



PATIENT

Vinny Carricato

SPECIES

Feline

BREED

Persian

SEX

Neutered male

AGE

13 years

WEIGHT

7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Christina

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr. Rodriguez

INVOICE

32925

DATE

9/15/22

PRESENTING CLINICAL SIGNS

History: LONG HISTORY OF SUSPECT INFLAMMATORY BOWEL/PANCREATITIS. RECENTLY CONSTIPATION. THIS CAT IS VERY AGGRESSIVE AND SEDATION IS ALMOST ALWAYS REQUIRED. WE USED A TINY AMOUNT OF DEXDORMITOR AND NORMAL DOSE OF TORBUTROL TODAY. NORMAL SIGNS OF FLARE UP IS VOMITING, ANOREXIA, WEIGHT LOSS AND DIARRHEA. WE HAVE HIM ON ROYAL CANIN LIMITED INGREDIENT DIET AND PREDNISOLONE EVERY OTHER DAY FOR MAINTENANCE. LAST YEAR BLOOD WORK REVEALED WBC ON 33,000 WITH MOST BEING MATURE NEUTROPHILS. WE PUT HIM ON ORBAX AND HE RESPONDED VERY WELL. REST OF PROFILE NORMAL. WBC ON RECHECK WAS 26,000. EVERY TIME HE RELAPSES, HE RESPONDS TO ORBAX. WE HAVE AN UPDATED PROFILE WITH UA AND CULTURE PENDING.

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Ill-defined cortical changes were noted. The left kidney measured 3.5 cm. The right kidney revealed cortical infarcts at the caudal pole. The right kidney was mildly subnormal in size and measured 3.1 cm.

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 left adrenal gland measured 1.35 x 0.48 cm at the caudal pole and 0.56 cm at the cranial pole. The right adrenal gland measured 0.3 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** was mildly swollen with slightly increased portal markings. The gallbladder is slightly thickened with a trace amount of sand and echogenicity. The hepatic lymph nodes are mildly enlarged, yet the length to width ratio was maintained. The largest node measured 1.2 x 0.8 cm.



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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. 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.

Pancreas

The region of the **pancreas** was imaged. No obvious significant pathology was noted. However, underlying inflammatory disease cannot be ruled out.

ULTRASONOGRAPHIC FINDINGS

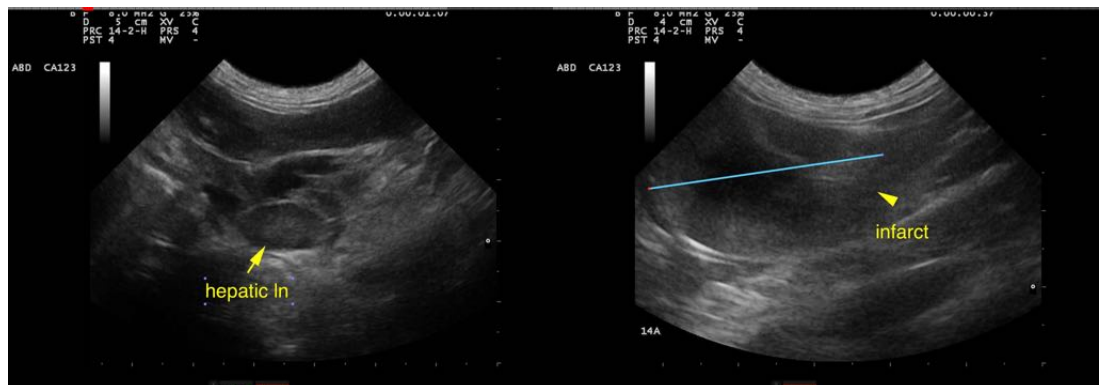
Interstitial nephrosis with cortical infarcts.

Hepatic lymph nodes, mildly enlarged.

History of inflammatory hepatopathy is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If liver enzymes are elevated then FNA is indicated. I am concerned about the long term viability of the kidneys in this patient. There is no obvious evidence of neoplasia; however, emerging hepatic lymphoma cannot be completely ruled out depending on liver enzyme elevation and weight loss. The cause of elevated white count is unclear. Underlying chronic infectious disease such as Bartonella and Toxoplasmosis should be ruled out.





