



PATIENT

Biach Poehler

PRESENTING CLINICAL SIGNS

ADR, Vocal and aggressive toward O at night. History of elevated kidney values and chronic UTI. O claims P was spayed before she got her. CBC/Chem/t4/ua/culture pending

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DLH

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 were noted. Ureteral papillae were normal.

SEX

Female

The **kidneys** 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. The right kidney measured 4.0 cm. The left kidney measured 4.0 cm. Slight pyelectasia noted in both kidneys. Occasional minor cortical cysts noted.

AGE

16 Years

Adrenal Glands

WEIGHT

12.11 Pounds

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 adrenal gland measured 0.50 cm.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Mychjlonka

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.

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Mychajlonka

Gastrointestinal

INVOICE

39319

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

DATE

7/8/22



PATIENT

Pancreas

Biach Poehler

The **pancreas** was hypoechoic and irregular with dilated duct. Mild enlargement at 1.2 cm in the right limb.

SPECIES

PRIMARY FINDINGS

Feline

- Gastroenteritis pattern
- Mild chronic renal changes with pyelectasia
- Hepatic remodeling
- Potential underlying pancreatitis

BREED

DLH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Supportive care for GI upset and pancreatitis indicated. Given the chronic UTI, minor pyelectasia and renal changes, embedded low-grade pyelonephritis is a strong potential. Full urinary workup warranted. Vocalization may be owing to pancreatic discomfort. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Broad-spectrum antibiotics such as Zithromax/Metronidazole, nutraceuticals, IV fluid support all indicated.

Female

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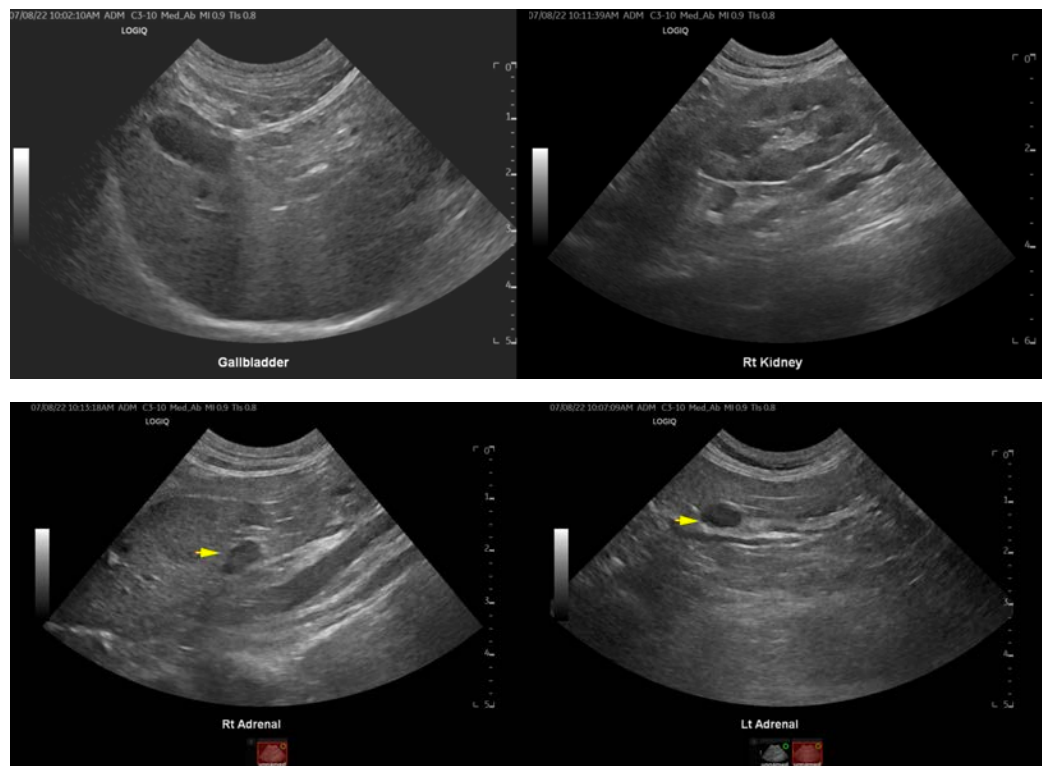
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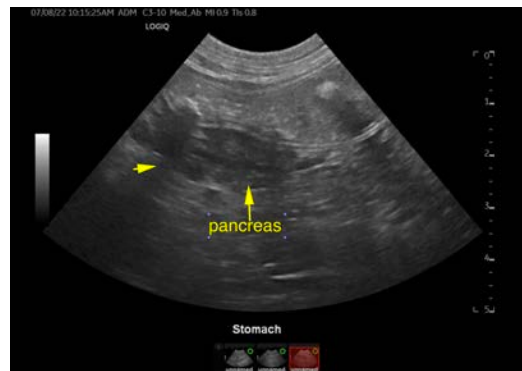
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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