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Clinical Sonography & Telectology

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DATE

8/15/22

PATIENT

MacGyver Weese

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8/12/11

WEIGHT

12.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Ruby

INVOICE

40466

PRESENTING CLINICAL SIGNS

Referral for renal failure. Acutely not wanting to eat, no BM's. No known toxins.

Current Medications: Amlodipine, Mirtazapine, Cerenia, Protonix, Ampicillin, Potassium Chloride, Gabapentin, Elura, Ondansetron.

Lab Results: See attached.

Radiographs: Left kidney is markedly enlarge, concern for nephrolith , right- small.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **left kidney** was swollen and irregular. Pericapsular inflammatory pattern noted. The left kidney measured 5.78 cm with 1.25 cm pyelectasia. The left ureter was mildly dilated to 5.0 mm, likely strictured.

The **right kidney** presented mild degenerative changes. The right kidney measured 3.2 cm with pyelectasia of 0.49 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 right adrenal gland measured 0.54 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 were noted.

Liver

The **liver** presented mild increased portal markings. The gallbladder and common bile duct were unremarkable with minor ascites noted between the liver lobes.

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

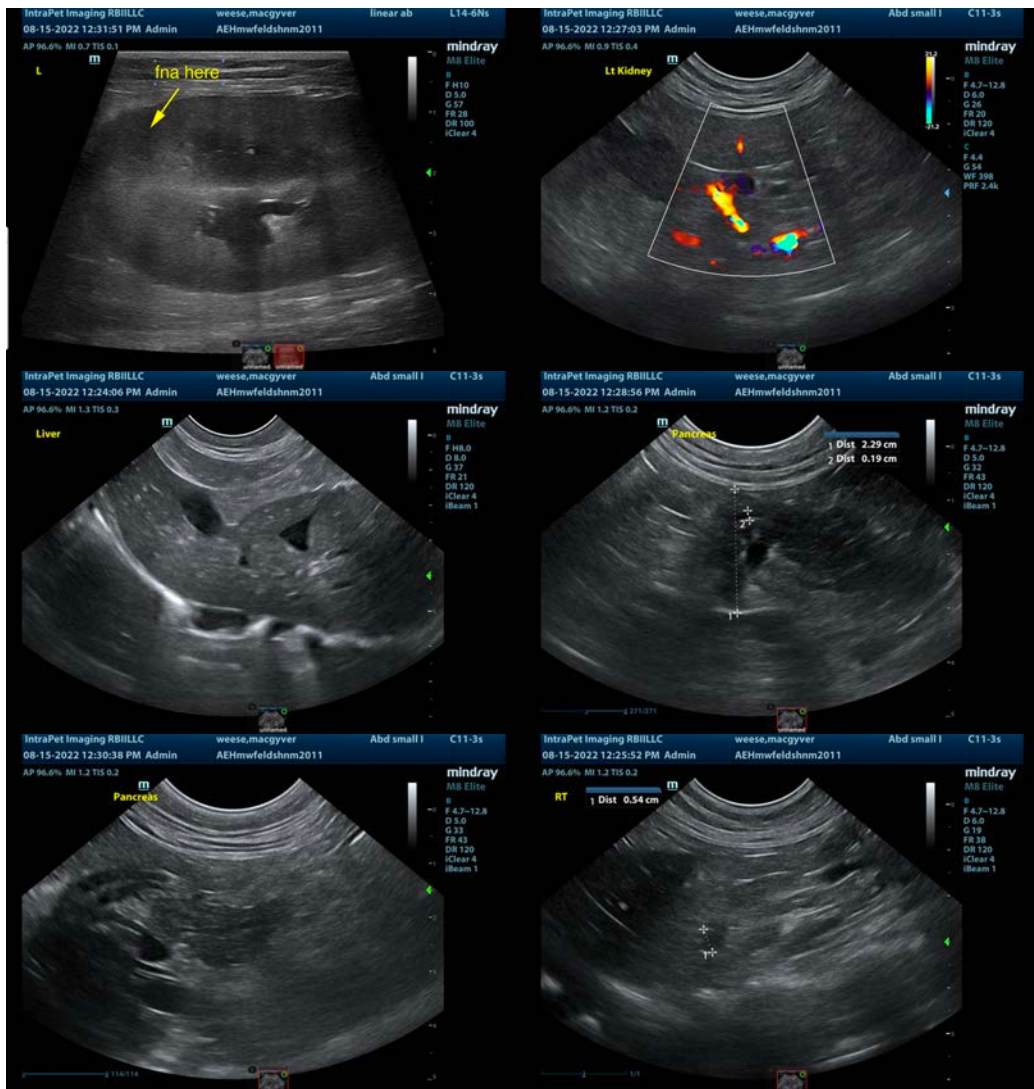
The **pancreas** was hypoechoic and measured 1.2 cm on the left limb with dilated duct. Right limb measured 2.3 cm. Enhanced surrounding mesentery noted.

