**DATE PRESENTING CLINICAL SIGNS**

8/11/23

Long term inappropriate urination and defecation; chronic intermittent diarrhea. Diabetes mellitus dx 7/25/23, hematuria 8/1/23-8/2/23, dental disease, alopecia hocks

PATIENT

Tonks Hirsch

Current Medications: Prozac insulin 1U BID, gabapentin 50mg SID-BID, Onsior 6mg SID x 3 days 8/1/23
Lab Results: 7/25/23 Neut 13244, Lymph 1078, mono 770, fructosamine 490, SDMA 19.3, glu 477, chol 324, trigly 364, sg 1.028, glu 3+, ketone meg, CTS neg

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Domestic Shorthair

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. Dependent debris was noted in the bladder. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Spayed 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 and no evidence of pelvic dilation was present. A slight, cortical infarct at the caudal pole of both kidneys. Pinpoint mineralization was noted in the kidneys and measured 0.35 cm on the right kidney. The left kidney measured 3.86 cm and the right kidney measured 3.94 cm. Slight, pericapsular inflammatory pattern was noted around the left kidney.

AGE

10/29/08

WEIGHT

10 lbs

INTERPRETED BY**Adrenal Glands**

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.5 cm.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME**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.

REFERRING VET**Liver****INVOICE**

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 duct revealed slight tortuosity, which is an age related variant. 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.

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 base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

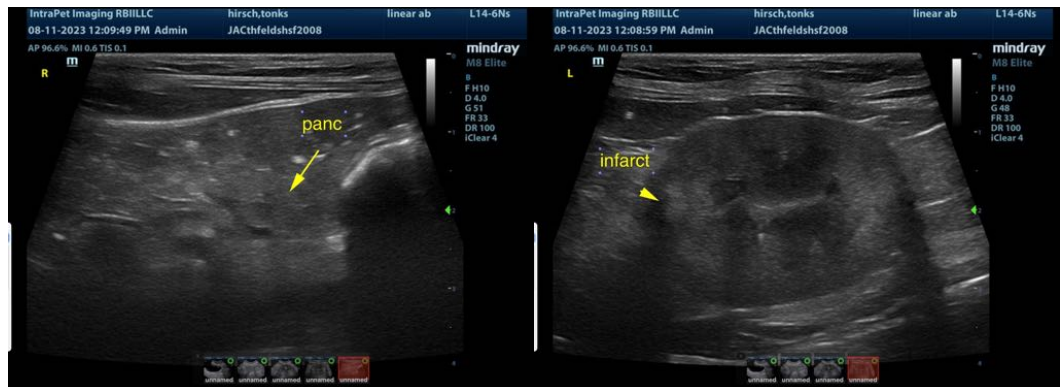
Mild, degenerative renal changes with pinpoint mineralization. Possible low-grade nephritis.

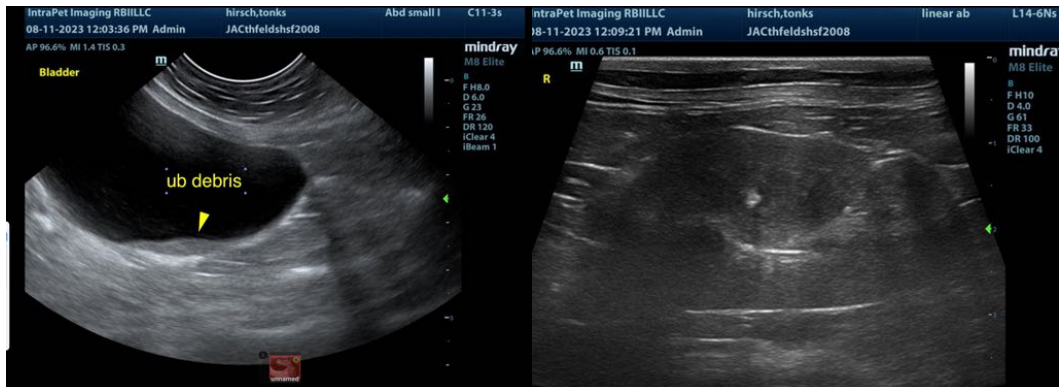
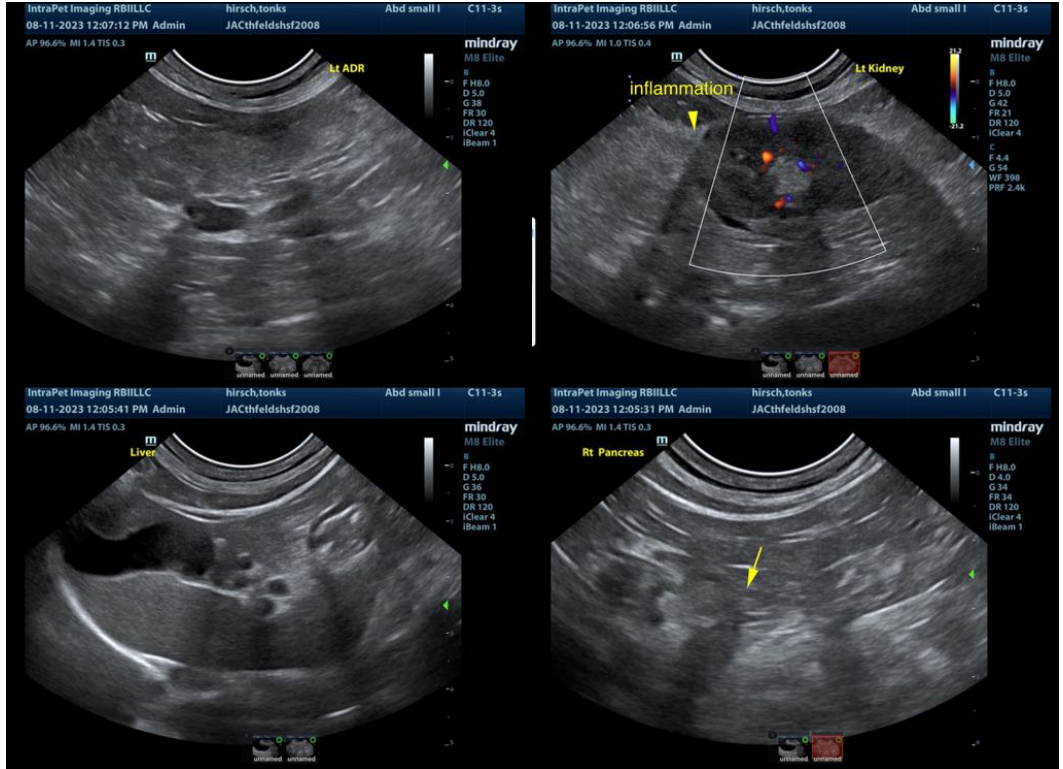
Dependent bladder debris.

