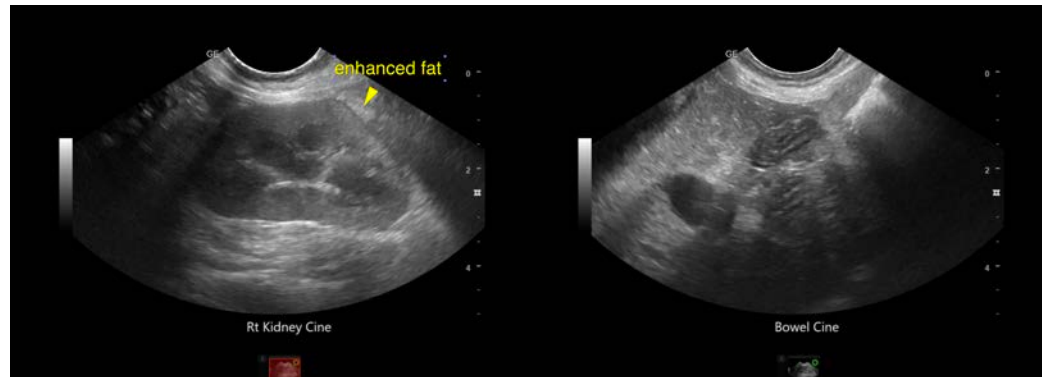
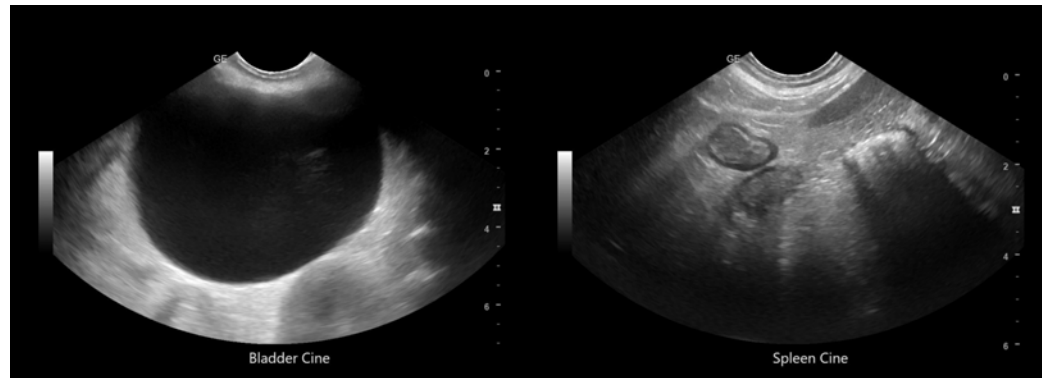
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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