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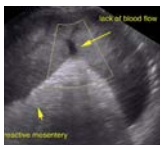
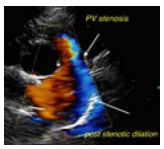
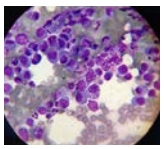
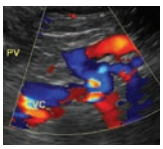

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1-800-838-4268 info@sonopath.com

PATIENT
Saddie Seligman

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
14 Years

WEIGHT
4 lb 4 oz

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
ACC Flanders

REFERRING VET
Dr. Hallihan

INVOICE
24943

DATE
8/26/21

PRESENTING CLINICAL SIGNS

acute renal failure (concern about CRF); anorexic
Abnormal PE/Chem/CBC/UA Results: crea 8.44, BUN> 130, HCT 23%, phos >16, urine culture neg; (note crea was 1.1 on 6/2020). UA: trace blood, UPC 1.1, USPG 1.009, neg on bacteria and casts.

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 **kidneys** were mildly enlarged with slight pyelectasia and mild degenerative changes. Pelvic calculi noted in the left kidney. Pelvic calculus noted in the right kidney as well with pyelectasia of 0.5 cm. The patient is likely passing calculi periodically. The left kidney measured 3.48 cm. The right kidney measured 4.09 cm. Blood flow to the kidneys appeared to be adequate.

Adrenal Glands

The **right adrenal gland** was uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.49 cm.

The **left adrenal gland** was enlarged, hypoechoic and irregular, measuring 0.9 cm with a pericapsular inflammation pattern.

Spleen

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

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. Tortuous cystic duct noted. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Gastric stasis noted, likely owing to metabolic ileus.

Pancreas

The **pancreas** was hypoechoic and irregular with undulating contour. Dilated duct noted.

ULTRASONOGRAPHIC FINDINGS

- Enlarged left adrenal gland – suspect carcinoma

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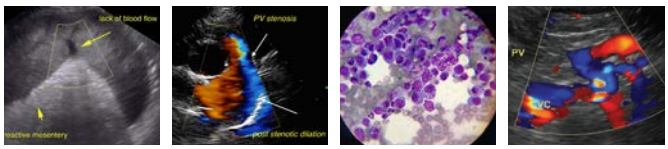

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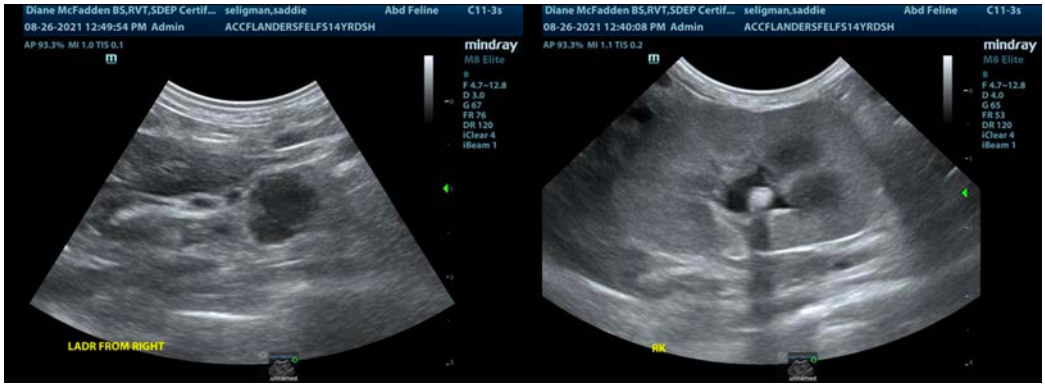
- Acute on chronic renal failure with pelvic calculi in both kidneys, partially obstructive
- Chronic active pancreatitis
- Volume contracted spleen
- Gastric stasis

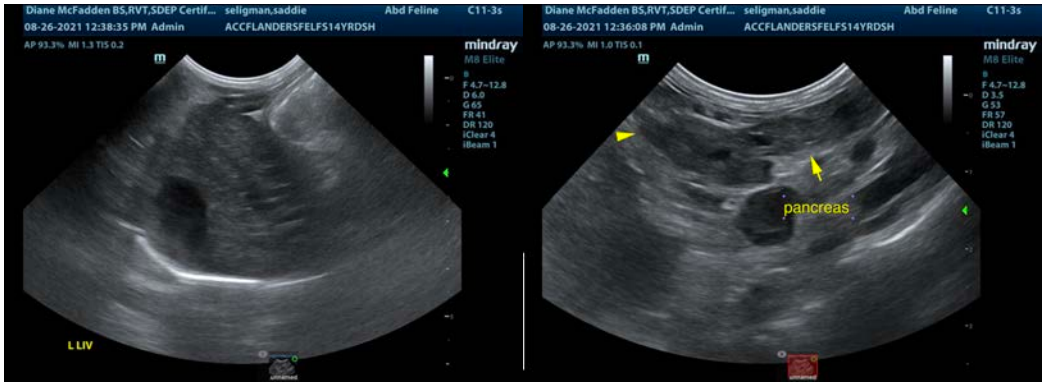
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Conn's syndrome should be ruled out in this patient. Aldosterone levels and blood pressure measurements recommended. The left adrenal gland does appear resectable. No evidence of vascular invasion.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services