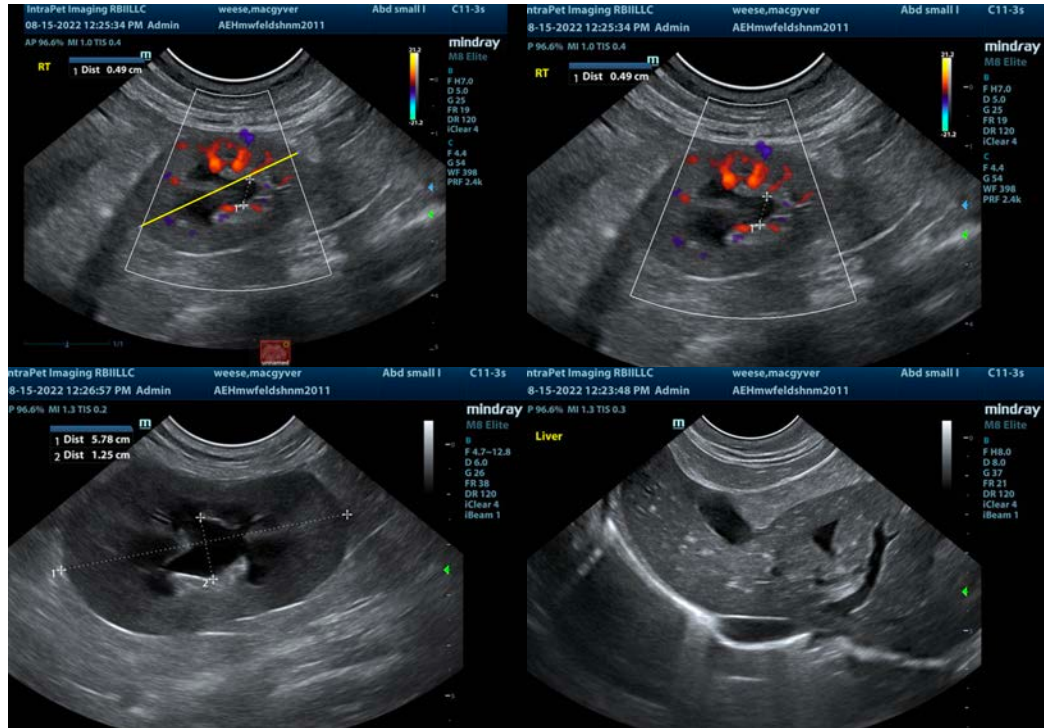
ULTRASONOGRAPHIC FINDINGS

- Swollen, irregular left kidney with pyelectasia – No overt cause of obstruction. Recent passage of calculi possible. Non-specific nephritis, possible emerging renal neoplasia possible.
- Pancreatitis pattern with generalized enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Toxin exposure, infectious agents, emerging round cell neoplasia all possible. FNA of the left kidney recommended. Full urinary workup warranted. Abdominocentesis and cytospin of the free fluid also indicated to assess for exfoliating diagnostic cells. Prognosis is guarded. The kidneys do not appear end stage.





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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