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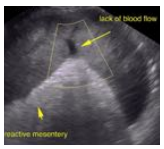

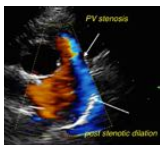

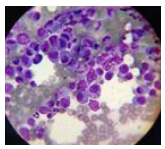
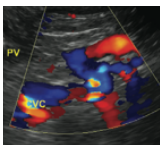


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1-800-838-4268 info@sonopath.com

**PATIENT**

Oliver Woodward

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

15.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Christina Sitton

**HOSPITAL NAME**

Sherwood Family PC

**REFERRING VET**

Dr. Wustenberg

**INVOICE**

45929

**DATE**

7/6/23

## PRESENTING CLINICAL SIGNS

History: anorexia over last 48 days weight loss recent dental ~1 month ago
Abnormal PE/Chem/CBC/UA Results: in house chem Ca = 12.7 mg/dL 7.8 - 11.3 otherwise nsf UA in house SG = 1.016 PH = 6.0 otherwise wnl full senior Bw in 3/2023 nsf w/ normal calcium PTH/ica panel pending

## 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** 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. Pelvic mineralization was also noted. The left kidney measured 3.4 cm. The right kidney revealed a cortical infarct and adjacent calculus. There was no evidence of active inflammation. The right kidney measured 3.6 cm.

### *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 0.3 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 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.

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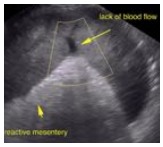
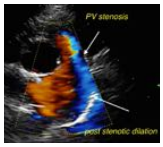
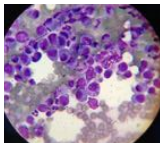
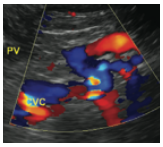

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### *Gastrointestinal*

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.

### *Pancreas*

The **pancreas** revealed a hypoechoic nodule in the left limb that measured 0.5 cm. The remainder of the pancreas was unremarkable.

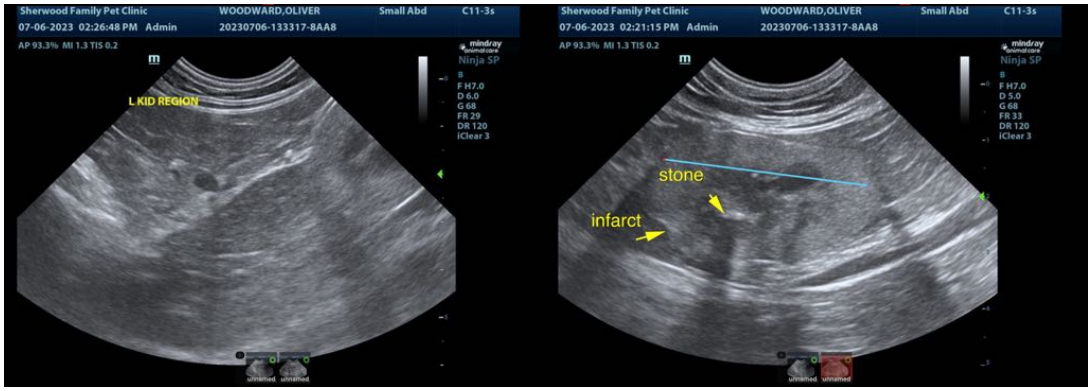
## ULTRASONOGRAPHIC FINDINGS

Moderate, chronic interstitial nephrosis pattern with renal infarcts and mineralization.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The renal changes are most consistent with nodular hyperplasia. There was no evidence of neoplasia in this patient. The cause of weight loss is unclear. Michigan State panel is warranted +/- parathyroid imaging +/- cranial mediastinal imaging.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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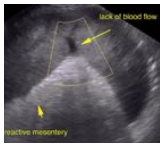
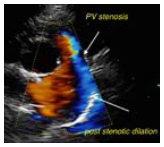
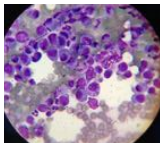
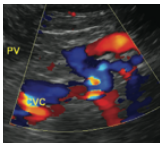

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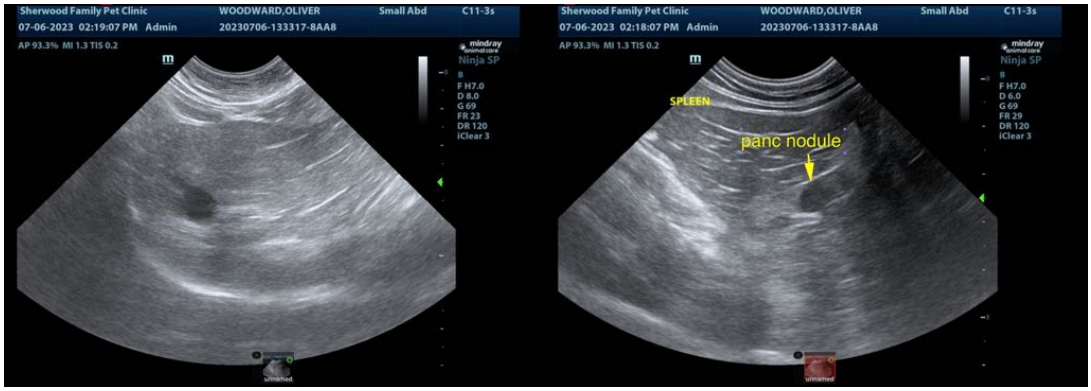


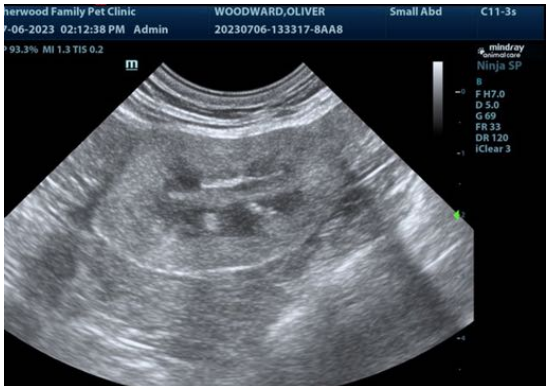


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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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