



PATIENT

Nicholas Theodore
Mach

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

10.58 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

John Dally

INVOICE

16733

DATE

8/5/22

PRESENTING CLINICAL SIGNS

History: Hx of intermittent hematuria in absence of infection/stones/etc (off/on for the past 4-5 years).
Recent diagnosis of CKD 2

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** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.68 cm. The right kidney measured 3.93 cm. A cortical infarct was noted at the dorsal cortex of the left kidney, appeared stable. No active inflammation noted. Pelvic mineralization was noted in the right kidney. Blood flow to the kidneys appeared to be adequate on power doppler assessment.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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 were noted.

Liver

The **liver** itself was unremarkable. Gallbladder sand was noted, measuring up to 1.3 cm. The cystic duct was tortuous. Lobar biliary mineralization was also noted.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. This is a mild change. A mild amount of soft shadowing material was noted in the pylorus, consistent with small hair accumulation or similar density material.

Pancreas



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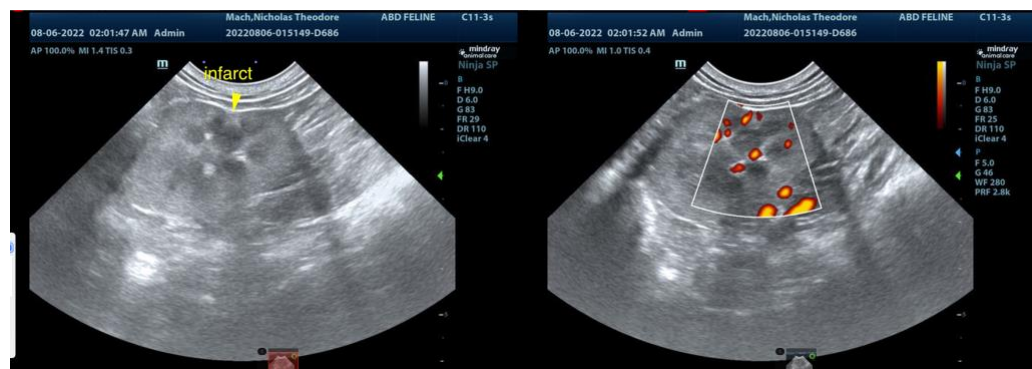
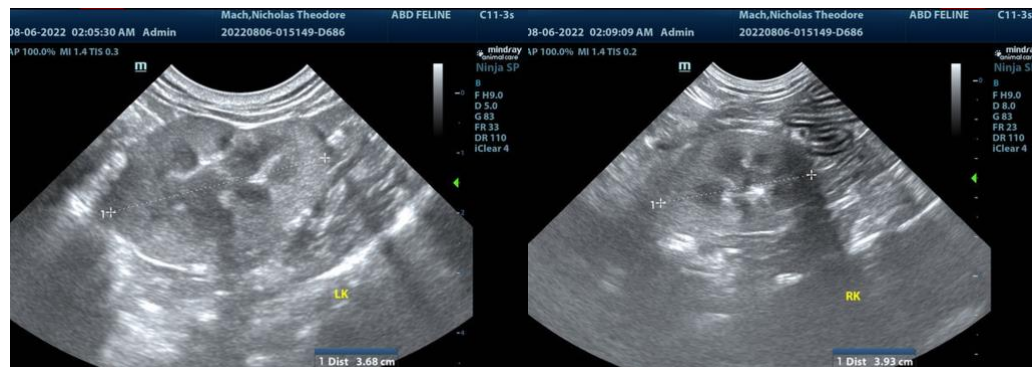
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Small hairball density in the stomach
- Small intestinal thickening, consistent with inflammatory bowel
- Biliary sand, nonobstructive at the time of the sonogram
- Minor renal mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient may be passing biliary sand, as well as small nephroliths with secondary cortical infarcts. The abdomen appears stable at this time, however, I do recommend Ursodiol therapy over the next 6-8 weeks and reassess the biliary tree, as this is highly variable in effectiveness from patient to patient, regarding the dissolution. If any evidence of UTI is present, then antibiotic would be appropriate. However, the kidneys appear stable and degenerative changes appear mild to moderate. Both prerenal and renal disease is likely playing a role. Hairball therapy is warranted given the density in the pyloric outflow.





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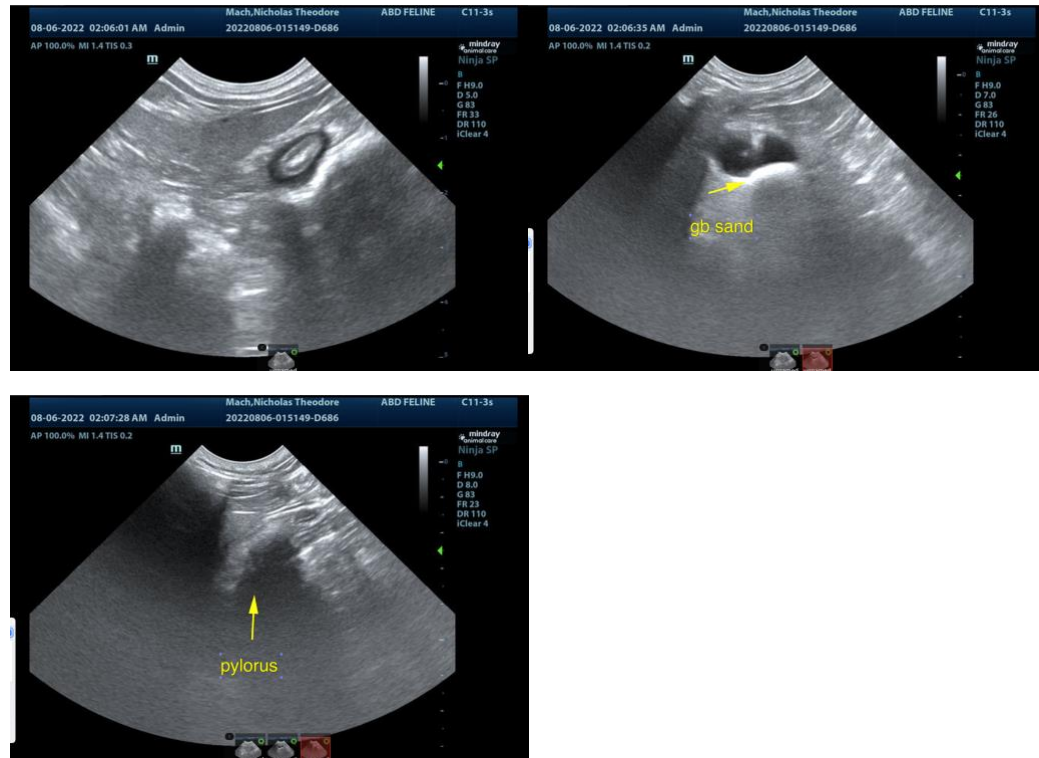
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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