



PATIENT

Marcus Millman

SPECIES

Feline

BREED

Devon Rex

SEX

Neutered male

AGE

12 years

WEIGHT

6.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

Dr. Biederbeck

INVOICE

91363

DATE

8/19/21

PRESENTING CLINICAL SIGNS

History: Chronic vomiting daily, sometimes food but always with hair. Gets hairball prep but not helping. Normal stools, appetite, energy level. Weight is stable (BCS 7/9) Chronic renal dysplasia, hypercalcemia(managed with Metamucil). On RC Renal diet, dry only, fortekor, 1.5 tsp Metamucil BID, aventi kidney complete. Will not eat canned or allow water added to dry. No hx of travel outside of Alberta.

Abnormal PE/Chem/CBC/UA Results: CBC, chem, and past u/a normal. Renal values intermittently elevate but have been stable for the past few years. HCT has hovered around 30-34% for past few years, secondary to CKD, non regenerative.

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. A trace amount of dependent debris and sand was noted. A grouping of which measured 2.0 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.5 cm. The right kidney was subnormal in size and measured 2.3 cm. A cortical infarct and remodeling was noted.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

The **pylorus** was slightly thickened in this patient without loss of mural detail. The small intestines and colon were unremarkable. The epigastric lymph nodes were slightly enlarged measuring 1.0 x 0.4 cm.

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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

Bladder sand.

Slight epigastric lymphadenopathy.

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Moderate to near end stage renal dystrophy right kidney.

Mild to moderate interstitial nephrosis renal pattern left kidney.

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Minor pyloric hypertrophy with slight epigastric lymphadenopathy. This is likely gastritis/inflammatory bowel. Potential for emerging round cell neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyloric hypertrophy and epigastric lymphadenopathy should be monitored for potential emerging round cell neoplasia especially if the patient is not responding to empirical measures. Medical management for the bladder sand, chronic renal disease and gastritis is all indicated.

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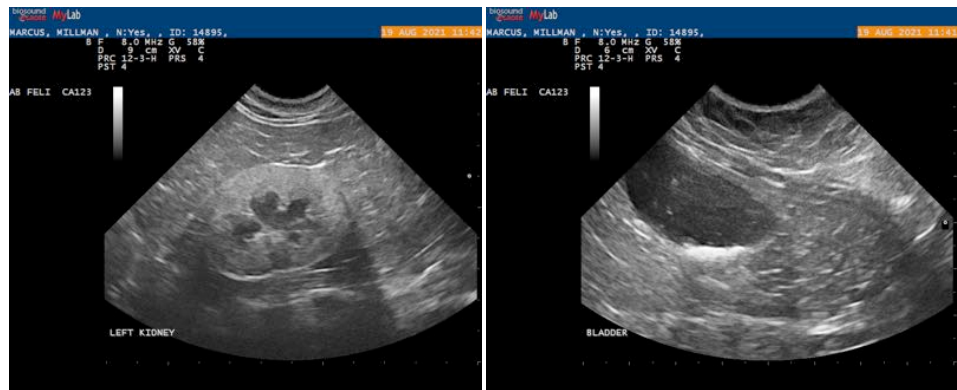
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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