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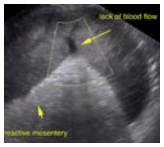
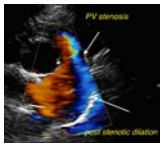
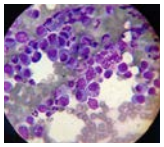
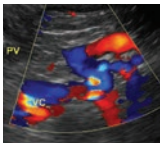

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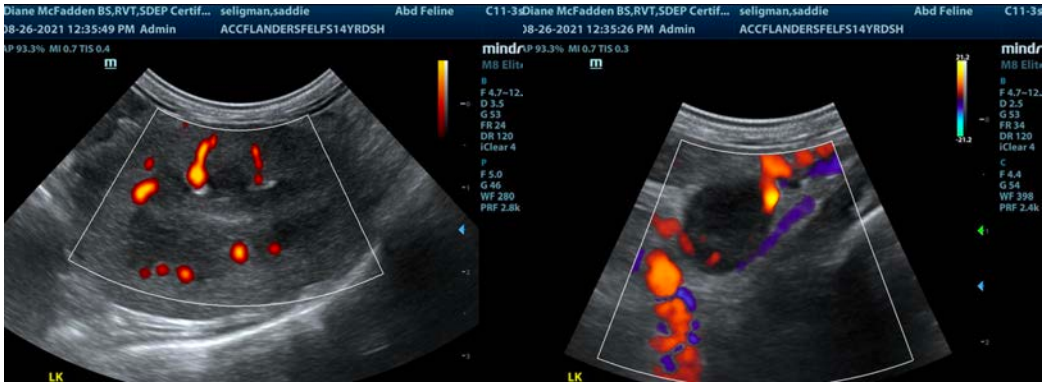

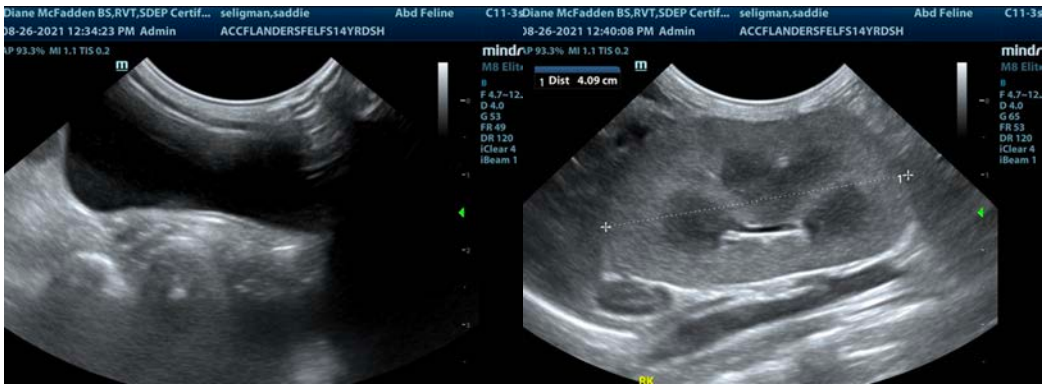

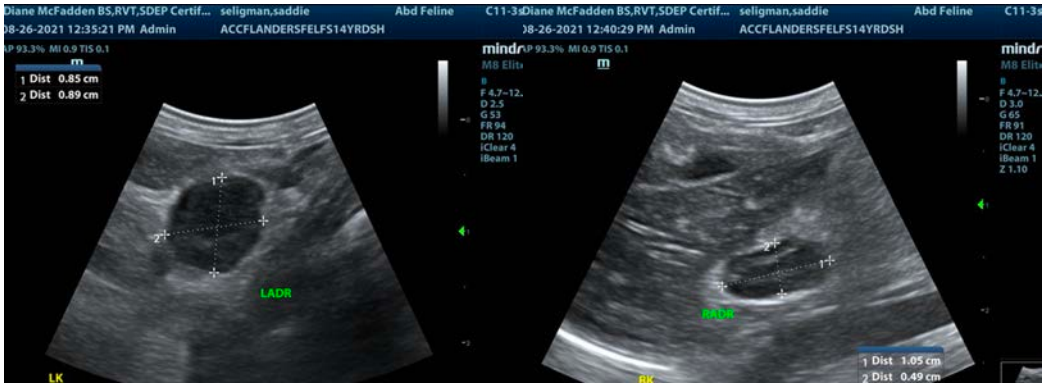

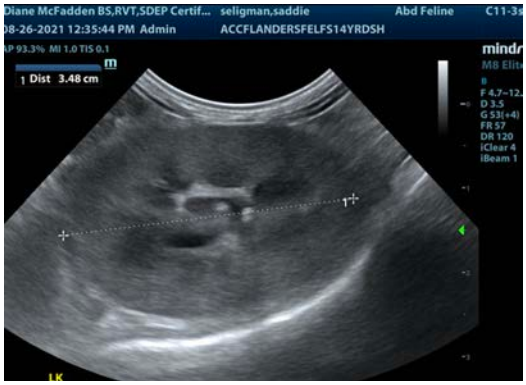

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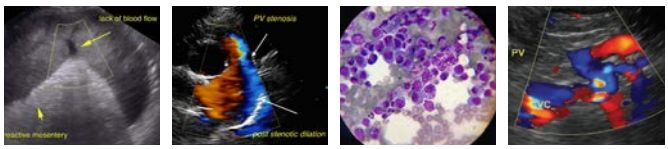

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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