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Clinical Sonography & Telecytology
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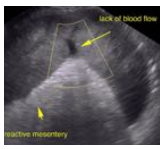
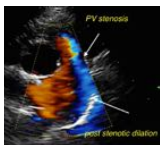
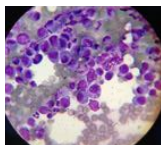
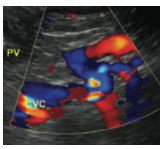




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rascal Rutlin

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

17 years

WEIGHT

5.86 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

Dr. Richardson

INVOICE

32029

DATE

7/27/22

PRESENTING CLINICAL SIGNS

History: Increasing liver values, chronic abdominal pain, kidney failure -- responsive to buprenorphine EOD for pain relief
Abnormal PE/Chem/CBC/UA Results: 7/14/22: ALP - 145, ALT - 445, AMY - 2529, TBIL - 0.6, BUN - 40, CRE - 2.8, USG - 1.024

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 was noted. Ureteral papillae were normal.

The left **kidney** revealed moderate dystrophic changes with cortical infarct and was subnormal in size measuring 2.3 cm. The left kidney also revealed pyelectasia. The right kidney measured 2.6 cm with corticomedullary mineralization. Blood flow on Power Doppler assessment revealed adequate blood flow.

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.

Spleen

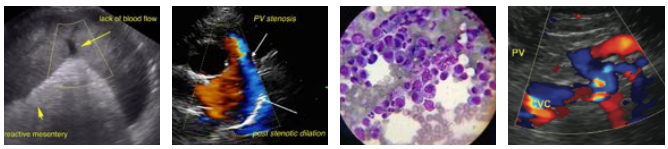
The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Increased portal markings are present. 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. Biliary calculi were noted. 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.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The right and left limbs of the **pancreas** were hypoechoic, irregular and nodular. `

ULTRASONOGRAPHIC FINDINGS

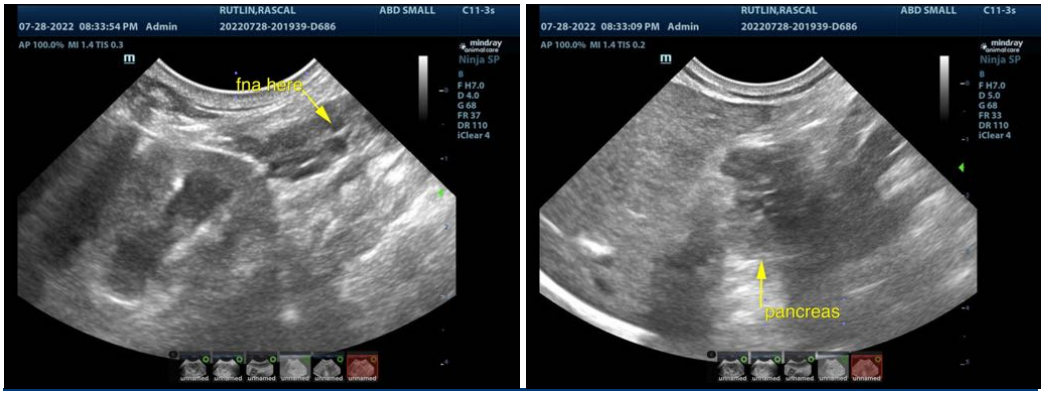
Extensive, mixed hypoechoic pancreatic pathology. Pronounced nodular hyperplasia, pancreatic necrosis/pancreatitis and carcinoma are all possible.

Moderate renal dystrophy was noted with calculi.

Biliary calculi and hepatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the pancreas and liver is strongly recommended. The patient may be passing biliary calculi as well. 72-hour IV fluid protocol and full urinary work-up is all indicated. Ursodiol therapy can be considered long term. However, it is highly variable patient to patient regarding biliary calculi. Treatment for pancreatitis and prerenal and renal azotemia is warranted in the meantime until cytology can be evaluated.



