



PATIENT

Amanda Fischer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

3.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wepprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Wepprich

INVOICE

32713

DATE

9/6/22

PRESENTING CLINICAL SIGNS

History: vomiting beginning 4d ago, no urine found in litterbox since 3 d ago. Possibly PU/PD for last few months. painful left kidney no fever

CBC- HCT 36% wbc 27k, neut 24k chem- Tbil 2, BUN >120, Crea >20, Phos11, K 7.5 UA - USG 1.010, TNTC rbc, TNTC wbc, TNTC cocci potassium of abdominal fluid - 8.0 (equal to serum, unlikely uroabdomen)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder revealed mild, concentric thickening. This is consistent with interstitial cystitis. A minor amount of debris was noted.

The right kidney was subnormal in size and dystrophic measuring 2.0 cm. The right kidney is likely an end stage process similar to the active process in the left kidney. The left kidney revealed moderate pyelectasia with irregular swelling and enlargement measuring 4.5 cm. Hydroureter was also noted with echogenic debris. This is suggestive for pyoureter. The ureter was followed distally. Free fluid was noted in the sublumbar space along the left ureter. There was some echogenic debris noted in the left ureter, yet the exact cause of hydroureter/pyoureter is unclear as the exact cause of obstruction was not evident. Stricture, underlying neoplasia or non-visible calculus is all possible. The left ureter measured 0.5 cm.

ULTRASONOGRAPHIC FINDINGS

Interstitial cystitis bladder pattern.

Subnormal and dystrophic right kidney.

Left renal pyelectasia and hydroureter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Attempt at stabilization of azotemia with 72-hour IV fluid protocol is recommended. Urine culture and sensitivity is indicated. CT evaluation with contrast would be ideal. The left kidney appears to be salvageable from a structural standpoint; however, the cause of ureteral dilation and potential ureteral rent should all be investigated. Given the bilirubin elevation full abdominal sonogram is recommended to assess for comorbidities.



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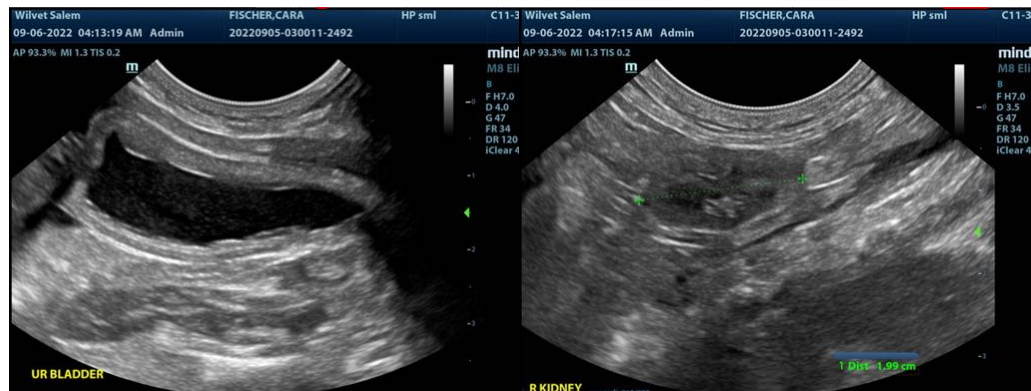
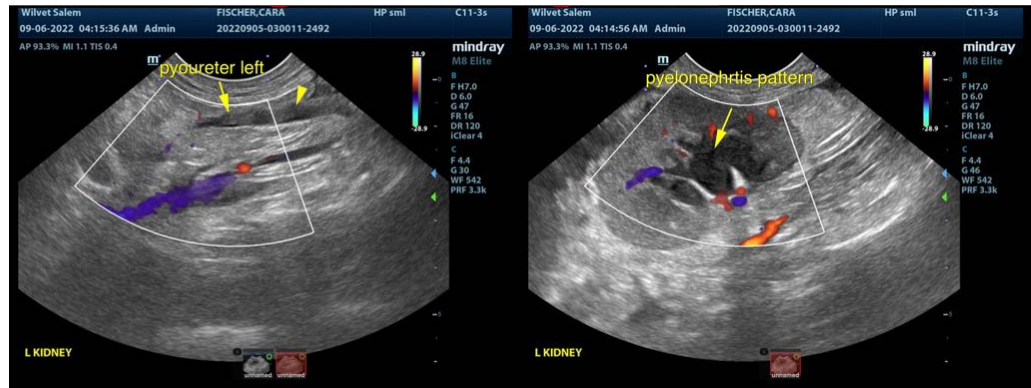
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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