



PATIENT

Maximus Clark

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

12 years

WEIGHT

10 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Barengo

INVOICE

91337

DATE

8/18/21

PRESENTING CLINICAL SIGNS

History: Small R kidney on palpation and radiographs. Weight up and down. Heart murmur and persistent microscopic hematuria. Treated with antibiotics initially, presented sick. Urine C&S done after is Negative. *Sedated with Torbugesic IV*

PE: Grade 3/6 systolic murmur, L kidney palpates WNL, R kidney not palpable. BW (6/4/21) T-4 1.3, BUN 29, Creat 1.9, K+ 3.5. Urine C&S: Neg ProBNP: Abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 **left kidney** is normal in size and measured 3.98 cm with relatively normal contour. The left kidney has degenerative changes that are largely age related and expected for this patient. The right kidney is subnormal in size and irregular in contour with cortical retraction. This is consistent with infarcts. No significant pyelectasia was noted and no active evidence of inflammation. The right kidney measured 2.67 cm. Blood flow to the right kidney appeared to be mildly subnormal.

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 adrenal glands measured 0.4 cm each.

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.

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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.

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ULTRASONOGRAPHIC FINDINGS

AGE

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Infarcted right kidney.

Mild, degenerative left renal changes.

Otherwise, unremarkable geriatric abdomen.

WEIGHT

10 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

No specific therapy is recommended at this time.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

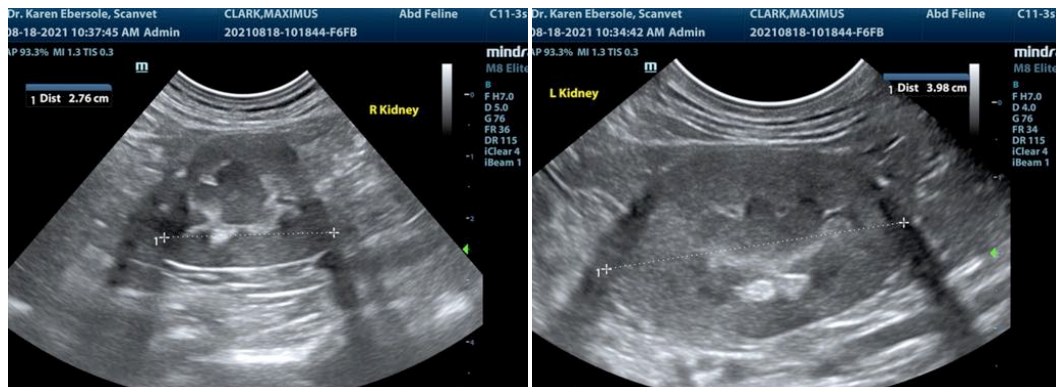
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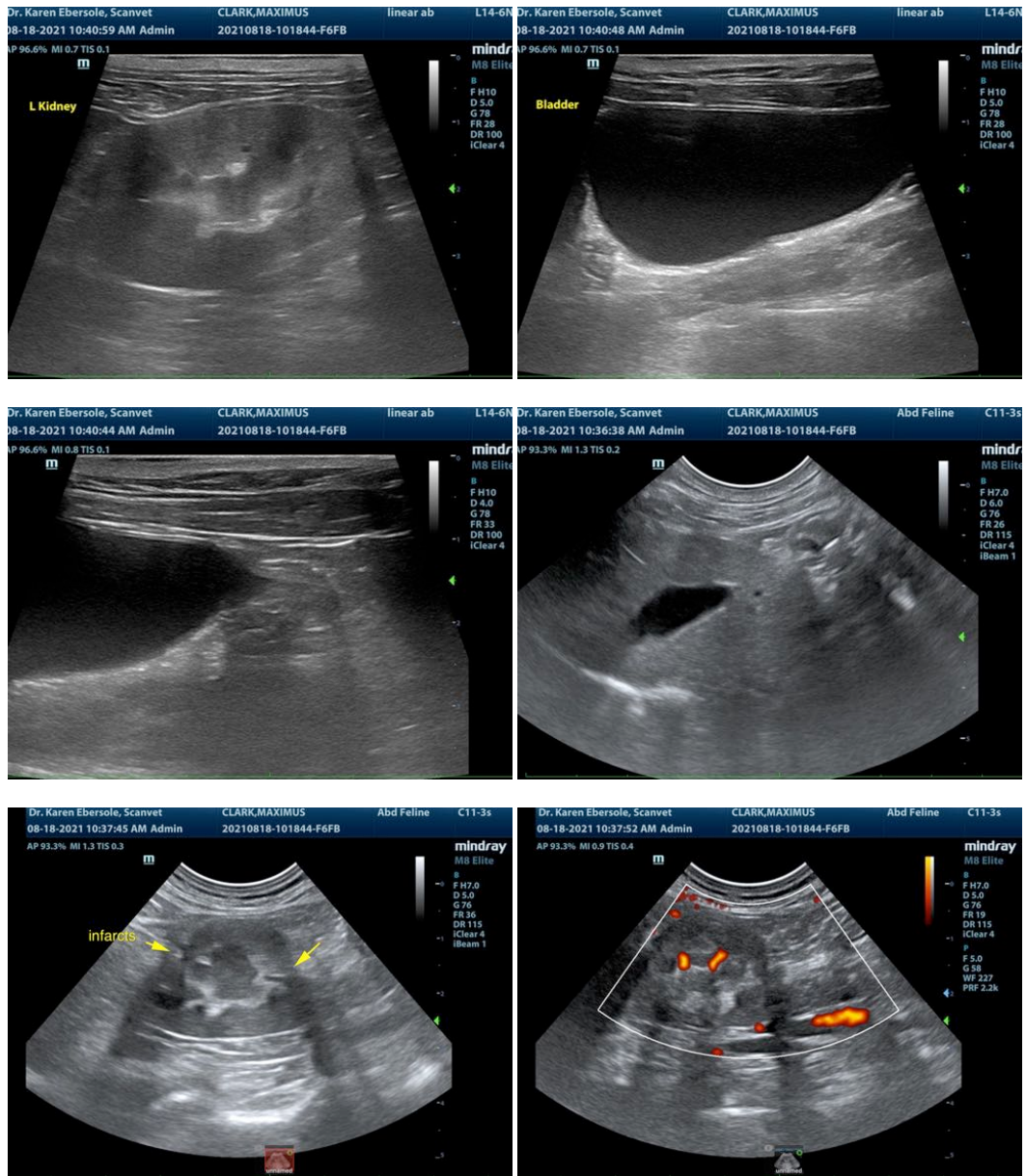
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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