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Clinical Sonography & Telecytology

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DATE

8/15/22

PATIENT

Smokey Graziano

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8/13/17

WEIGHT

14.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Kalwa

INVOICE

40468

PRESENTING CLINICAL SIGNS

Patient came upstairs and looked like he was trying to lay down. He hissed and then started crying loudly, drooling, weak, on his side with legs stretched and when owner picked him up, he peed everywhere. Indoor only for several years but used to be indoor/ outdoor.

Current Medications: Furosemide, gabapentin, Ampicillin/ Sulbactam

Sedated with ketamine, butorphanol, midazolam for Thoracocentesis

Lab Results: mild neutrophilia 10k, glu 276 (liver/kidney/lytes wnl), FELV/FIV/HW: Negative, BNP: WNL, BP: 150 systolic. Thoracocentesis- apple juice colored fluid removed- clear / not cloudy ~25 cc removed right side. Sending out Fluid to IDEXX- body fluid analysis

Radiographs: Severe cardiomegaly, unstructured interstitial pattern, scant pleural effusion. TFAST: severe pericardial effusion; scant pleural effusion. AFAST: scant FF

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. 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.

The **left kidney** presented slight pyelectasia (0.69 cm) and a cortical infarct at the cranial pole. Pyelectasia revealed echogenic debris. The left kidney measured 4.28 cm.

The **right kidney** revealed a pelvic calculus and mild degenerative renal changes. Normal size at 3.12 cm. Comet tail infarct noted adjacent to the caudal pole of the right kidney as well, possibly owing to movement of calculi.

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 0.47 cm. The right adrenal gland measured 0.56 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** 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.

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.

Chest

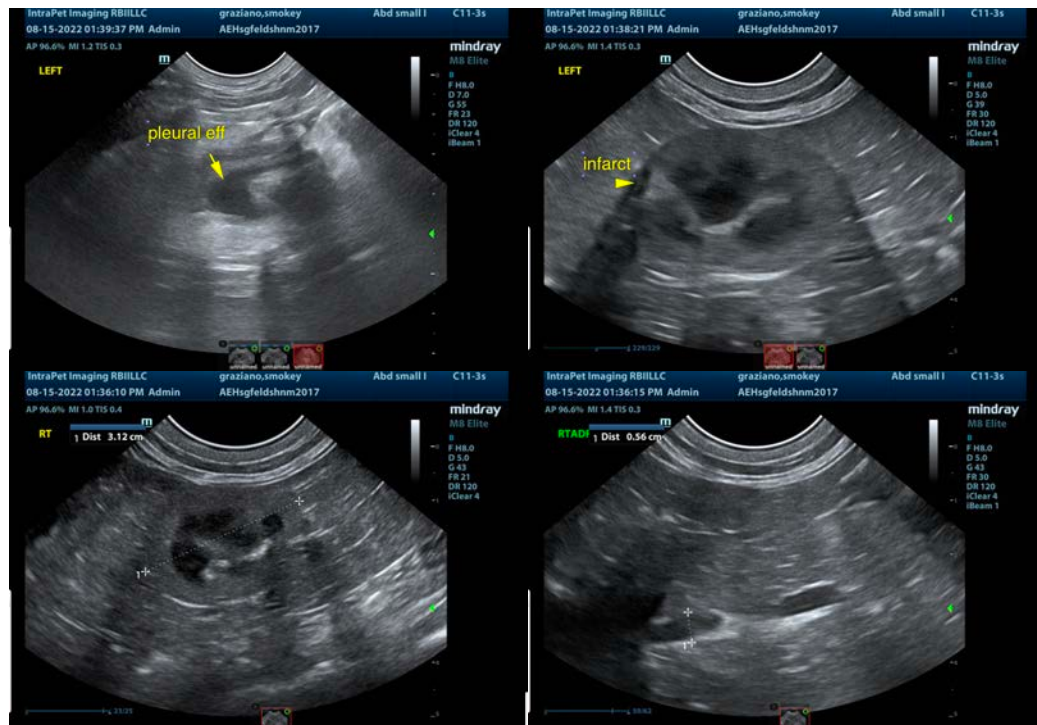
Rapid view of the chest revealed slight pleural effusion.

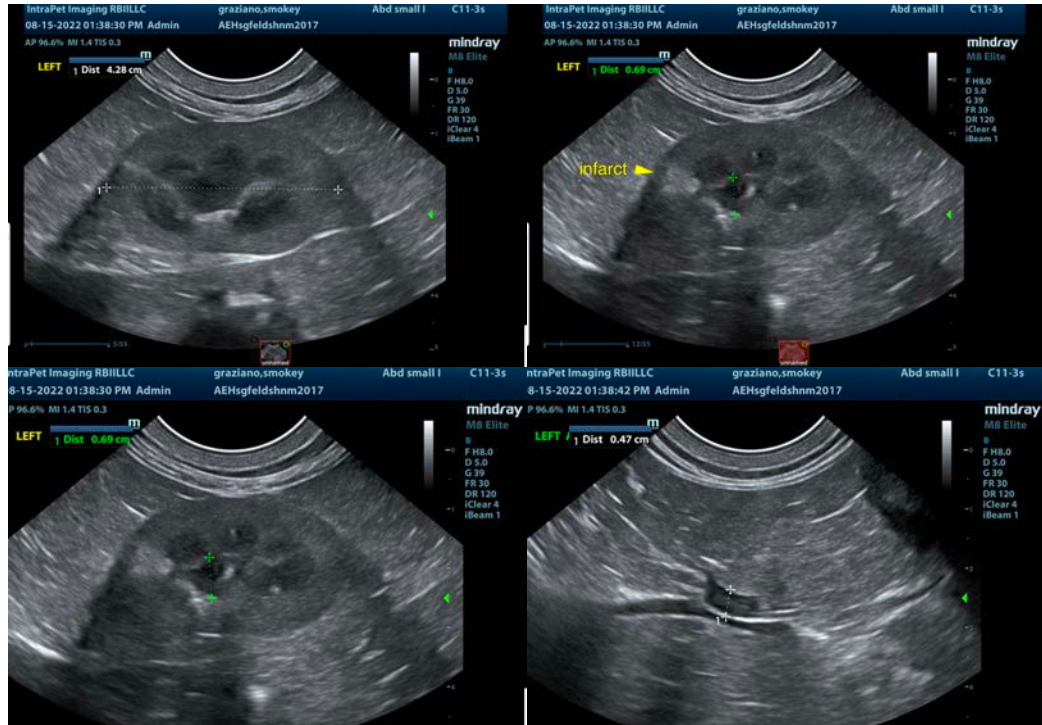
ULTRASONOGRAPHIC FINDINGS

- Left renal infarct, minor dystrophic changes and pyelectasia
- Right renal infarct and mineralization
- Slight pleural effusion of unknown cause

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Possible underlying UTI. The patient may be moving calculi within the kidneys, yet no obstructive disease noted or distal urolithiasis. Otherwise, orthopedic pain may be playing a role. Further thoracic workup indicated. Cause of pleural effusion is not related to any abdominal pathology.





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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