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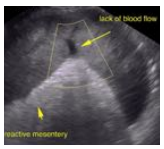
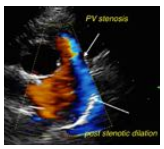
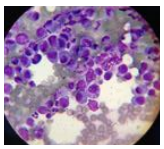
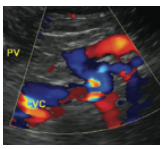
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Allison Weir

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed female

AGE
15 years

WEIGHT
2.3 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Hayley Heindel CVT

HOSPITAL NAME
Mason Dixon Animal Emergency Hospital

REFERRING VET
Dr. Laura de Cordon

INVOICE
45072

DATE
7/4/23

PRESENTING CLINICAL SIGNS

History: vomiting blood, not eating well, hx of CKD
Abnormal PE/Chem/CBC/UA Results: BUN 49 Creat 3.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed an apical thickening that measured 0.8 x 1.2 cm. Mural thickening was noted. There is a strong concern for transitional cell carcinoma.

The **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.0 cm. The right kidney revealed severe, complete hydronephrosis and hydroureter. Hydronephrotic right kidney measured approximately 3.0 cm. There was no recognizable tissue present. The cause of ureteral dilation is unclear, it is likely owing to stricture.

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 0.37 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 **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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. The gallbladder presented some dependent debris with essentially normal contour. 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.

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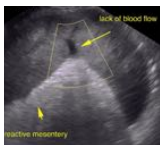
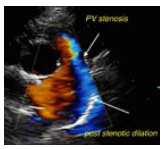
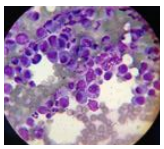
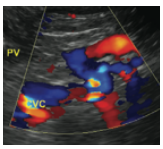

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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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

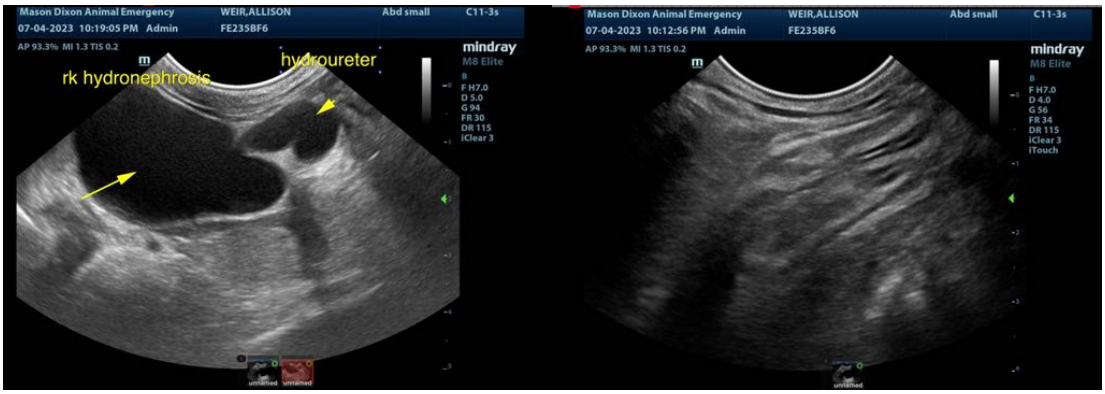
Right hydronephrotic and hydronephrosis complete with ureteral stricture.

Chronic GI changes.

Mild degenerative left renal changes with apical bladder polyp.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72 hour IV fluid protocol, treatment for azotemia and reassessment of the clinical status is warranted. The GI signs are likely secondary to azotemia +/- chronic inflammatory bowel. Eventual right nephrectomy and apical bladder wall resection could be considered.



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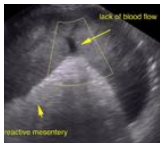
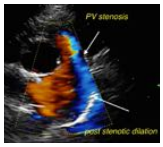
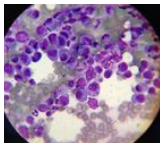
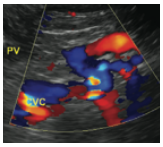

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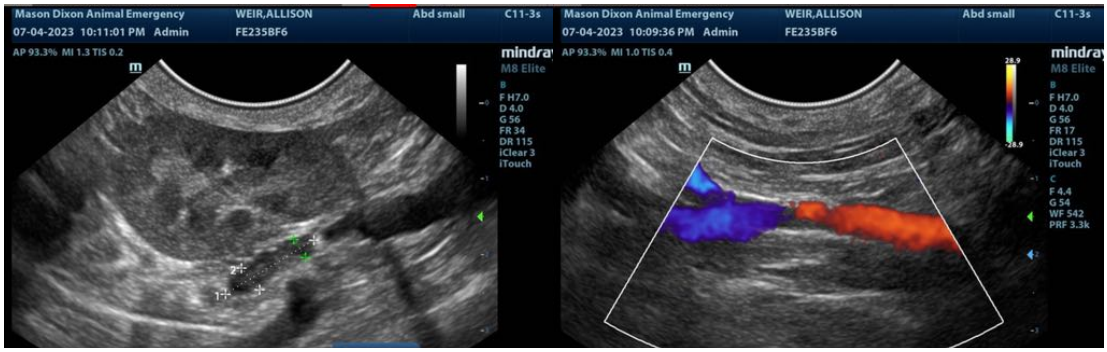

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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