



PATIENT PRESENTING CLINICAL SIGNS

Bija Bell History: Due to bloodwork and radiology report from Sonopath, U/S was recommended. No meds.
Abnormal PE/Chem/CBC/UA Results: U/S recommended by Dr. Schaub at sonopath from radiology report. BUN 16.93(5.3-11.4) Creatinine 170 (71-159) Protein 88(60-80)

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED Urinary System

Domestic Longhair

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 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.

SEX

Spayed Female

The **right kidney** 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. A slight, cortical infarct was noted in the cranial pole of the right kidney. The right kidney measured 3.3 cm. The left kidney was subnormal in size and measured 2.6 cm with cortical infarcts and mineralization. Color flow to the left kidney was subnormal.

AGE

14 years

WEIGHT

8.8 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.32 cm. The right adrenal gland measured 0.35 cm.

IMAGING PERFORMED BY

Crystal Hill

Spleen

HOSPITAL NAME

St Catharines AH

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.

REFERRING VET

Dr. Boctor

Liver

INVOICE

The **liver** revealed mild, heterogenous parenchymal changes with increased gallbladder wall thickness and echogenicity.

DATE

10/18/21



PATIENT

Gastrointestinal

Bija Bell

The **stomach** revealed hair type density. The intestines were 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.

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INVOICE

DATE

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Pancreas

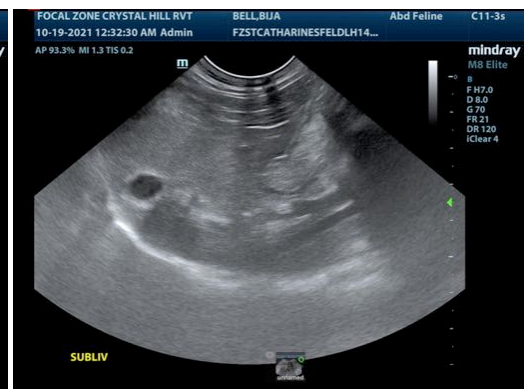
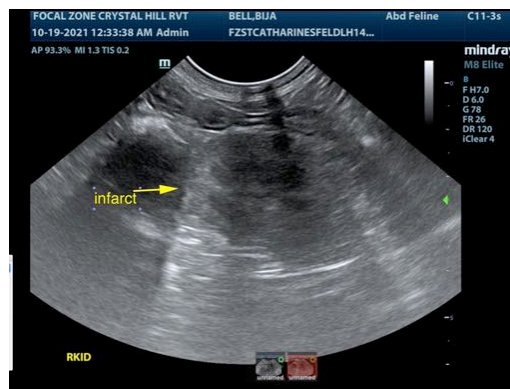
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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

Moderate to end stage degenerative renal changes on the left kidney, mild to moderate on the right. Infarcts and mineralization were noted, yet non-obstructive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV fluid protocol is warranted along with blood pressure measurements +/- urine culture and sensitivity if any inflammatory sediment is present. The remainder of the abdomen is consistent with geriatric changes. The prognosis is very guarded depending on the response to therapy.





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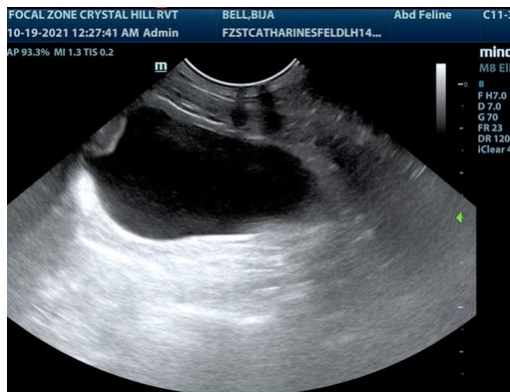
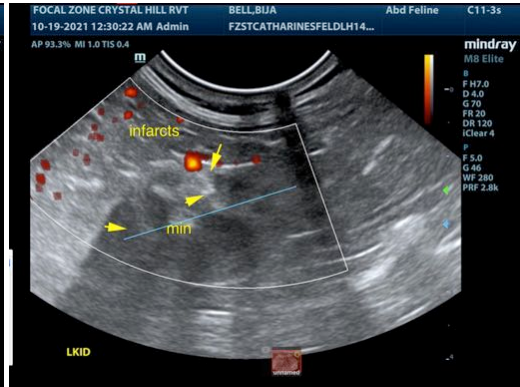
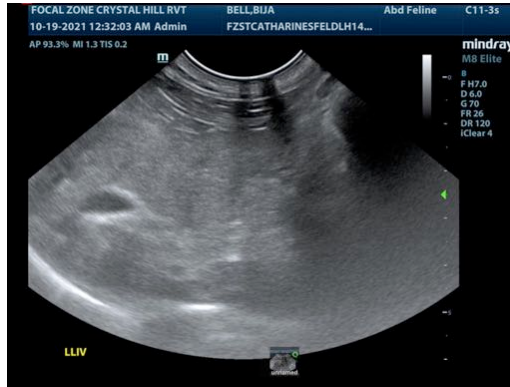
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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