



PATIENT

Rufus Hubley

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

16 years

WEIGHT

10 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Moore

INVOICE

32791

DATE

9/8/22

PRESENTING CLINICAL SIGNS

History: Worsening anemia and continued hematuria. No urinary signs reported by owner. On tapering dose Pred-L and antibiotics.

Abnormal PE/Chem/CBC/UA Results: PE (8/26): Pale mm, irregular R kidney. Voided red urine on bladder palpation. BW (8/26): Hct 24%, TP 10.1, Glob 7.4, Azotemia. UA (8/26): SG 1.024. Sed: moderate hematuria. BW (9/6): Hct 20%, TP 8.4, Glob 5.7, A:G ratio 0.5, BUN 53, Creat 1.7.

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 and no evidence of pelvic dilation was present. The left kidney measured 4.21 cm. The right kidney measured 4.01 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 right adrenal gland measured 0.54 cm. The left adrenal gland measured 0.37 cm.

Spleen

The **spleen** was mildly enlarged with scalloping contour. The spleen measured 1.2 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Mild degenerative renal changes.

Age related pancreatic changes.

Splenomegaly. Reactive spleen, splenitis, or round cell neoplasia is all possible.

Mildly enlarged liver.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys do not appear end stage. Prerenal disease causing azotemia should be considered as a primary issue. Subxiphoid palpation to assess for pain is recommended. I recommend screening FNA of the spleen and liver in this patient to ensure that occult neoplasia such as lymphoma is not present. CBC path review +/- bone marrow aspirate is recommended. The cause of hematuria is unclear. The Prednisolone may be suppressing a more significant presentation. PCR or PARR evaluation of the cytology may be necessary. Guarded prognosis.

