



PATIENT

Barron Villari

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

16 years

WEIGHT

5.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Valeryia Shumskaya

HOSPITAL NAME

Animal Care Center of
Landing

REFERRING VET

Dr. Villari

INVOICE

42291

DATE

1/24/23

PRESENTING CLINICAL SIGNS

History: acute orbital swelling-od, severe conjunctivitis-od
Abnormal PE/Chem/CBC/UA Results: Urea Nitrogen 70, Creatinine 3.0, Sodium 160, NA/K RATIO 31, Amylase 1502, PrecisionPSL 30, WBC 23.0, Platelet Count 655, Neutrophils 76% UA : RBC 4-10, Squamous Epithelia 4-10

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **right kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. Both kidneys revealed increased cortical thickness. Hyperechoic medullary rim sign was noted in the kidneys. The right kidney measured 3.49 cm. The left kidney presented irregular contour and loss of corticomedullary definition measuring 3.0 cm with slight pyelectasia. Slight free fluid was noted entering into the retroperitoneal space with irregular contour and slight subcapsular halo. This may be owing to a recent inflammatory event. The right kidney measured 3.0 cm. Subjectively the kidneys do not appear end stage.

Adrenal Glands

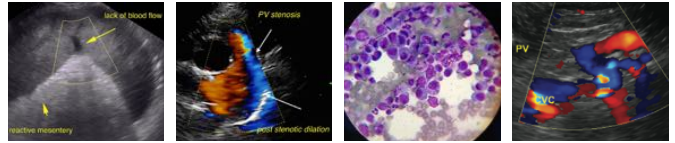
The right **adrenal gland** was enlarged, yet uniform and measured 0.64 cm. The left adrenal gland was normal in size and contour measuring 0.33 cm.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. An anechoic cyst was noted in the left lateral liver. 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



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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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Transdiaphragmatic view revealed comet tail lung pattern (also known as ring down artifact or pleural irregularities), which is echogenic sound wave interface with microconsolidations within the lung field. The comet tail lung pattern may be due to sedation. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

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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

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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.

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Free Abdomen

Trace amounts of free fluid were noted between the liver lobes.

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ULTRASONOGRAPHIC FINDINGS

Irregular left kidney.

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Moderate degenerative renal changes.

Slight free fluid.

Comet tail lung pattern.

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Mildly enlarged left adrenal gland, yet uniform. Likely stress related.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is concern for acute on chronic insult given the azotemia and the renal presentation. There is a mild potential for emerging renal lymphoma in this patient. I recommend 72- hour IV fluid protocol to correct the azotemia followed by reassessment of the clinical signs. Full urinary work-up, culture and sensitivity and blood pressure measurements are indicated. If sodium potassium ratios are altered then aldosterone level is indicated to rule out Conn's syndrome. The prognosis is guarded.