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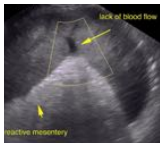
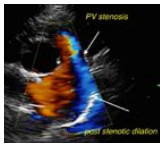
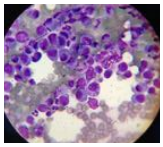
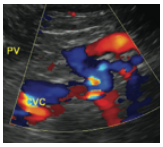

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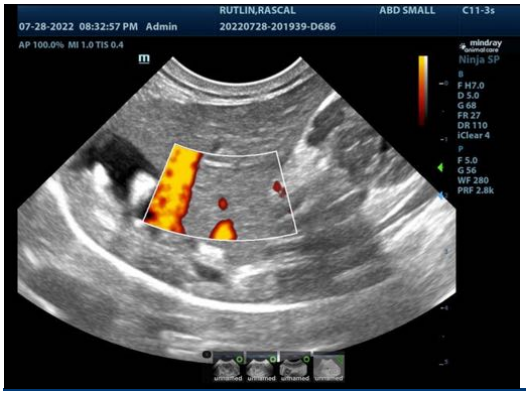

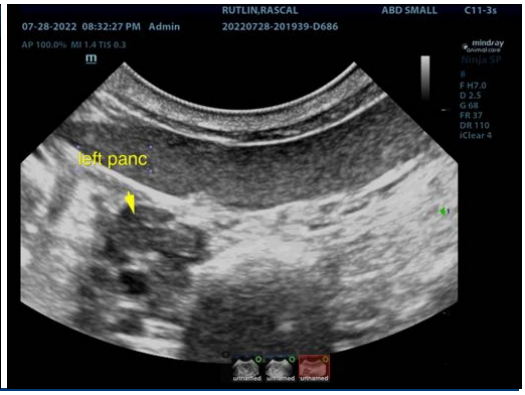

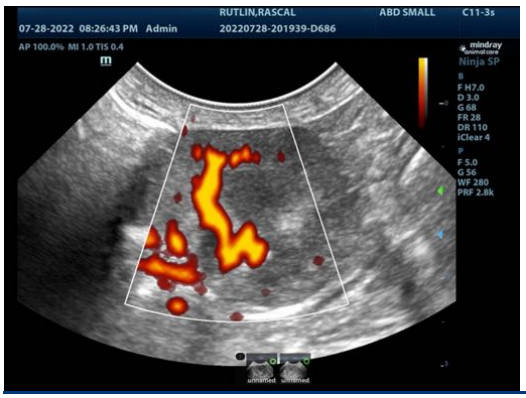

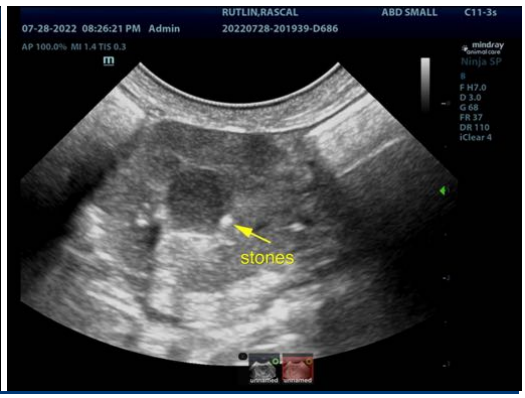

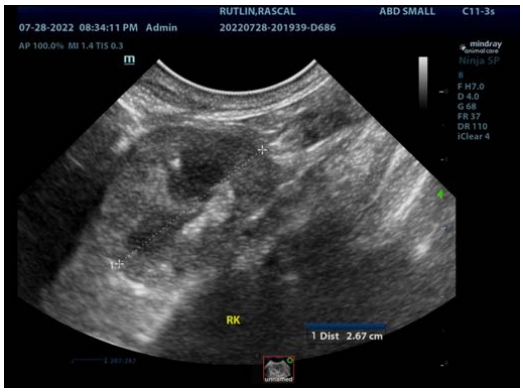

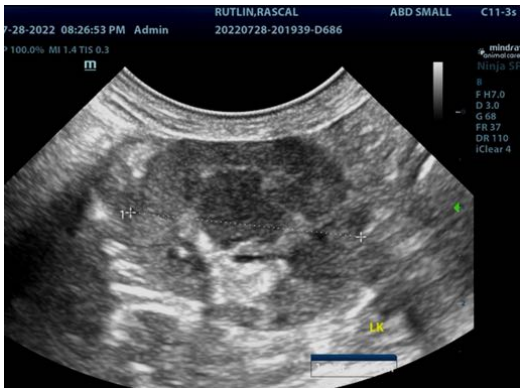

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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