



PATIENT	PRESENTING CLINICAL SIGNS
Milo Wilson	Very lethargic, wt loss, anorexia and vomiting Abnormal PE/Chem/CBC/UA Results: Pending
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder presented a 0.74 cm shadowing, non-obstructive calculus in the bladder. Bladder wall and urethra were unremarkable.
DSH	
SEX	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. The left kidney was large at 5.8 cm with pericapsular inflammatory pattern. Blood flow to the left kidney appeared to be adequate on color flow assessment. However, significant amount of inflammation noted. Corticomedullary and pelvic calculi noted in the left kidney. The right kidney measured 3.16 cm with hyperechoic medullary rim sign, slight pyelectasia, and fibrosis pattern.
Neutered Male	
AGE	Adrenal Glands
10 Years	The adrenal glands were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.76 cm. The left adrenal gland measured 0.73 cm.
WEIGHT	Spleen
10 Pounds	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.
INTERPRETED BY	Liver
Eric Lindquist, DMV	The liver was hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable.
DABVP, Cert. IVUSS	Gastrointestinal
IMAGING PERFORMED BY	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.
Dr. Rodriguez	
HOSPITAL NAME	Pancreas
Foxfield Vet Services	The pancreas was hypoechoic and irregular with undulating contour and enhanced mesentery. Suspect low-grade inflammation.
REFERRING VET	
Dr. Rodriguez	
INVOICE	
43888	
DATE	
7/17/23	



PATIENT

Milo Wilson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

10 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Vet Services

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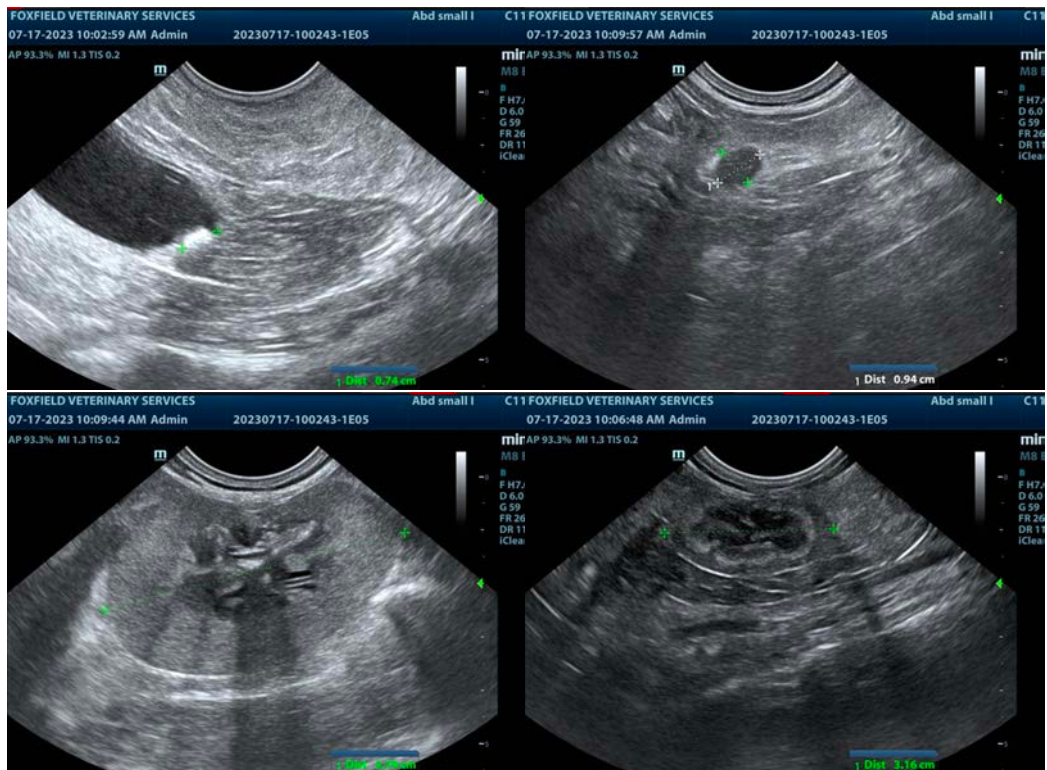
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ULTRASONOGRAPHIC FINDINGS

- Small, non-obstructive bladder calculus
- Post-obstructive nephritis pattern left kidney
- Moderate degenerative right kidney changes
- Suspect concurrent pancreatitis
- Hepatic lipidosis liver pattern – clinically significant if liver enzymes (particularly ALP and bili) are elevated.
- Bilaterally swollen adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatitis and left renal nephritis are the primary issues in this patient. The kidneys do not appear end stage. No evidence of neoplasia. Full urinary workup warranted along with CBC/Chem. IV fluid support recommended. Stabilization of the nephritis and pancreatitis recommended in the meantime.