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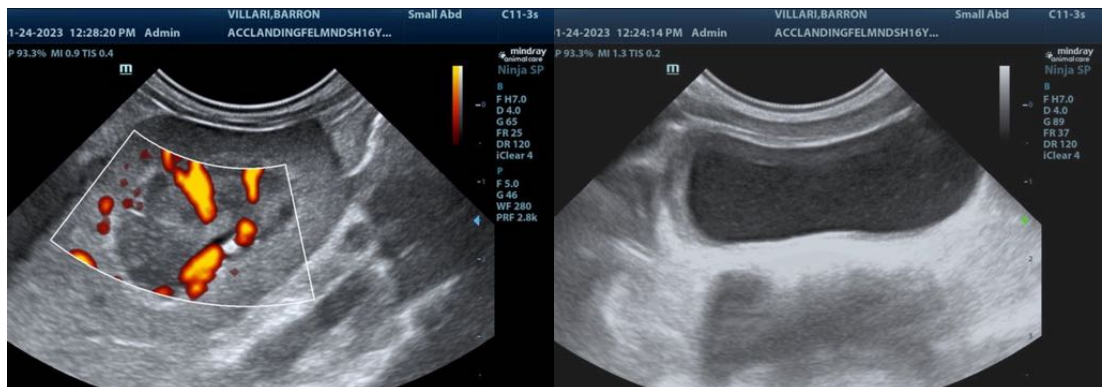
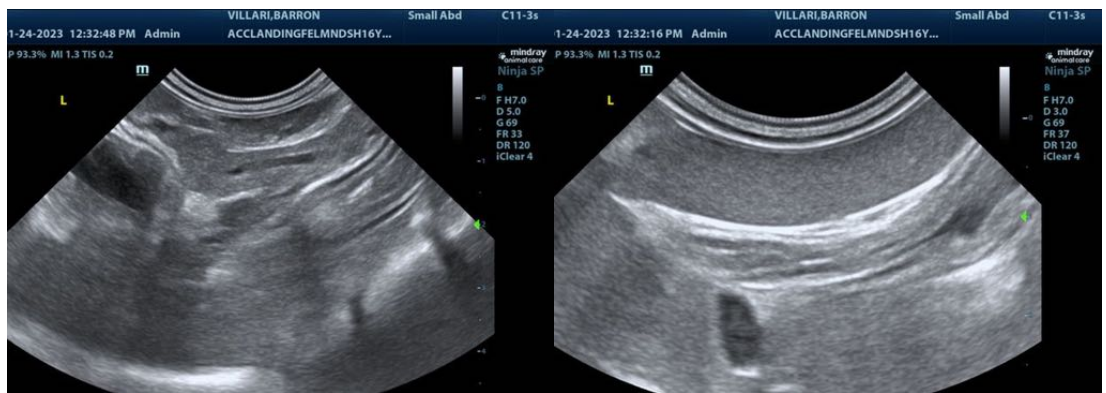
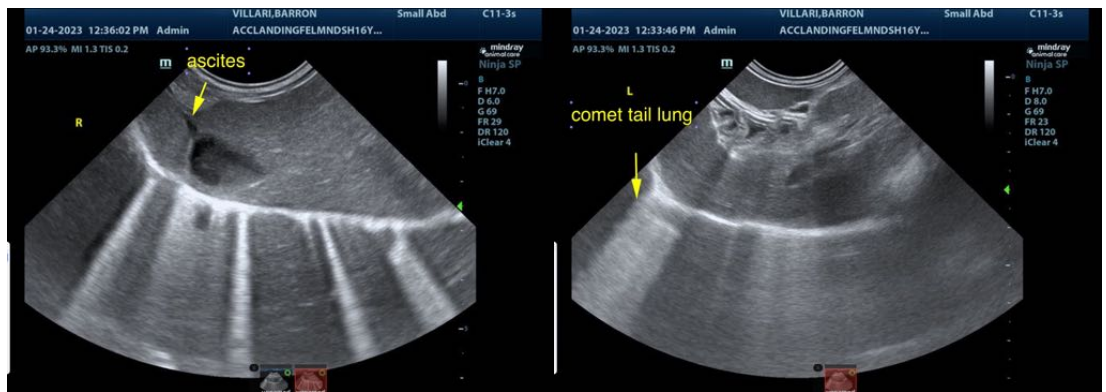
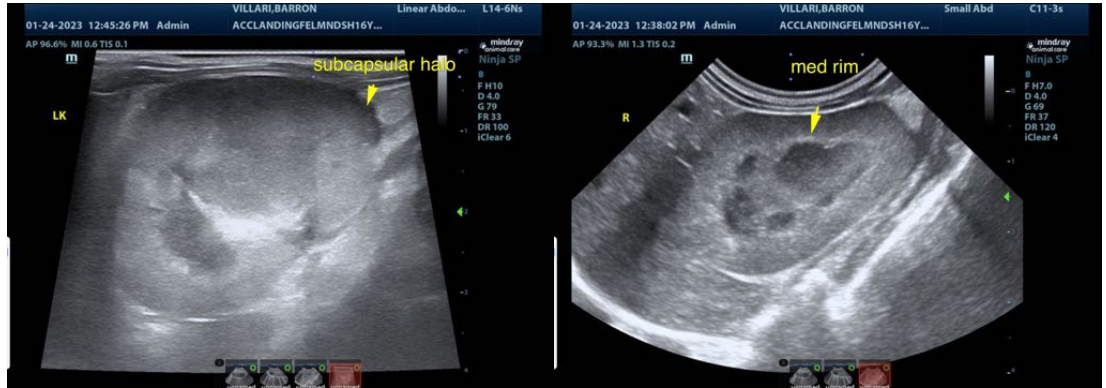
Dr. Villari

