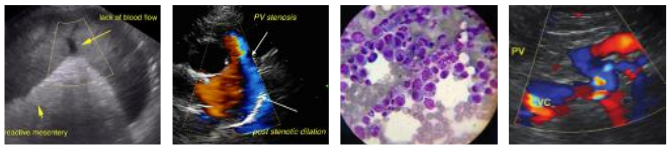
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Dash Horne

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
11 Years

WEIGHT
12 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Carolina Mobile Vet

HOSPITAL NAME
Armstrong AC

REFERRING VET
Dr. Aquino

INVOICE
23657

DATE
7/28/23

PRESENTING CLINICAL SIGNS

History of elevated ALT, and mildly elevated Calcium no clinical signs

Abnormal PE/Chem/CBC/UA Results: 3/9/23 ALT 315 (12-130), Ca 12.9 7/18/23 ALT 395 Ca not rechecked at this visit

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed slight nonshadowing concretions. A grouping of which measured 4.0 mm. These are nonobstructive. The bladder itself was unremarkable. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. This is a mild to moderate change. The right kidney measured 4.32 cm. Right renal infarct was noted, without active inflammation. A cortical infarct was noted in the left kidney with no evidence of any active inflammation. A pelvic calculus was noted and is likely the cause of the infarct, as movement will cause a cortical insult. The left kidney measured 4.23 cm. Other smaller infarcts were noted as well.

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 0.28 cm. The right adrenal gland measured 0.39 cm.

Spleen

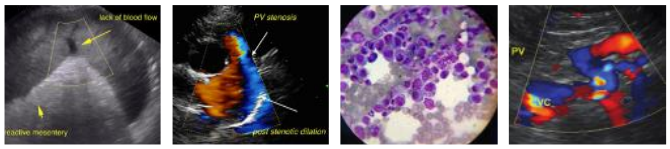
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or 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

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

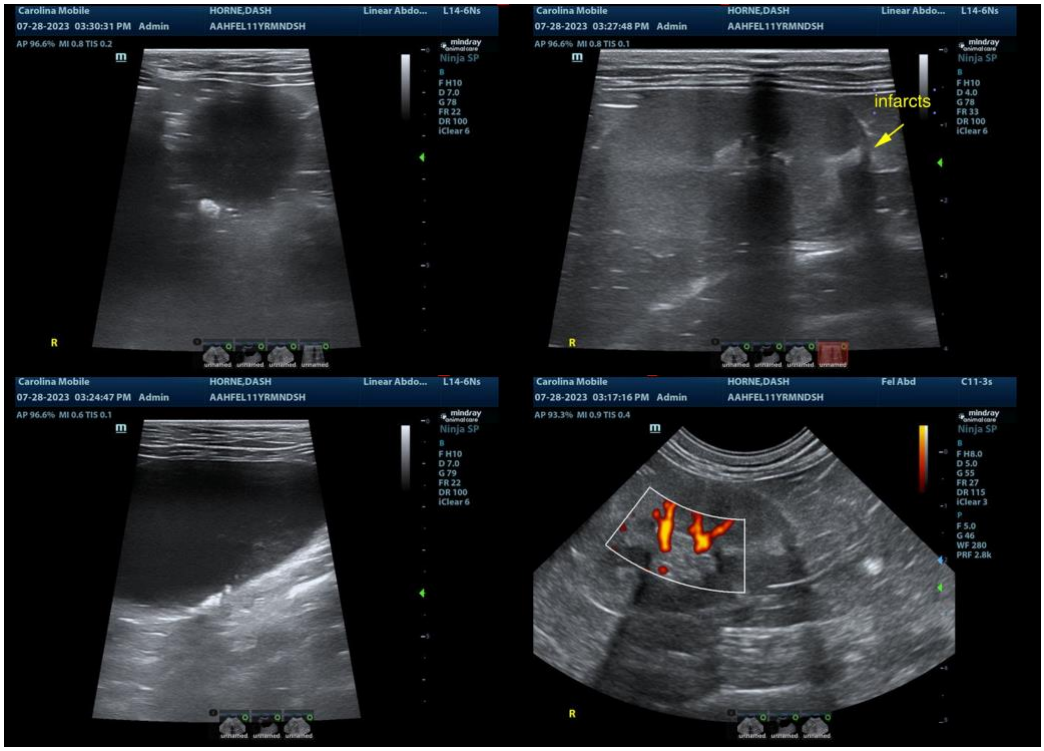
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Nonshadowing sand in the urinary bladder. These should be medically manageable.
- Left renal infarct with pelvic calculus and interstitial nephrosis pattern otherwise. Right renal infarct noted as well, without any active inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary tract appears stable; however, dissolution approach would be recommended. If any periodic obstructive urinary behavior is noted, then cystotomy is warranted. However, sonogram should be performed just prior to any intervention. Blood flow to the kidneys appeared to be adequate on power doppler assessment. The patient is likely passing calculi periodically with the secondary infarcts, yet no obstructive disease is noted at the time of the sonogram. The bladder sand/calculi without shadowing means that the calculi are not very dense, and not necessarily surgical, and should be dissolvable from a medical management based on urinary parameters.



