



PATIENT

Squeek Skrapits

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

25 years

WEIGHT

5.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Stanglein

INVOICE

32012

DATE

7/27/22

PRESENTING CLINICAL SIGNS

History: hyperthyroid, early kidney disease, urinary accidents... currently on tapazole, gabapentin, mirataz PRN

Creat 3.4, BUN 87, calcium 12.6, epithelial cells in urine. Rads: no obvious stones/masses.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed mineralizing ventral wall mass that measured 1.14 x 0.68 cm.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. There was loss of corticomedullary definition and medullary scarring, subjectively end stage. 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 right kidney measured 3.14 cm. The left kidney measured 3.04 cm with minor pyelectasia.

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 0.43 cm. The right adrenal gland measured 0.38 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. An occasional hyperechoic nodule was noted. 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 was noted.

Liver

The **liver** was diffusely hyperechoic to the falciform fat. The gallbladder and common bile duct were unremarkable with occasional cystadenoma type lesion, which is largely expected for this age patient.

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

Squeek Skrapits

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

Subjectively near end stage degenerative renal disease.

SEX

Hepatic lipidosis pattern.

Spayed female

Age related pancreatic changes.

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25 years

Concurrent bladder mass consistent with transitional cell carcinoma.

WEIGHT

5.5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bladder mass can be managed and is non-obstructive at this time. I am most concerned about long term viability of the kidneys. 72-hour IV fluid protocol is indicated. Urine culture and sensitivity is recommended without cystocentesis. The cause of hypercalcemia is likely idiopathic. Guarded prognosis.

INTERPRETED BY

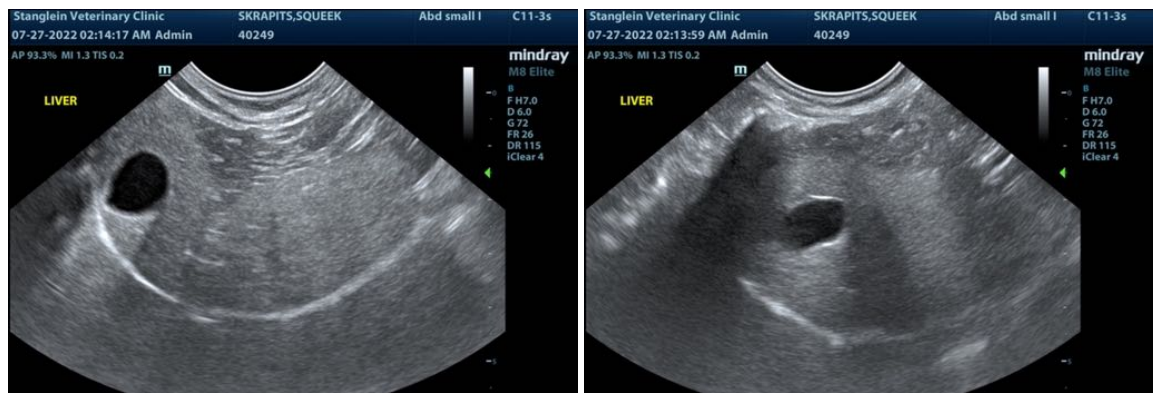
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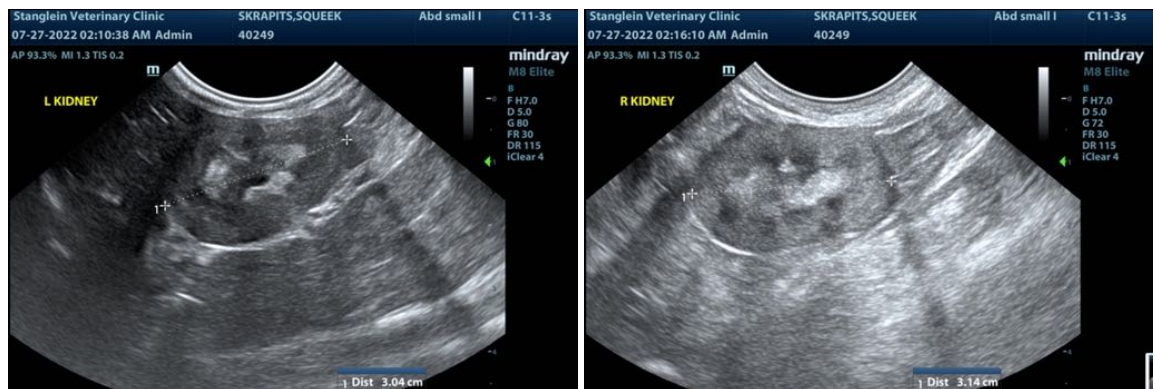
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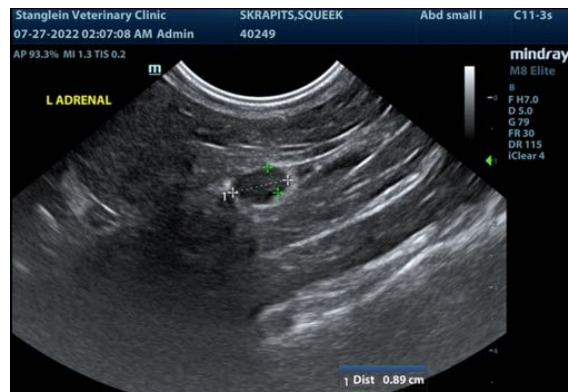
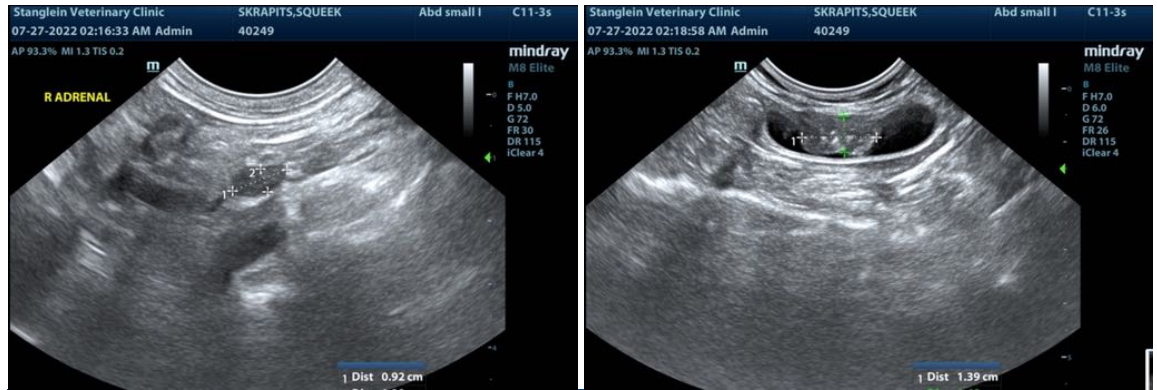
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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