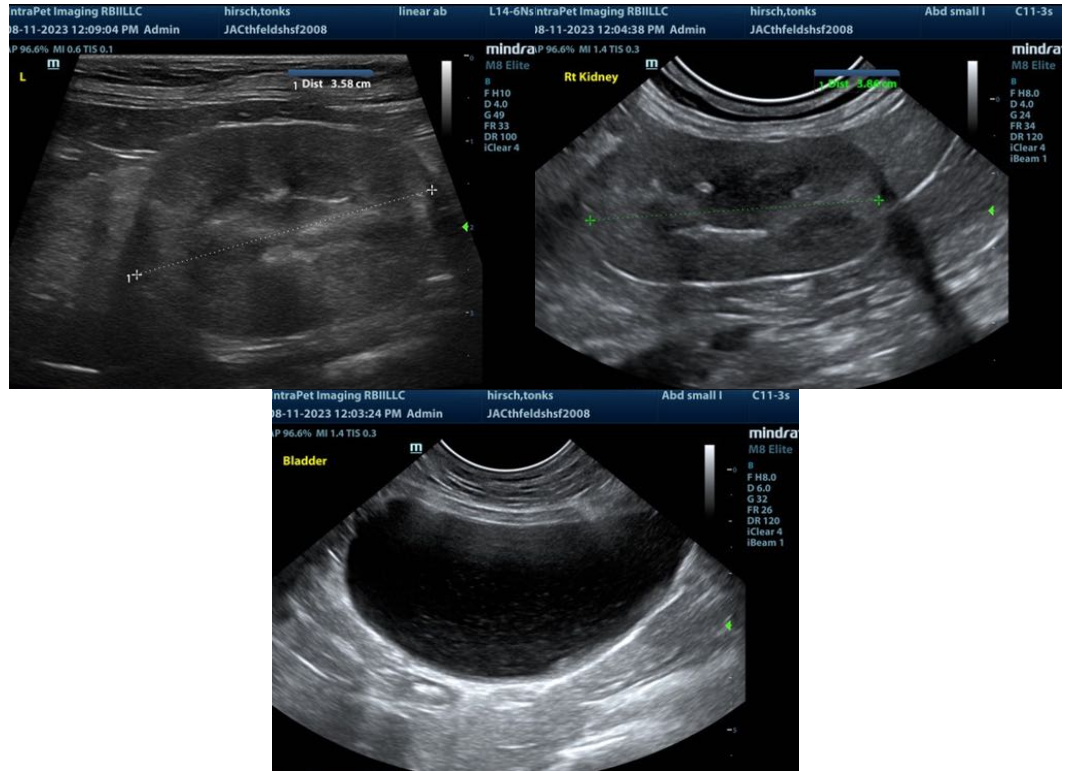
Age related pancreatic and hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work-up, culture and sensitivity is indicated. I recommend focusing on the urinary tract in this patient. 72-hour IV fluid protocol, stabilization of the diabetic state and treatment for any evidence of infection and blood pressure measure is indicated. Renal palpation is warranted to assess for any discomfort around the kidneys.







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