



PATIENT

Ashe Falduti

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered male

AGE

13 years

WEIGHT

-

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. Shokoff

INVOICE

92012

DATE

9/27/21

PRESENTING CLINICAL SIGNS

History: Patient presents with history of frequent bouts of constipation and recent deobstipation, elevated kidney values and generalized ADR.
9/21/21: TP 9.1, glob. 5.6, calcium 13.7, potassium 3.3, Na/K ratio 46, RBC 5.7, neut. 84. 9/27/21: glucose 162, creatinine too high to read, BUN >130, phos. > 161, TP 10.7, glob. 7.7, amylase 1751, Na 146, K 3.0, cl. 101, RBC 4.46, HCT 20.9%, MCH 22.7, WBC 24.53, neut. 19.88, mono 3.49, baso 0.21.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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** were swollen with some loss of corticomedullary definition. The cortices were thickened. Minor pyelectasia was noted. The right kidney measured 5.04 cm. The left kidney measured 4.67 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 0.55 cm. The right adrenal gland measured 0.69 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.



PATIENT *Gastrointestinal*

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Examination of the **gastrointestinal tract** revealed a stomach and intestine of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Stasis was noted in the stomach and cecum. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Soft stool was noted in the colon.

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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.

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Neutered male

ULTRASONOGRAPHIC FINDINGS

Acute renal insult. Infectious or toxin exposure is suspected.

AGE

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Mild to moderate degenerative renal changes. However, the kidneys do not appear end stage.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for toxin influence or infectious agents are recommended. The cause of anemia is unclear. CBC path review is warranted to assess if regenerative or bone marrow disease is an issue. There was no evidence of abdominal neoplasia.

