

**DATE**

8/23/22

PATIENT

Meilutis Loskarn

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1/25/12

WEIGHT

21.8 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. Roper

INVOICE

40681

PRESENTING CLINICAL SIGNS

Meilutis 10 yr 6 m MN DSH. PC: referral for renal failure. C/S: anorexia/ hyporexia. Hx: 1 week ago started on prednisone - initial improvement then stopped eating. Hx: Allergies ~5 yrs- on apoquel; sees dermatologist- allergic to sycamore trees. Hx: Diet D/D (skin/ food sensitivities). rDVM 8/20: urinalysis- rbc, wbc, bacteria. BW: wbc increased, platelets low 47,000 (blood smear showed minimal platelet clumps), SDMA: 33, Creat:10.3, BUN: >130, > 16 phos, felvifv negative
Initial exam: QAR, dehydrated, ****3/6 heart murmur***** Admitted to hospital on 8/20.

Current Medications: gabapentin, buprenorphine, convenia, elura, ondansetron, maropitant, mirtazapine. (8/22 pm) Adding marbofloxacin- 2.6 mg/kg SID.
Lab Results: Azotemia --> worsened then improved after U cath placed- severe, Anemia, UTI/ Urine active --> Urine severe sediment. BP: 110
8/20 ~6pm: LYLES wnl; BUN: 195; Crea 8.4, PCV/TP: (8/20) 31/9.8 --> (8/21) 22/7.6 BUN/CREA (8/21 ~9pm): 9.8; >130. BUN/CREA/ LYLES + PCV/TP: (8/22 7pm) ***48 hrs IVF***: Crea 7.2; BUN 128; PCV/TP: 27/6.8, Lyles wnl.
Radiographs: Renomegaly.
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** was empty, uniform. Slight amount of sand present. Catheter was in proper position.

The **kidneys** were swollen, irregular, and hypoechoic to surrounding fat with pericapsular fluid. The left kidney measured 3.7 cm.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.59 cm. The left adrenal gland measured 0.58 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** was swollen, uniform. The gallbladder and common bile duct were unremarkable.

Ringdown artifacts noted through the diaphragm, indicative of alveolar disease and possible pulmonary edema.

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

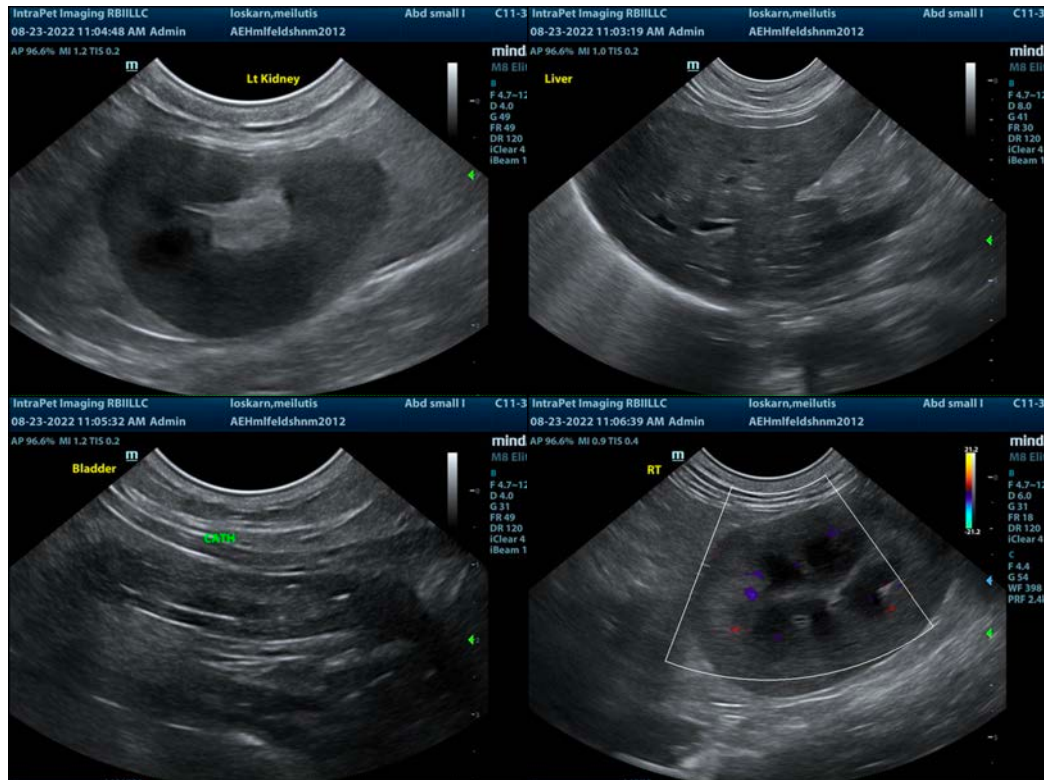
Rapid view of the chest revealed slight pericardial effusion, which may be neoplasia related or possibly owing to systemic inflammatory response.

