

PATIENT

Jeep Bishop

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

17 years

WEIGHT

13.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Maggiulli

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Maggiulli

INVOICE

32306

DATE

8/11/22

PRESENTING CLINICAL SIGNS

History: presents lethargic, T 106.8F and not eating since saturday. normally a HT4 patient with constipation controlled on methimazole (recently dropped in half due to T4 of 0.7) and cisapride, p has lost 1.7lb since July 1. P may have been in fight with other pet in house, also had new trader joes treats this week and this was the only pet who ate them. P has large area of discolored skin along left lateral thorax is maybe bruised, FNA reveals dark cyst material about 3ml of fluid, seems uncomfortable with palpation of area.

Abnormal PE/Chem/CBC/UA Results: EPOC - GLU 259 check fPL = 13.6 abnormal - consistent with pancreatitis UA - USG 1.014, pH 8.0, WBC <1/hpf, RBC <1/hpf, Suspect Cocci

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 moderate chronic degenerative changes and subnormal size. Both kidneys revealed a pericapsular inflammatory pattern with surrounding cortical infarcts and inflammation. The left kidney measured 2.3 cm. The right kidney measured 2.3 cm with slight pyelectasia.

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.

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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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. 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.

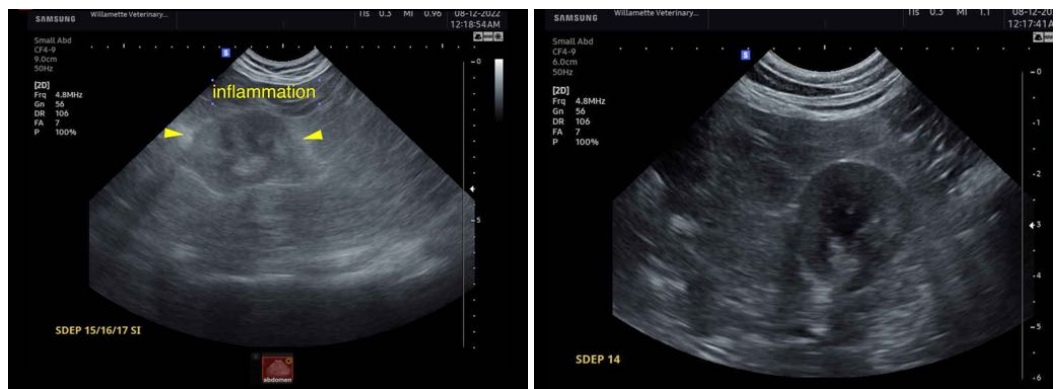
ULTRASONOGRAPHIC FINDINGS

Non-specific nephritis, nephrosis pattern with moderate degenerative renal changes.

The remainder of the abdomen was unremarkable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The fever is likely deriving from renal infection. IV fluid support, blood pressure measurement and 72 hour IV fluid protocol. Otherwise, comorbidity with viral infection may be an issue. The prognosis is guarded. The kidneys appear 50-60% compromised.





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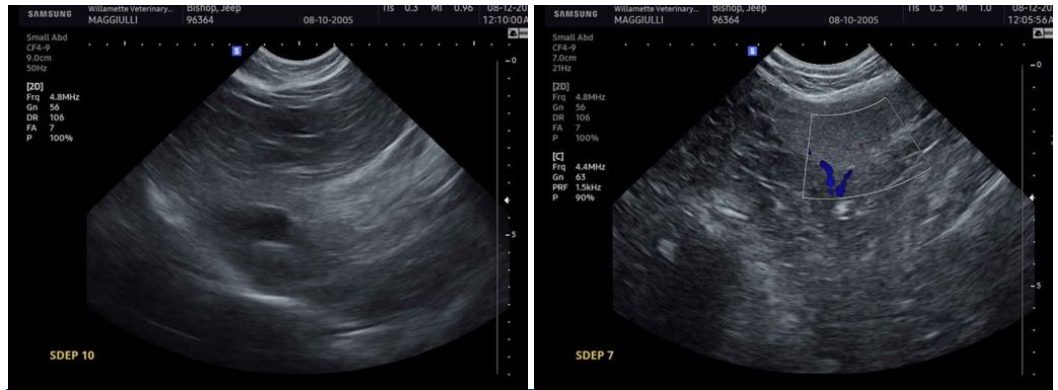
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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