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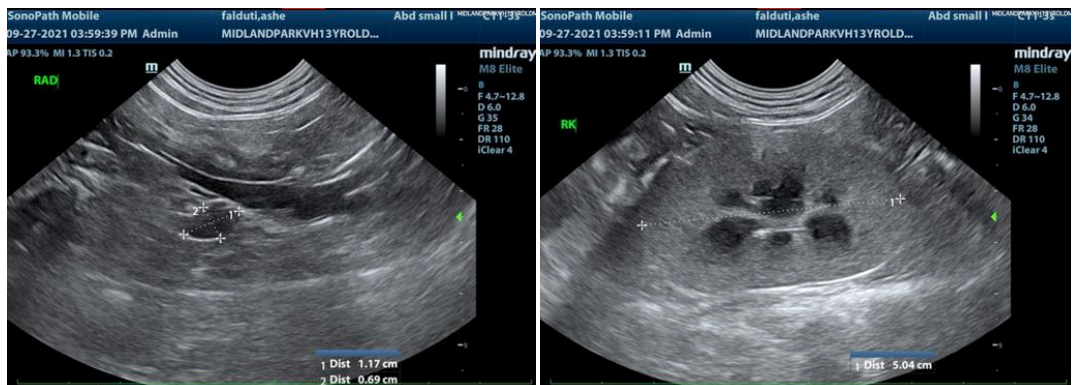
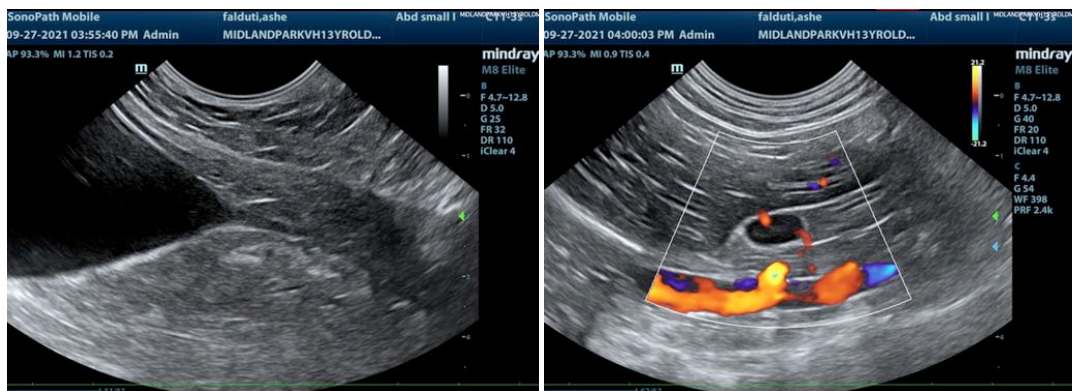
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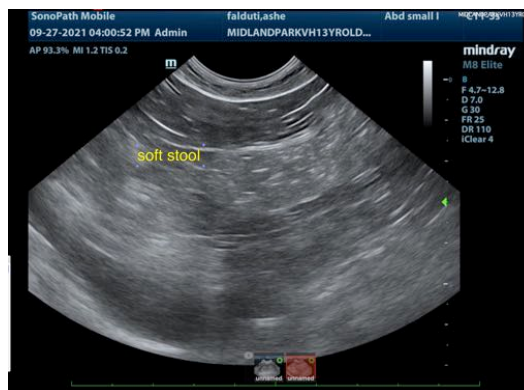
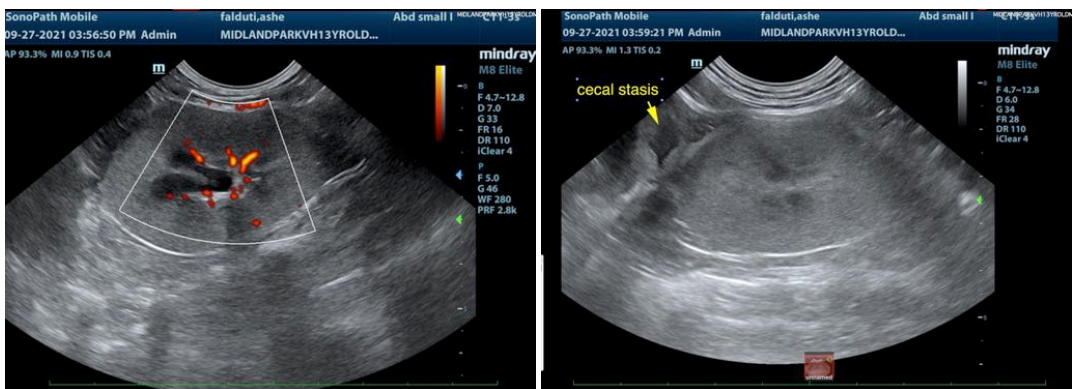
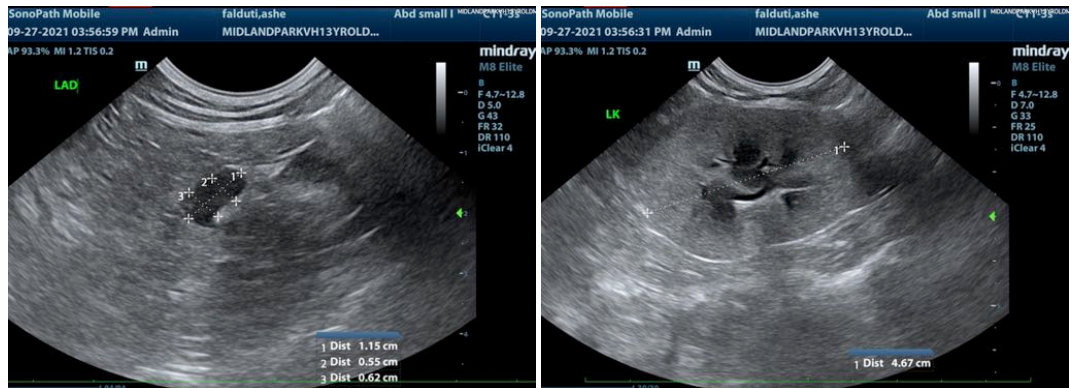
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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