



PATIENT PRESENTING CLINICAL SIGNS

Brasi Keller

SPECIES

Feline

BREED

Manx Mix

SEX

Spayed female

AGE

14 years

WEIGHT

3.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Gardner

INVOICE

32943

DATE

9/17/22

History: Presents for hospitalization for Kidney Dx that was diagnosed at rDVM. Owner also has concerns for constipation. JAL Seen 9/15 for anorexia since monday. No BM since monday and vomited 1-2 days. 9/15 Xrays showed constipation, received SQF, enema. P defecated a few small fecal balls. BW sent out, came back today and showed severe azotemia. Transferred from West Salem Animal Clinic for continued care hyroid performed in May - wnl (2.2) Hx of megacolon/constipation Hx of CKD
Medications: Mirtazapine transdermal 9/15 rDVM CBC: WBC 24.8 Neut 19.840 Bands 496 Mono 744 RBC 5.1 HCT 24 Plts 143 Chem: Glob 5.5 BUN 178 Creat 13.7 Phos 15.4 Lytes: Na 148 K 5.6 Cl 109 (all wnl) 3/6/22 BW: Creat 3.0 BUN 62.6 UA: USG 1017 (no growth on culture) HCT 28 10/21 BW Creat 2.6 BUN 33 HCT 38
Abnormal PE/Chem/CBC/UA Results: EPOC: pH 7.191 Na 146 K 5.1 Cl 122 o Ca 1.04 BUN >120 Creat 13.37 HCT 30 1 lateral abdominal rad: Large amount of feces in the descending colon, improved from previous radiographs performed yesterday at pDVM UA + Culture to IDEXX Hold on NG tube due to improvement of constipation and azotemia IVF LRS 15mL/hr Cerenia 1mg/kg IV q 24 hours Given at 9pm 9/16 Unasyn 22mg/kg IV q 8 hours ONCE given at 9pm 9/16 Oral meds: FS: Gabapentin 50mg PO q 8 hours (given at 2:45am post U/S) FS: Miralax 1/4 tsb q12 hours (Given 12am pre U/S) FS: Aluminum hydroxide 64mg PO q 12 hours Monitoring Weight q 8 hours PR q 4 hours Temp q 8 hours EPOC + PCV/TS q 24 hours 1 enema: 15mL warm water and 15mL lube once updates: UA: WBC/RBC >50/HPF, rods present, suspect cocci --ADD baytril 5mg/kg IV diluted and given slowly, d/c unasyn

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney revealed subcapsular fluid accumulation with enhanced surrounding mesentery and thickened irregular cortices. The left kidney measured 4.0 cm. Blood flow appeared subnormal in size. The right kidney measured 4.2 cm with enhanced pericapsular fat.

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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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Liver

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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

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. The colon was significantly repleted. However, the colonic wall was unremarkable.

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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.

INTERPRETED BY

Eric Lindquist, DMV
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ULTRASONOGRAPHIC FINDINGS

Acute on chronic nephritis pattern with pericapsular fluid accumulation. Acute on chronic insult; however, emerging round cell neoplasia cannot be completely ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and cortical FNA, cytology is recommended. Both kidneys presented a similar presentation with slight fluid accumulation. Infectious or toxin exposure should be considered. There is a mild potential for emerging round cell neoplasia. Treatment for UTI, 72 IV fluid protocol and coagulation panel and 25-gauge cortical renal FNA is indicated for further definition. The prognosis is guarded.

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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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