



PATIENT

Rascal Messner

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

4.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

24730

DATE

8/16/21

PRESENTING CLINICAL SIGNS

Presented at our hospital for possible urinary blockage vs constipation. Patient has been straining, not eating last 2 days. Previous Health Concerns: FLUTD, Thyroid, Kidney Dz. Current Medications: Methimazole 5 mg/ml .75 ml in the am, .5 ml in the pm Appetite/When did they eat last: Friday (?) Abnormal PE/Chem/CBC/UA Results: Painful on cranial abdomen palpation. Radiograph: soft fecal material at pelvic canal, moderate gas distention throughout entire colon, slight loss of detail cranial abdomen Chemistry: BUN 60.7 H, Creatinine 1.1 N, Amylase 1755, Lipase 74, Phosphorus 6.7 H CBC: Lymph 0.13 L, Eos 0.03 L, Stress leukogram EPOC: Ionized Ca 1.14 L, BUN 53 L T4: 2.83 fPL: normal

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** presented a moderate interstitial nephrosis pattern with multifocal infarcts and remodeling. Pyelectasia noted. The left kidney measured 3.61 cm. The right kidney measured 3.57 cm. Both kidneys presented similar patterns.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.



PATIENT

Free Abdomen

Rascal Messner

A microcystic and ovoid structure was noted in the mid caudal abdomen, measuring approximately 1.0 cm, likely lymph node in origin.

SPECIES

ULTRASONOGRAPHIC FINDINGS

Feline

- Chronic interstitial nephrosis renal pattern – subjectively near end stage with infarcts and pyelectasia
- Slight mesenteric lymphadenopathy

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DSH

The kidneys appear subjectively near end stage. The cause of straining is unclear. There is no evidence of urethral or colonic pathology. 72-hour IV fluid protocol warranted, treating for azotemia and reassessment of the clinical signs. The pancreas appears normal. The amylase elevation is likely secondary to emerging renal failure and not directly pancreatic related.

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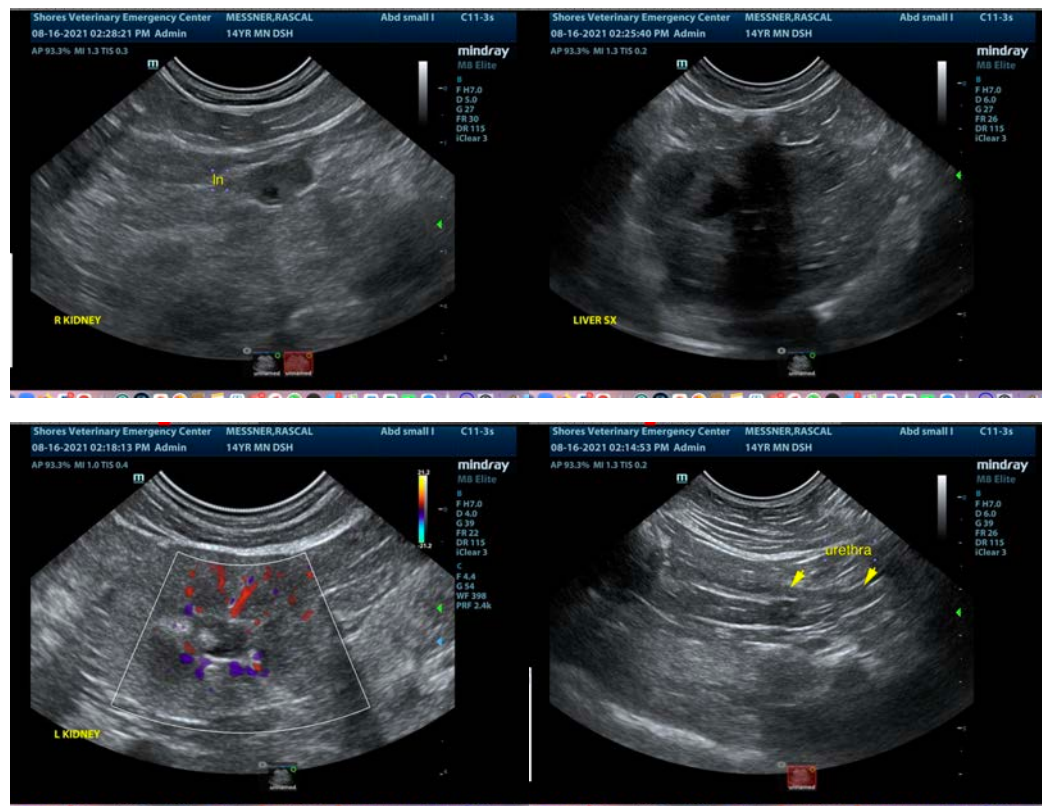
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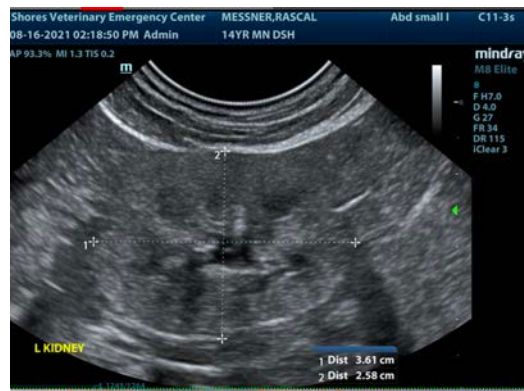
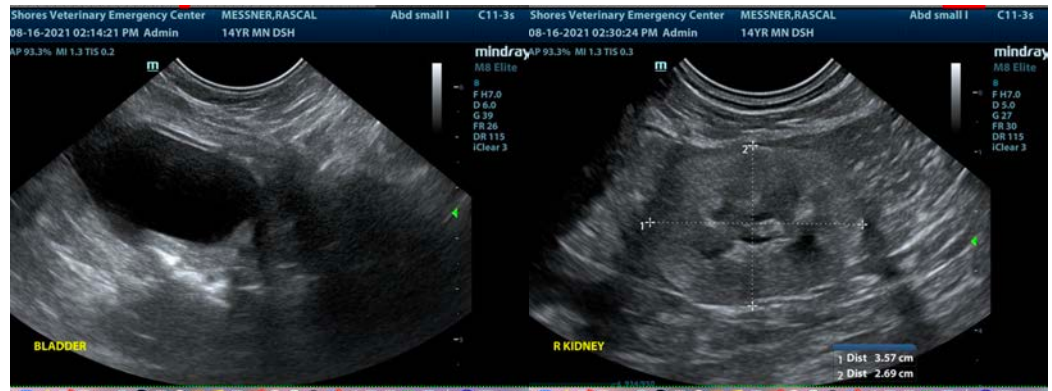
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Erin Wicks

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

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