



PATIENT

Buddy Queen

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

10.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

**IMAGING
PERFORMED BY**

Dr. Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack

INVOICE

32912

DATE

9/14/22

PRESENTING CLINICAL SIGNS

History: Not eating or drinking since Friday coughing - no urine /bms per o in hospital since yesterday and has received Abx and steroid tx (pen and dex)

Abnormal PE/Chem/CBC/UA Results: Murphy's sign around Pancreas WBC- 32.18

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 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. The left kidney measured 4.0 cm. A cortical infarct was noted at the cranial pole of the right kidney with a 0.4 cm pelvic calculus and slight pyelectasia.

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. The right adrenal gland measured 0.4 cm.

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 lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Regions of hyperperistalsis was noted in the small intestine. 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.

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.

ULTRASONOGRAPHIC FINDINGS

Right renal calculus with pyelectasia.

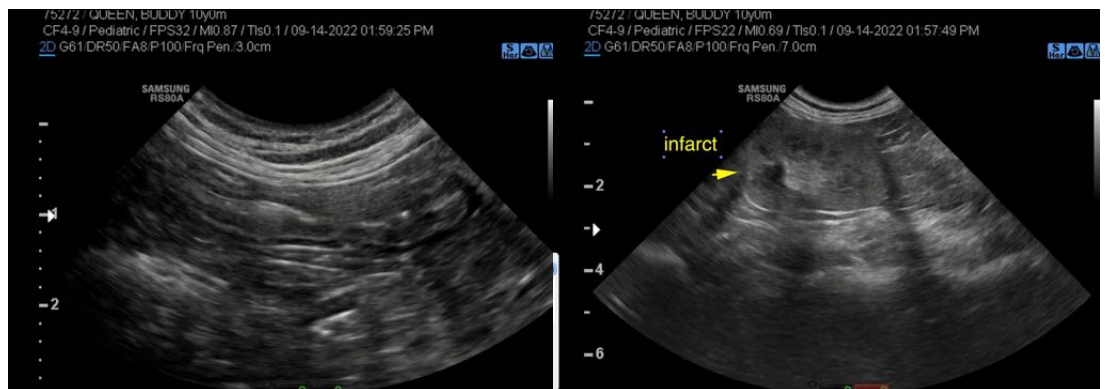
Mild degenerative renal changes with a cortical infarct in the right kidney.

Minor intestinal thickening was noted. Partially full stomach.

Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs are warranted to assess the cause of coughing, yet the abdomen appears largely stable other than the right renal calculus and infarct. This may be the source of the positive Murphy's sign. Full urinary work-up is indicated.





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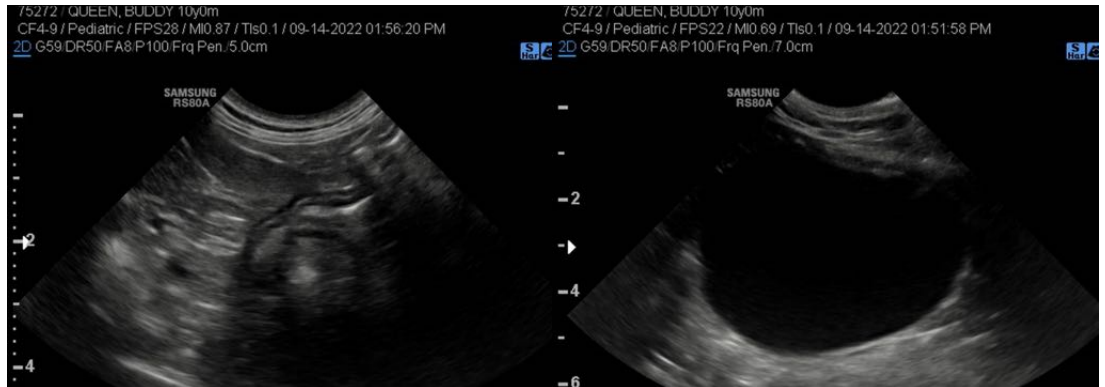
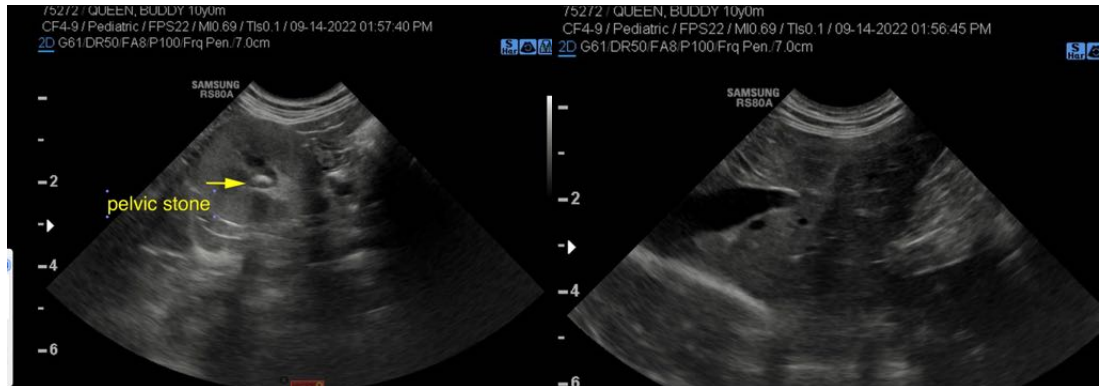
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com