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DSH

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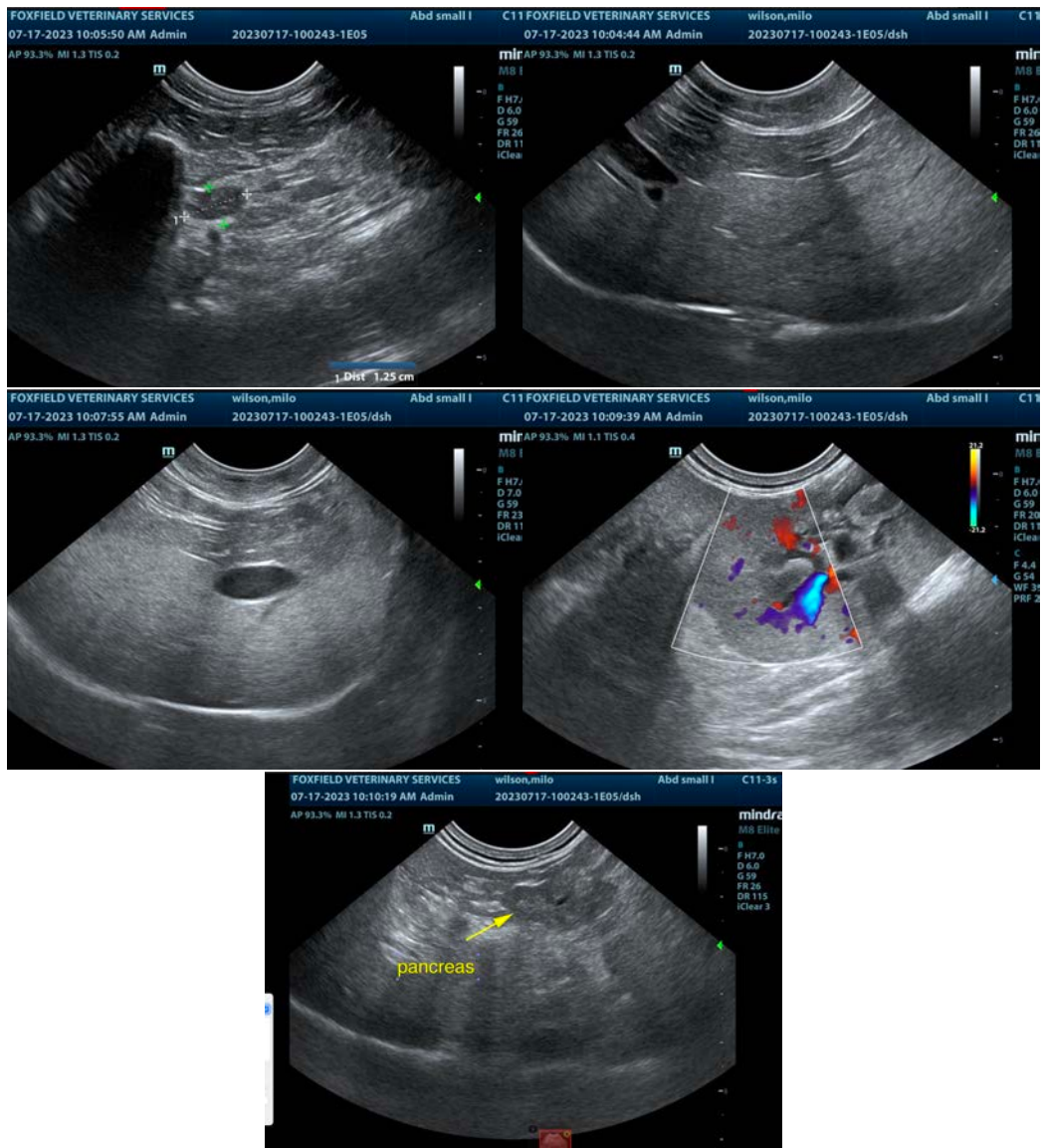
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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