SonoPath
Clinical Sonography & Telecytology
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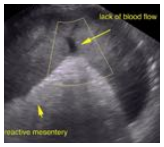
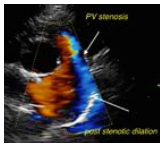
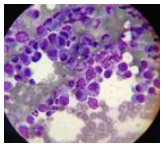
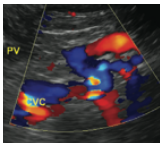





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Sheldon Sowers

SPECIES
Feline

BREED
Domestic Longhair

SEX
Neutered male

AGE
15 years

WEIGHT
8.1 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Moon

HOSPITAL NAME
Shiloh VH

REFERRING VET
Dr. Schneider

INVOICE
45084

DATE
7/3/23

PRESENTING CLINICAL SIGNS

History: BCS 4.5/9 Grade 2 renal disease. Presented for weight loss ALT increasing from 125 to 224 despite metronidazole, clavamox, and Denamarin
5/10 6/22 ALT 125 (10-100) 224 BUN 46 (14-36) 44 SDMA 17.2 (<15) 25.4 Creat 2.4 3.5 T4 2.5 3.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney revealed a cortical infarct at the caudal pole. There was no evidence of active inflammation. The left kidney measured 3.6 cm. The right kidney measured 4.0 cm with minor, corticomedullary mineralization. A cortical infarct was noted at the caudal pole with areas of mineralization.

Adrenal Glands

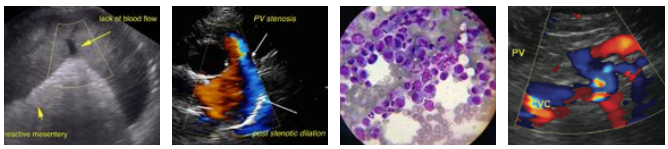
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right and left adrenal gland measured 0.4 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 was noted.

Liver

The left lateral **liver** revealed a hypoechoic nodule that measured 0.5 cm with minor, heterogenous changes noted elsewhere. 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.



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Gastrointestinal

The upper **gastrointestinal tract** was unremarkable and empty. Areas of muscularis hypertrophy were noted in the small intestine. The transverse colon was thickened. Slight mesenteric lymphadenopathy was noted and measured up to 1.0 cm.

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

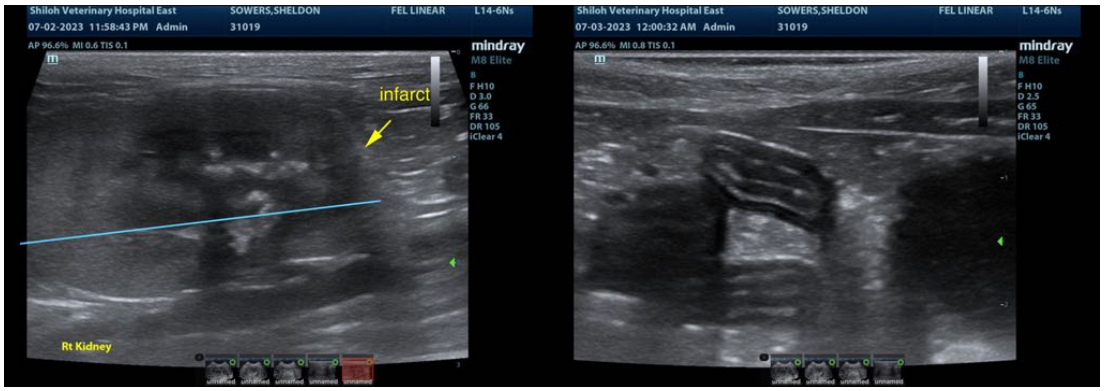
Diffuse intestinal thickening with minor mesenteric lymphadenopathy.

Concerning liver nodule.

Renal infarcts and mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The azotemia may be secondary to active infarcts. FNA is indicated. 72-hour IV fluid protocol is warranted to correct the azotemia with supportive care. Full urinary work-up is recommended with culture and sensitivity as well as blood pressure measurements are indicated. Nodular hyperplasia versus abscessation, less likely or emerging neoplasia regarding the liver nodule differentials.



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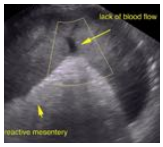

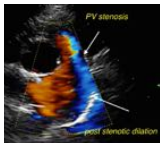

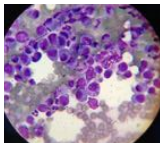
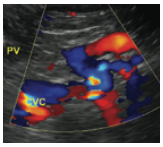

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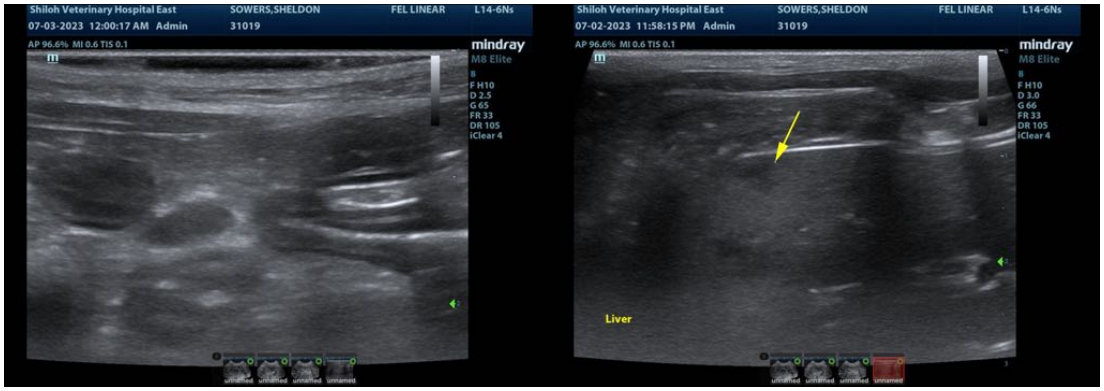