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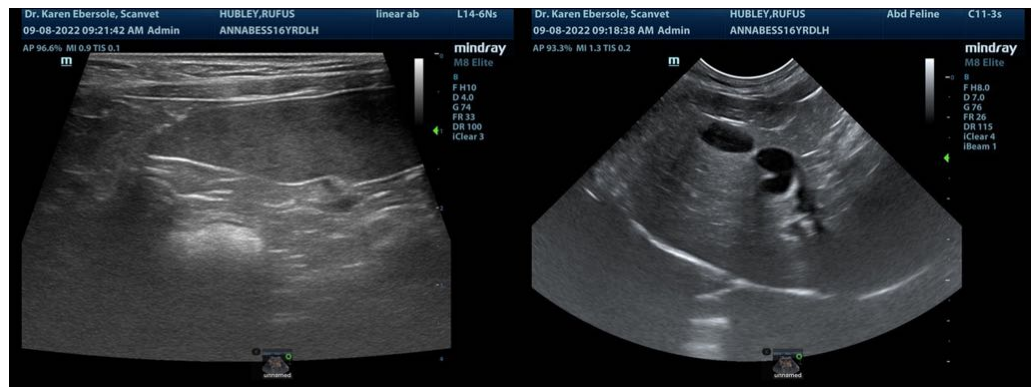
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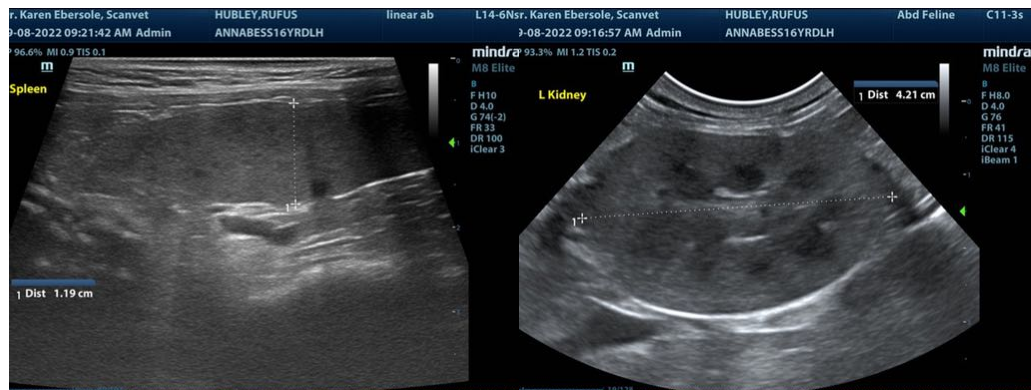
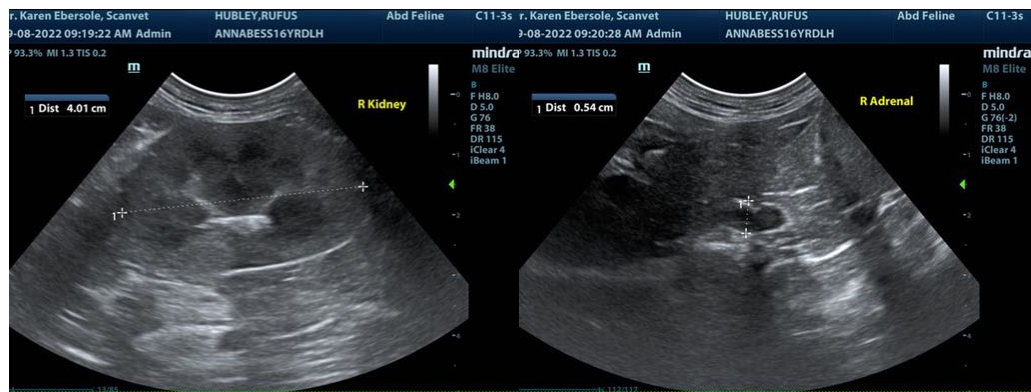
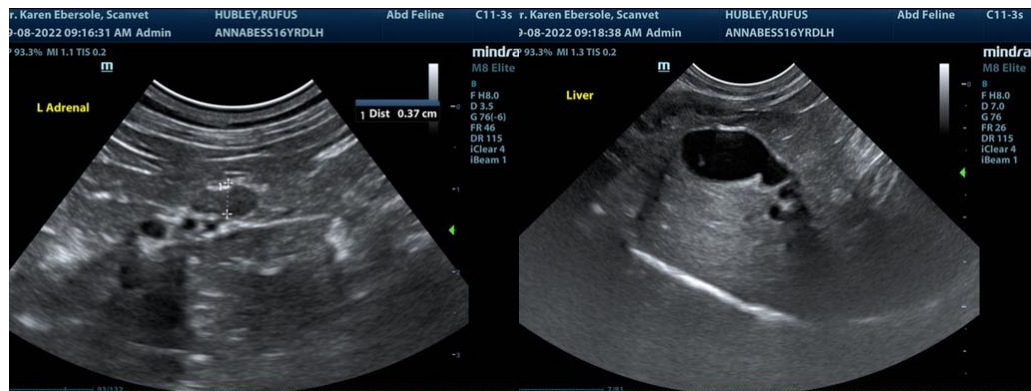
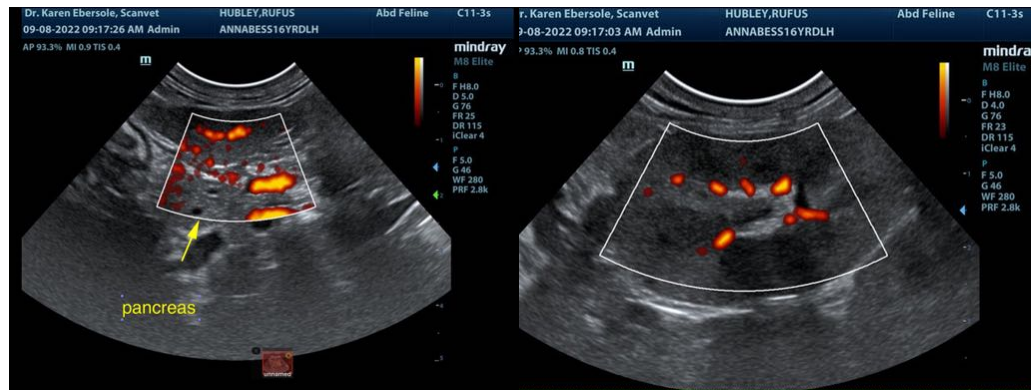
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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