



**PATIENT**

Sootie Best

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

3.7 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Nelson

**INVOICE**

39582

**DATE**

7/17/22

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for declining throughout the day. For the past week P has been very weak and lethargic. Progressive decreased appetite and decreased drinking. Today P is not eating or drinking at all. Today P looks very bad to O. At home P is laying around the house in various locations which is unusual. O noticing P's weight is fluctuating. P has been urinating outside of box. Other cat in home passed away 1 week ago. Previous Health Concerns: none Current Medications: none

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: Grade 1-2/6 heart murmur Respiratory: NR, clear lung sounds Abdominal: tender on palpation Genitourinary: bladder small on palpation, urinated immediately on palpation CBC – Neu (15.6) Lym (0.35) Eos (0.03) HCT (25.9) MCHC (36.8) MPV (9.4) CHEM – Cre (11.2) BUN (>140) Phos (>15) TP (9.7) Glob (6.5) gluc (217) tchol (231) AMY (1744) EPOC – Na (141) K (3.3) Cl (105) iCa (0.8) BUN (failed) creat (>15) glu (217) HCT (27)

**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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

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. Pyelectasia noted in the left kidney with echogenic debris. The left kidney measured 4.07 cm. The right kidney measured 4.02 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**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**

Some fluid filled **gastric** lumen noted. The stomach wall was unremarkable. The small intestine and colon were unremarkable.



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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.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

- Moderate chronic degenerative renal changes with pyelectasia and echogenic debris in the left kidney
- Fluid filled gastric lumen

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Assessment for pyelonephritis indicated. Acute on chronic causes such as toxin or infectious agents, hypertension should be considered. 72-hour IV fluid protocol, blood pressures, urine culture indicated. Treatment for acute on chronic renal failure recommended.

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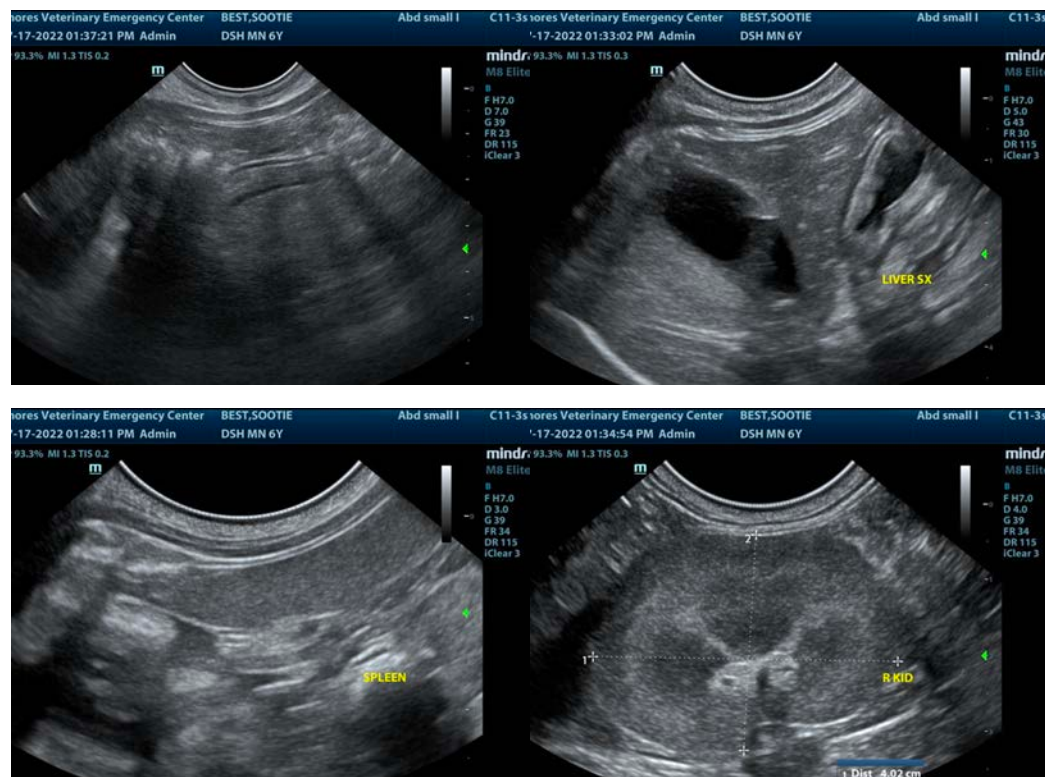
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**SEX**

Neutered Male

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.

**AGE**

6 Years

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](mailto:info@SonoPath.com)

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