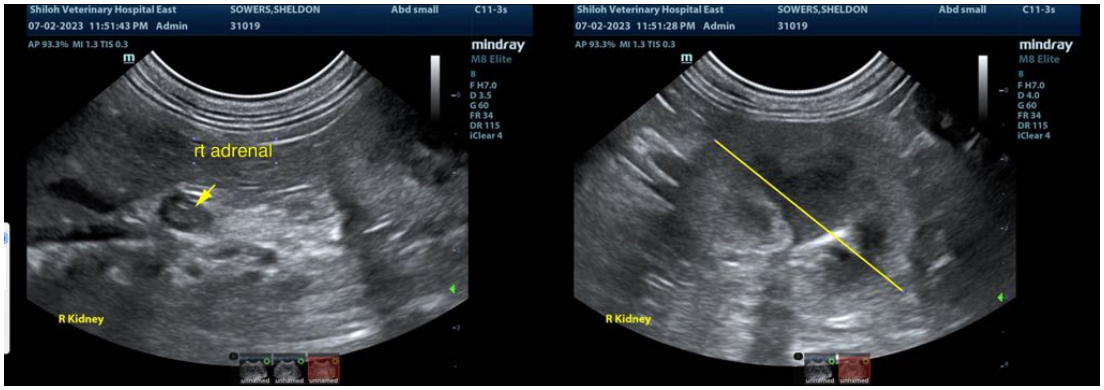

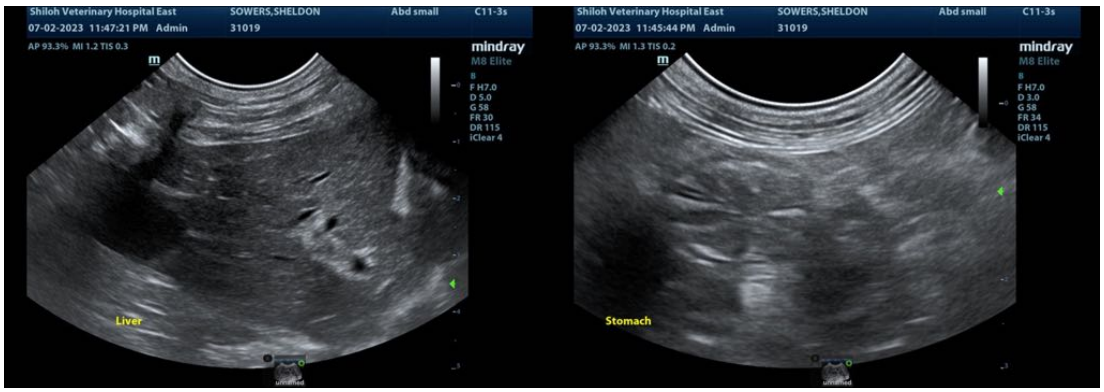

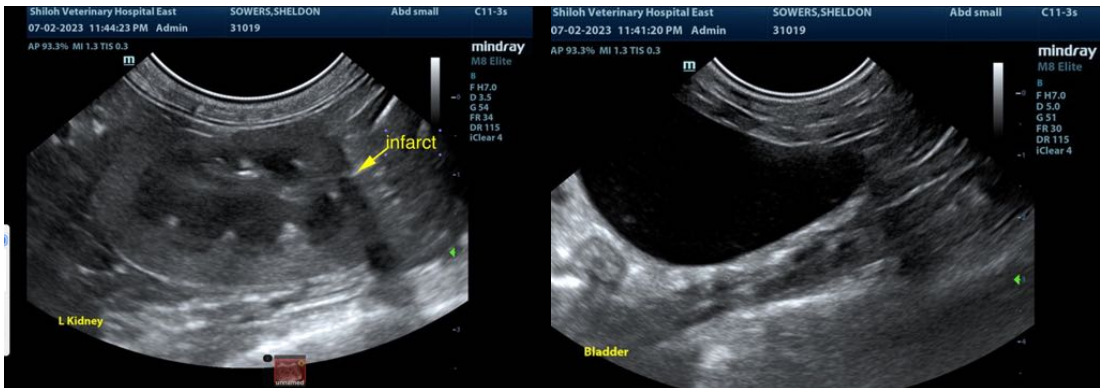

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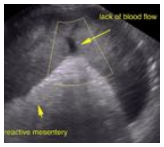

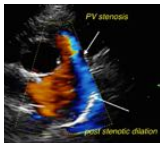

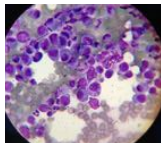
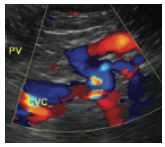

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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