



PATIENT PRESENTING CLINICAL SIGNS

Riley Koculym diagnosed with renal disease - has been getting fluids since the past month or so
Abnormal PE/Chem/CBC/UA Results: Stage IV IRIS kidney disease

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

DSH

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.

SEX

Neutered Male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.0 cm. The right kidney measured 2.7 cm.

AGE

16 Years

Adrenal Glands

WEIGHT

5.61 kg

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

Spleen

INTERPRETED BY

Eric Lindquist, DMV

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.

DABVP, Cert. IVUSS

Liver

IMAGING PERFORMED BY

Dr. Singh

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. The cystic and common bile ducts were normal. 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.

HOSPITAL NAME

Balmy Beach PH

Gastrointestinal

REFERRING VET

Dr. Singh

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. Mesenteric lymph nodes were mildly enlarged, rounded, measuring up to 1.0 cm.

INVOICE

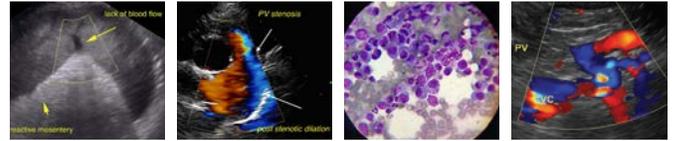
40815

Pancreas

DATE

8/28/22

The **pancreas** was hypoechoic and mildly irregular in the right limb.



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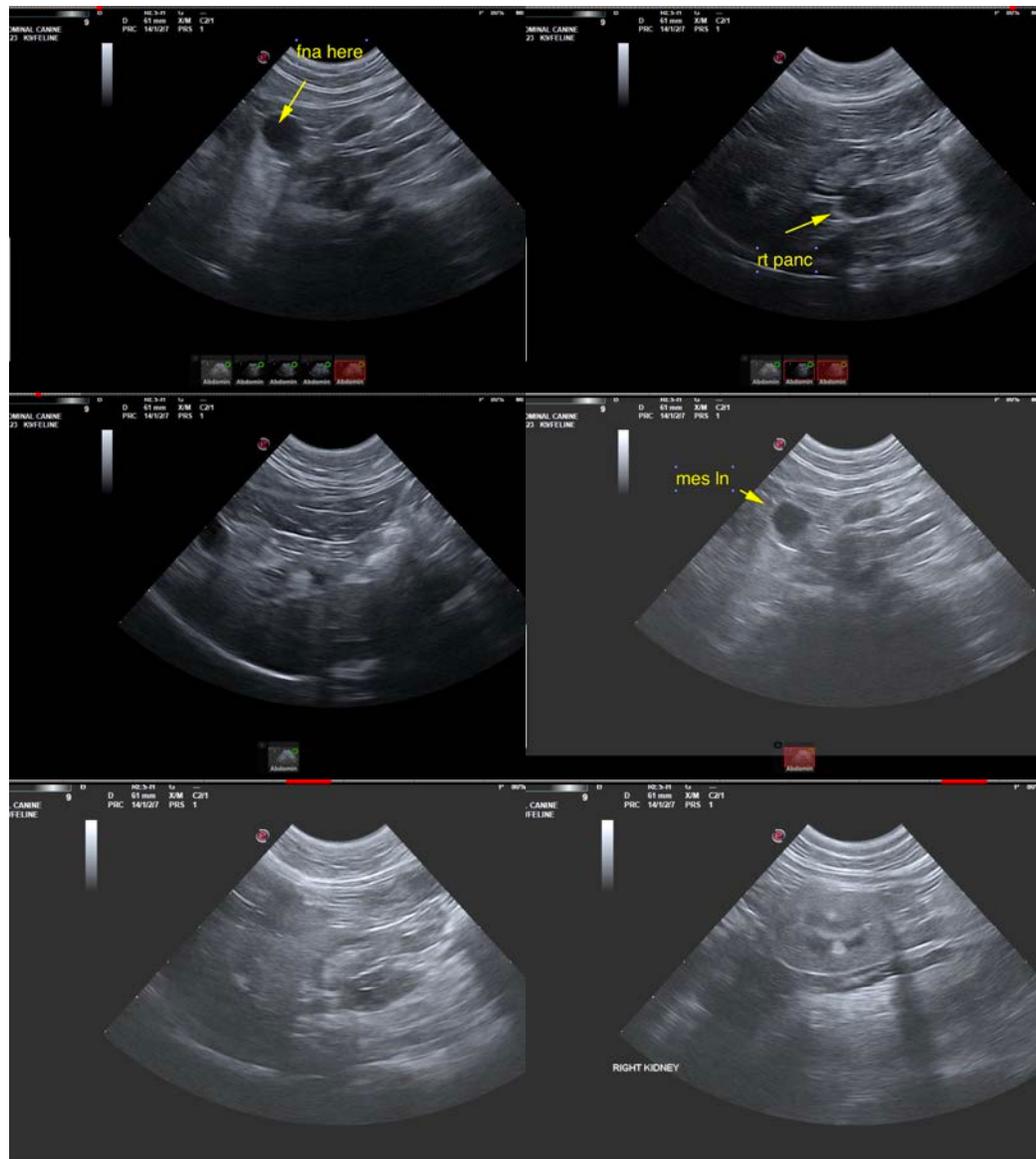
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ULTRASONOGRAPHIC FINDINGS

- Suspect pancreatitis
- Moderate degenerative renal changes
- Mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation recommended to assess the right pancreatic limb and any discomfort. FNA of the mesenteric lymph nodes warranted to assess for round cell neoplasia. If azotemia is an issue, both prerenal and renal disease are likely playing a role in this patient. Reactive lymphadenitis versus emerging round cell neoplasia are the primary concerns.





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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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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