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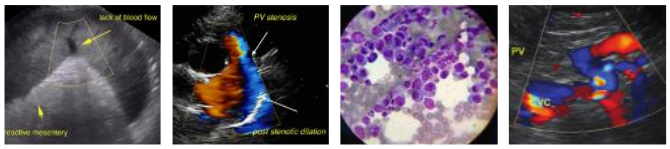

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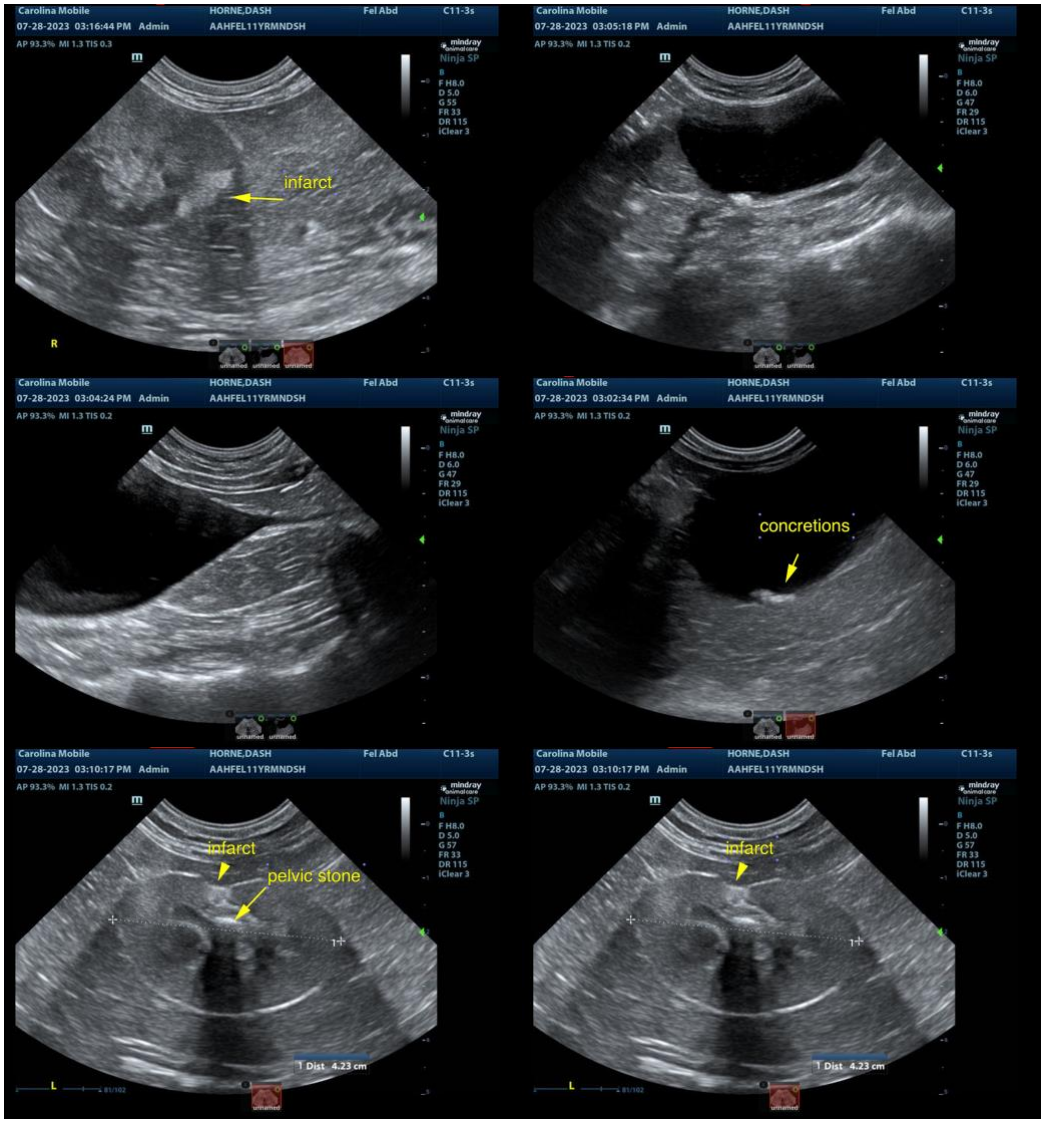

