



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Ginge Dikengil
Lethargic anorexia vomiting
Abnormal PE/Chem/CBC/UA Results: Increased BUN Creat Glu, SDMA

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

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.

DSH

SEX

Neutered Male

The **kidneys** presented a chronic interstitial nephrosis pattern with irregular contour. The right kidney measured 3.86 cm. The left kidney measured 3.24 cm. Some loss of corticomedullary definition noted in both kidneys. Power doppler appeared normal to slightly subnormal regarding renal vascularity. Corticomedullary mineralization and infarcts noted in the right kidney.

AGE

16

Adrenal Glands

WEIGHT

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

7.7

Spleen

INTERPRETED BY

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Eric Lindquist, DMV

Liver

DABVP, Cert. IVUSS

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Gastrointestinal

Rockaway AH

Minor fluid filled **gastric** lumen present and slight wall thickening without neoplastic criteria. Minor distal small intestinal thickening noted without neoplastic criteria. Curvilinear patterns still maintained.

REFERRING VET

Dr. Maniar

Pancreas

INVOICE

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

43999

DATE

7/17/23

ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes with mineralization, subacute on chronic renal disease
- Gastroenteritis pattern



PATIENT

Ginge Dikengil

- Mild pancreatic remodeling
- Age related hepatic changes
- Volume contracted spleen

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the azotemia, 72-hour hospitalization and IV fluid protocol warranted and reassessment of the clinical status. Urinary workup indicated +/- culture and blood pressure measurements.

BREED

DSH

SEX

Neutered Male

AGE

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WEIGHT

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INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

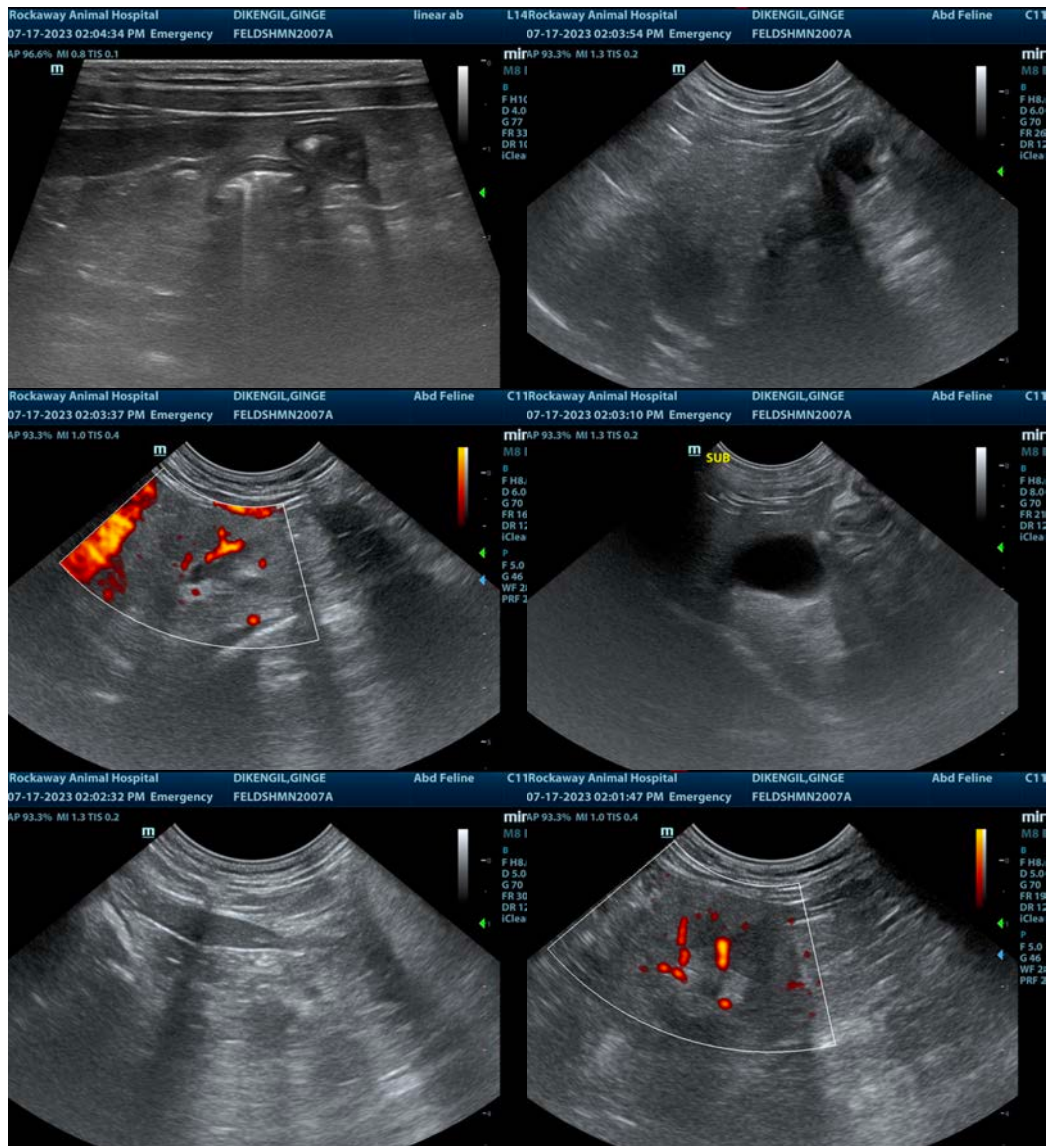
Dr. Maniar

INVOICE

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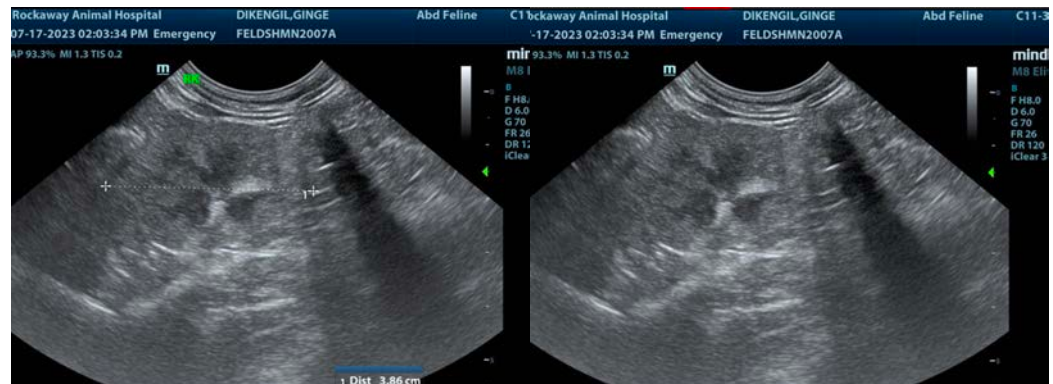
Dr. Maniar

INVOICE

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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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