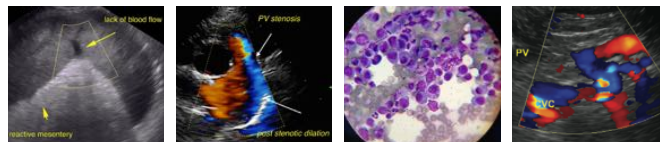
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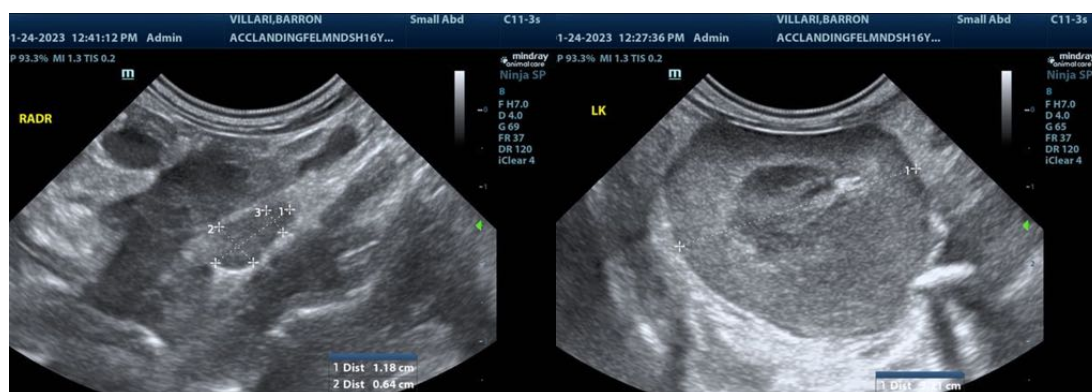
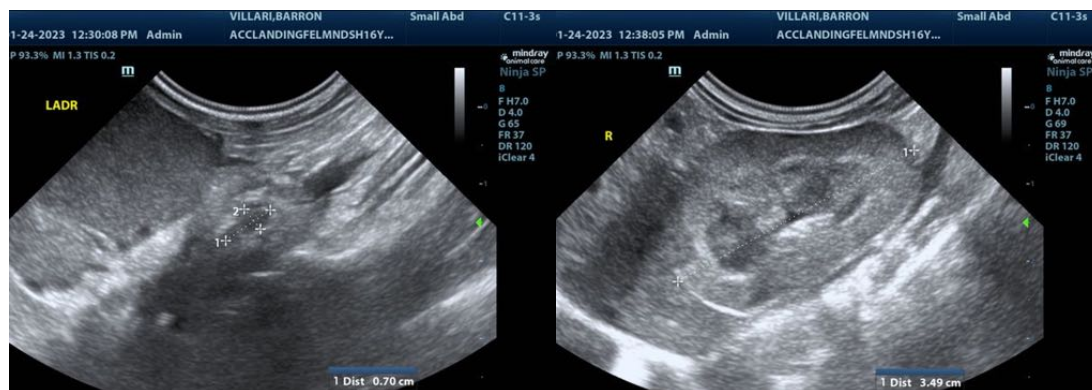
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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