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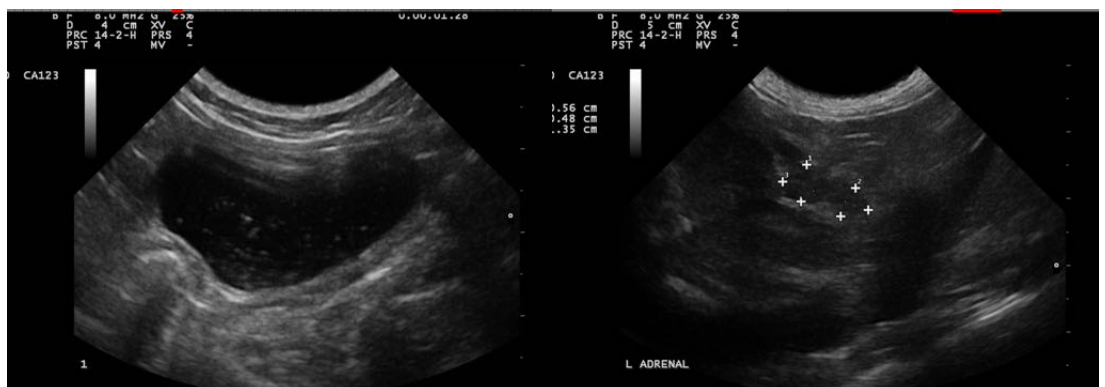
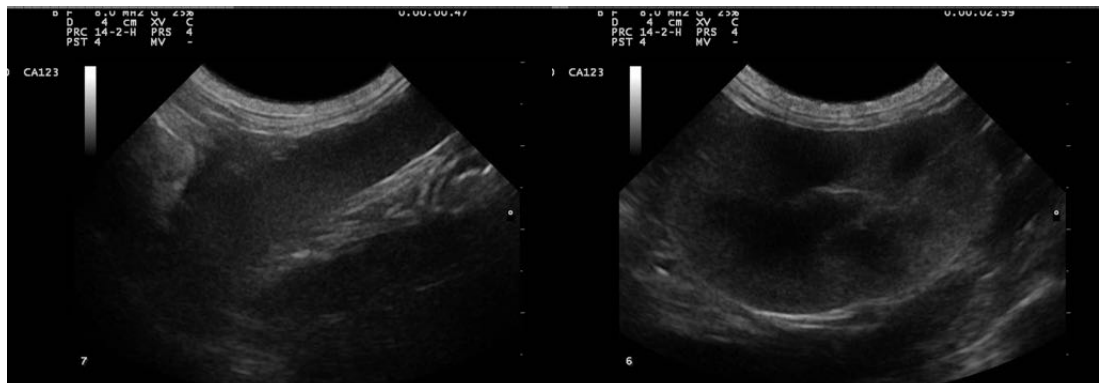
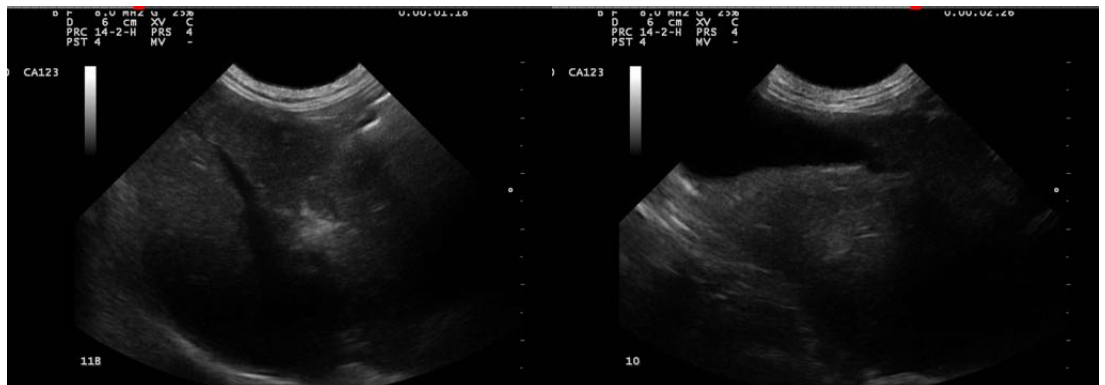
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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