



PATIENT PRESENTING CLINICAL SIGNS

Lucy Levi

History: PUPD x 1 month, large, unusual shape to kidneys on radiographs.
Abnormal PE/Chem/CBC/UA Results: As of 10/24/22: BUN 40. U/A: WNL as of 10/24/22, USG 1.017.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

The **urinary bladder** itself was unremarkable with a minor amount of dependent debris. The left ureter was dilated up to 0.4 cm.

SEX

Spayed female

The right **kidney** was normal in size and contour measuring 3.76 cm. Severe hydronephrosis of the left kidney was noted with some residual parenchyma. The pathology appears to be contained within the capsule. The left kidney measured 7.0 cm.

AGE

14 years

Adrenal Glands

WEIGHT

14.5 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

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.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Liver

HOSPITAL NAME

Ramapo Valley AH

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.

REFERRING VET

Dr. Katara

INVOICE

42214

Gastrointestinal

DATE

10/31/22

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.



PATIENT

Pancreas

Lucy Levi

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.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

Strictered left ureter of unknown cause.

Domestic Shorthair

Secondary hydronephrosis. Unremarkable right kidney.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed female

Stabilization of azotemia followed by left nephrectomy and ureterectomy is recommended. Small, non-visible calculus may be present at the termination of the left ureter. However, hyperechoic remodeling and fibrosis/adhesions of the left ureter obscured complete visibility. Subjectively the right kidney appears to be capable of maintaining metabolic need as structurally this is unremarkable. IV fluid support, blood pressure measurement, urine culture and left nephrectomy is recommended.

AGE

14 years

WEIGHT

14.5 lbs

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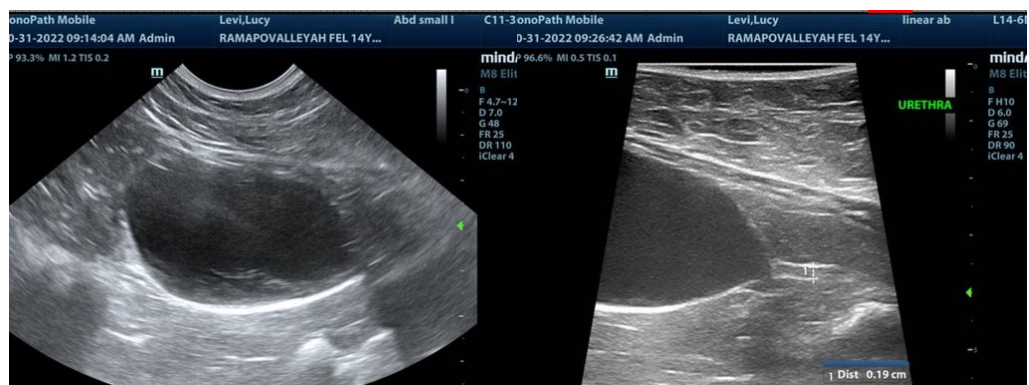
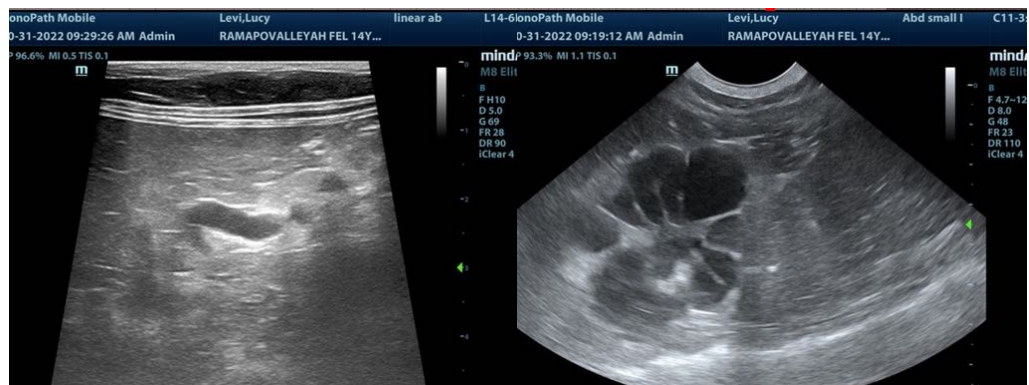
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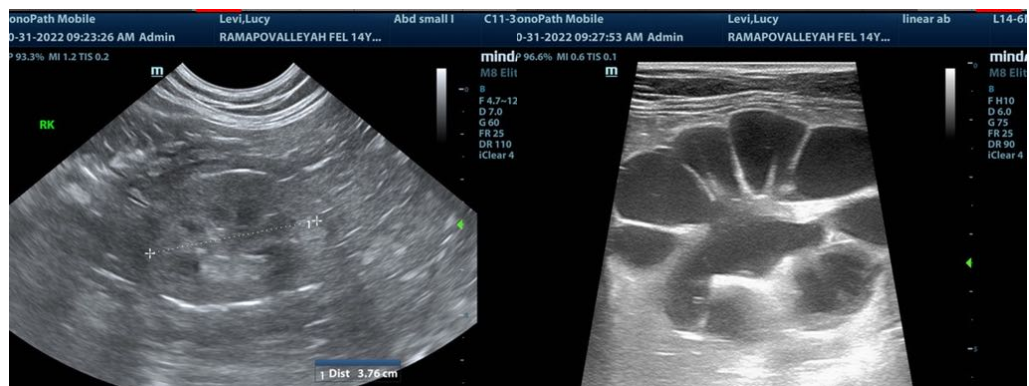
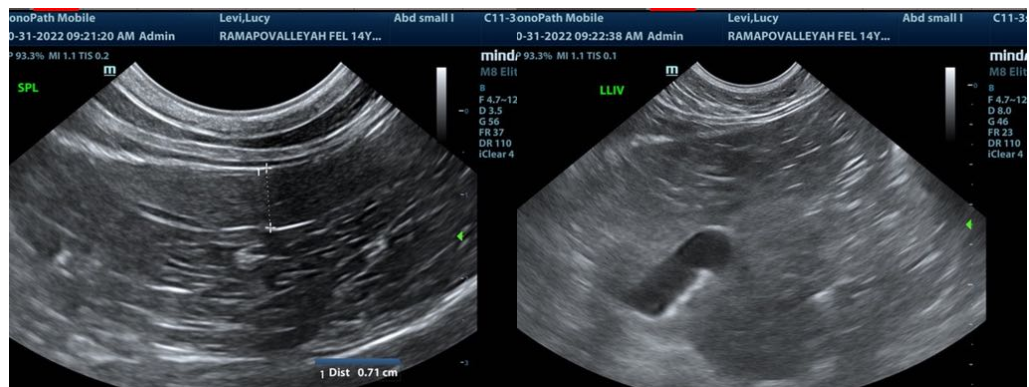
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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