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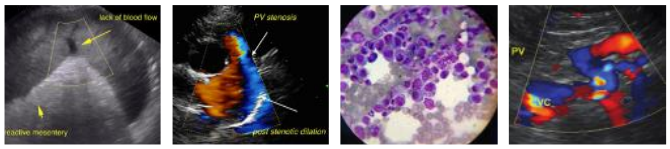

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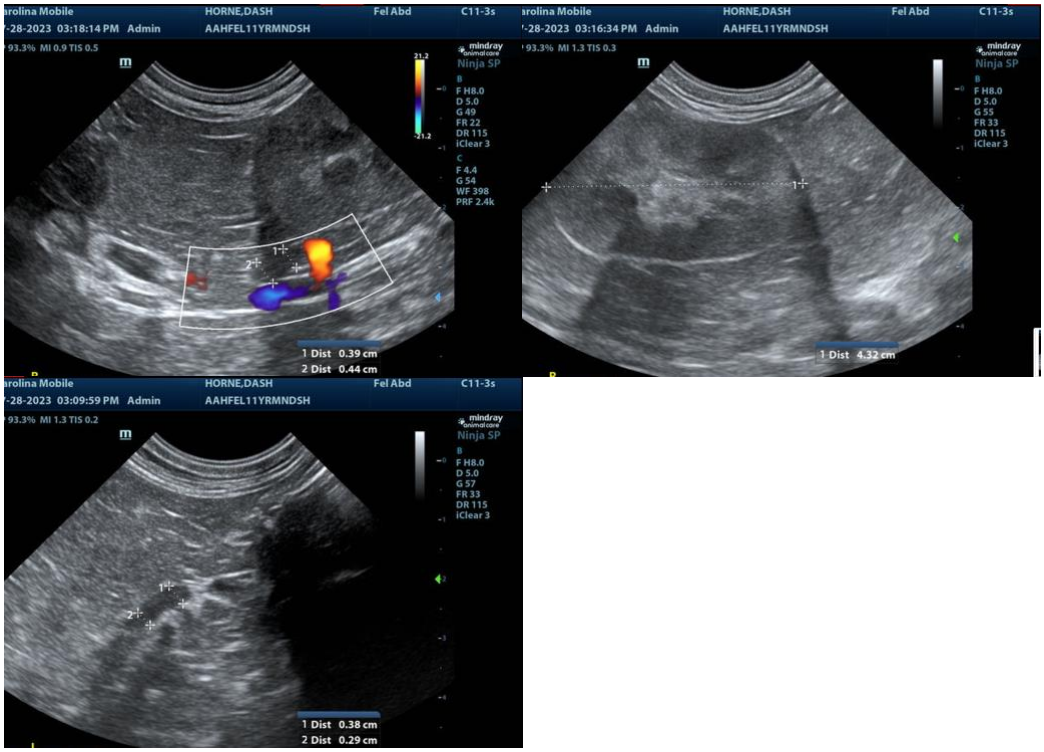

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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