



PATIENT

Chanel Rose Rand

SPECIES

Feline

BREED

British Longhair

SEX

Intact Female

AGE

6 months

WEIGHT

5.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Southside Pet Hospital

REFERRING VET

Dr. Hughes

INVOICE

31900

DATE

7/22/22

PRESENTING CLINICAL SIGNS

History: Normal Physical Exam Doing well at home Abnormalities on Pre anesthetic for spay
Abnormal PE/Chem/CBC/UA Results: Increased SDMA - 27 Decreased Creatinine -66 Decreased
USG 1.022

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 right **kidney** is mildly subnormal in size with normal contour and structure otherwise. The right kidney measured 2.65 cm. The left kidney was mildly subnormal in size and measured 2.64 cm. the corticomedullary structure is normal otherwise. If this patient is excessively small, then the kidneys may be normal.

Adrenal Glands

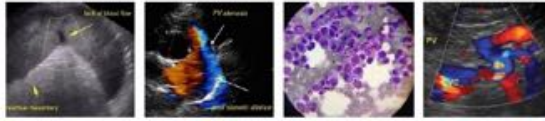
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.22 cm. The right adrenal gland measured 0.3 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.



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Gastrointestinal

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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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

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ULTRASONOGRAPHIC FINDINGS

Structurally normal kidneys with slightly subnormal size.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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5.8 lbs

The cause of SDMA elevation is not evident. From a structural standpoint no contraindication to anesthetic procedure. Renal biopsy could be performed at the time of the spay surgery to ensure that primary dysplasia is not an issue or other type of insult. Assuming no inflammatory sediment is present in the urine blood pressure measurements are also indicated prior to anesthetic procedure.

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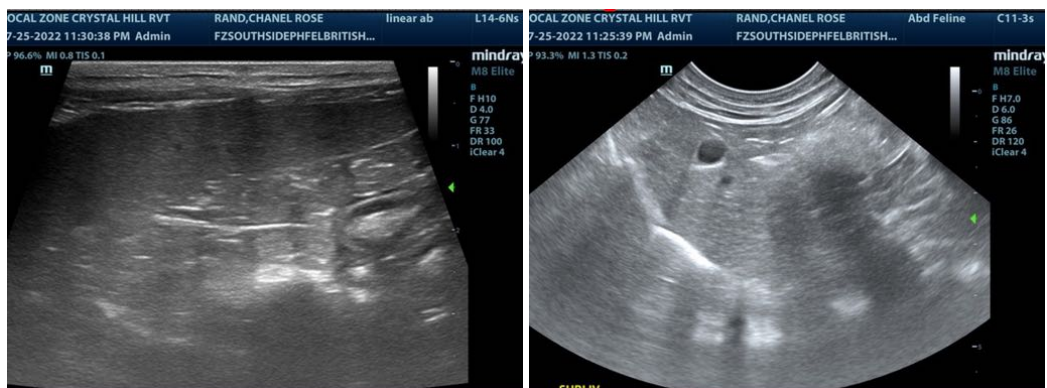
Dr. Hughes

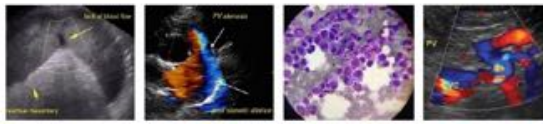
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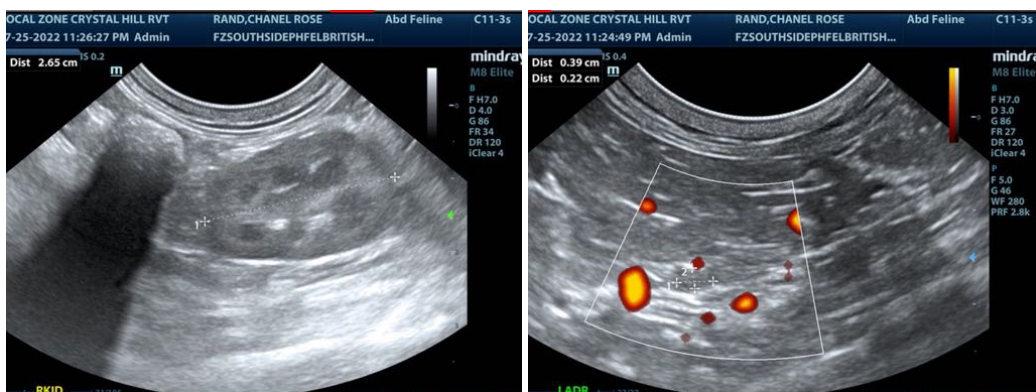
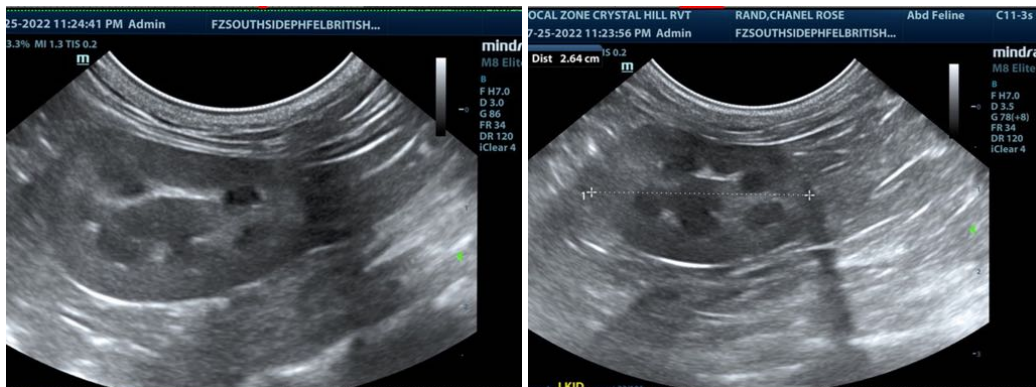
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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