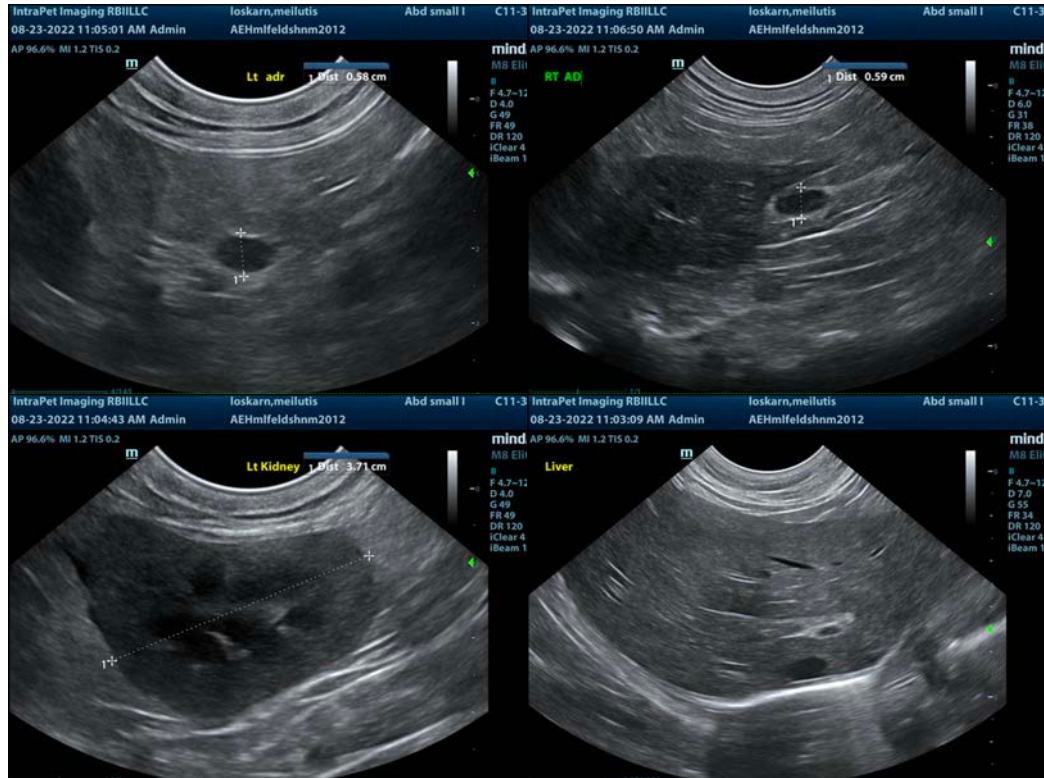
ULTRASONOGRAPHIC FINDINGS

- Acute renal insult with irregular swelling and pericapsular fluid – toxin or infectious exposure is a strong potential. Renal lymphoma or FIP mild potential.
- Slight bladder sand
- Stress adrenal glands
- Swollen liver
- Volume contracted spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and FNA of either kidney warranted. Thoracic workup warranted. Aggressive treatment for acute renal failure recommended. Assessment of history for toxin or infectious exposure recommended.





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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