



PATIENT

Lily Kreigger

SPECIES

Feline

BREED

Tabby

SEX

Spayed female

AGE

9 years

WEIGHT

7.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Buss

HOSPITAL NAME

Kings VH

REFERRING VET

Dr. Buss

INVOICE

32230

DATE

8/9/22

PRESENTING CLINICAL SIGNS

History: She stopped eating on Saturday, no appetite at all. The past month she has become very picky with water and became more treat motivated and has eaten less food. She will not drink any water either starting today. She has been very lethargic starting Saturday. Unknown if any change in urination, o says history of utis presenting like this. Over the last month has been much more social. Has been drinking less water but from different places. No changes in routine. No difference in defecation/urination. She always has a sensitive stomach. She vomits right away after eating something she shouldn't. She vomits about once a week her whole life. She indoor only.

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 was 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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.23 cm with mild pyelectasia that measured 0.5 x 0.3 cm. The right kidney measured 2.2 cm with significant dystrophy, cortical infarcts and cortical collapse with a 0.6 cm pelvic calculus.

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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was mild retention of ingesta. 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.

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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

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Dystrophic right kidney with pelvic calculi.

Mild degenerative left renal changes with pyelectasia. Pelvic scarring is likely the cause of the underlying issues.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work-up is warranted. If there is any current evidence of UTI in this patient then 4-6 week antibiotic therapy is warranted. IV fluid support is warranted. The renal presentation may be the underlying cause of the clinical signs depending upon CBC, Chem and UA results. Otherwise, the abdomen appears unremarkable.

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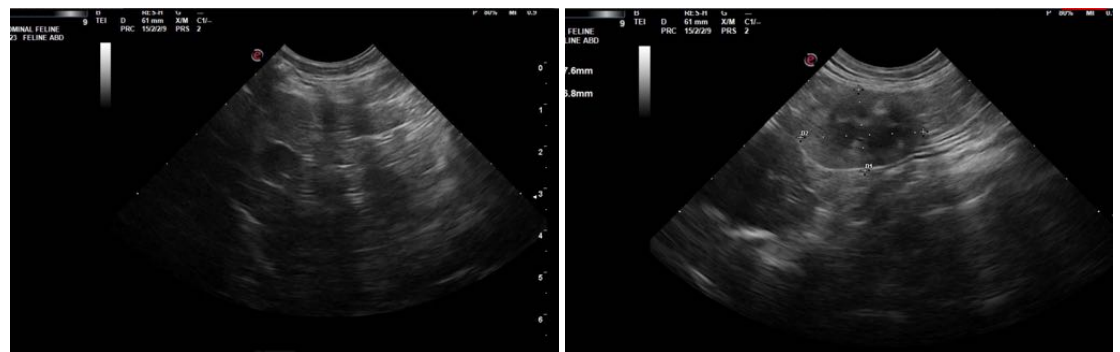
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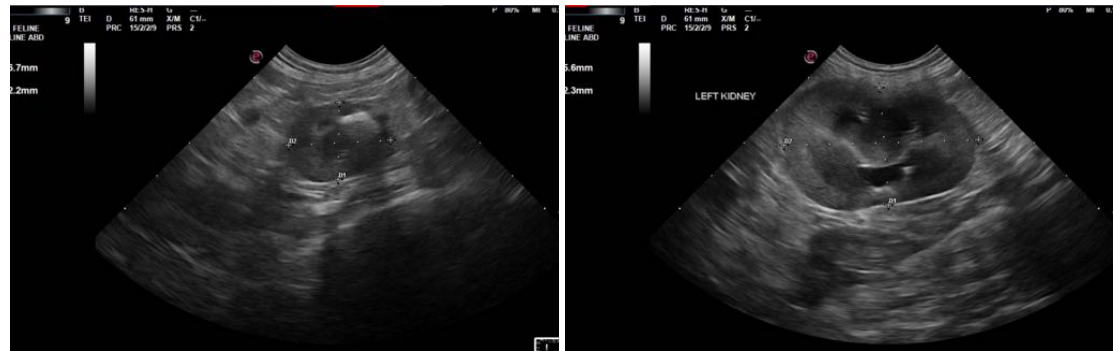
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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