



PATIENT

Jammie Wood

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

1 years

WEIGHT

8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

INVOICE

42407

DATE

11/8/22

PRESENTING CLINICAL SIGNS

History: B FVO. Originally hospitalized 11/4 for possible FB. P passed metal wire + foam pieces in stool. Current meds: Cerenia, Pepcid, orbax, gabapentin, elura
Abnormal PE/Chem/CBC/UA Results: BUN 33

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 **left kidney** appears to be mildly enlarged and uniform. This is consistent with compensatory hypertrophy. The left kidney measured 4.25 cm.

The area of the **right kidney** revealed a 3.0 cm, round structure with capsule and echogenic debris. There were areas of mineralization. This strongly suggestive for severe hydronephrosis. The right ureter appeared to be dilated and filled with sand and small calculi.

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 0.33 cm. The left adrenal gland measured 0.46 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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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 right limb of the **pancreas** was slightly nebulous with slightly irregular contour. The pancreas was hypochoic and irregular in contour. This is suggestive for low grade inflammation.

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ULTRASONOGRAPHIC FINDINGS

Complete hydronephrosis of the right kidney owing to ureteral obstruction.

AGE

1 years

No visible residual renal structure was noted.

Potential concurrent pancreatitis.

WEIGHT

8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend exploratory surgery with expectations towards right nephrectomy. The right ureter appeared to be contracting owing to the obstructive pattern.

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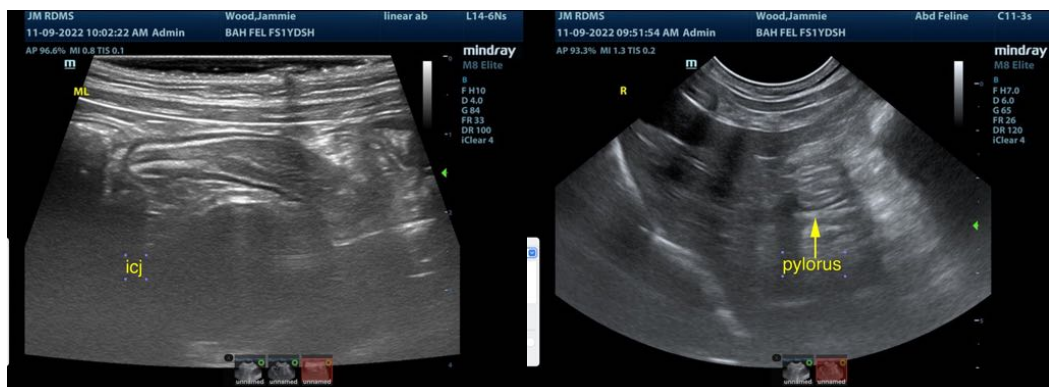
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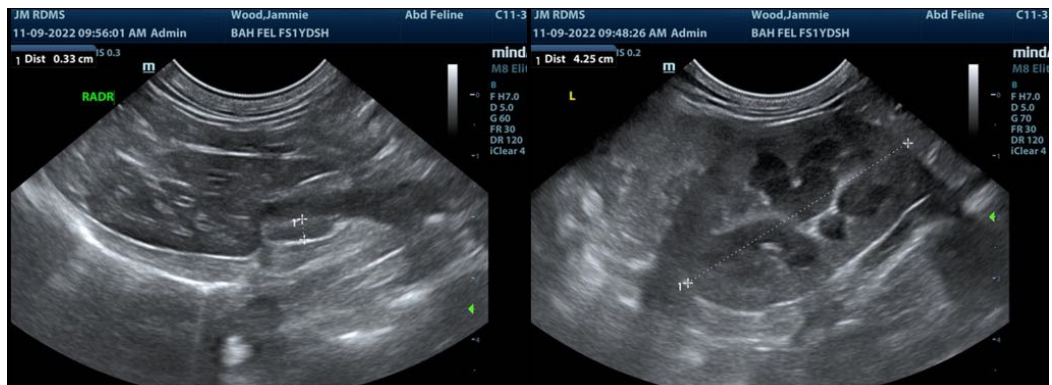
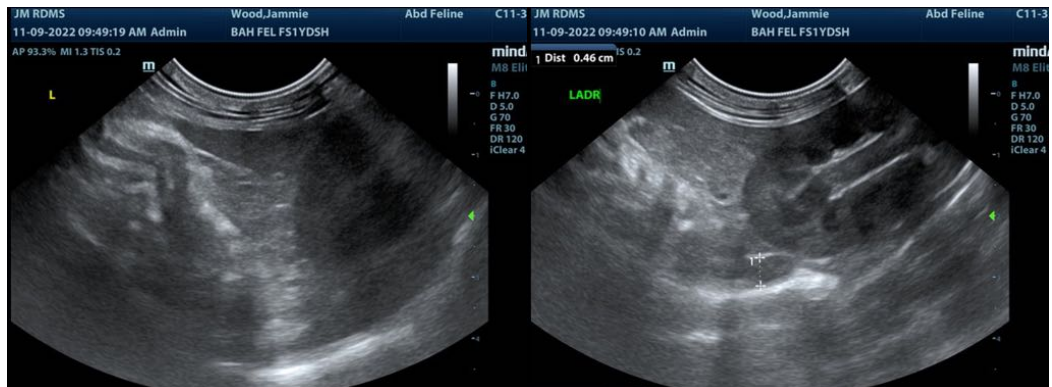
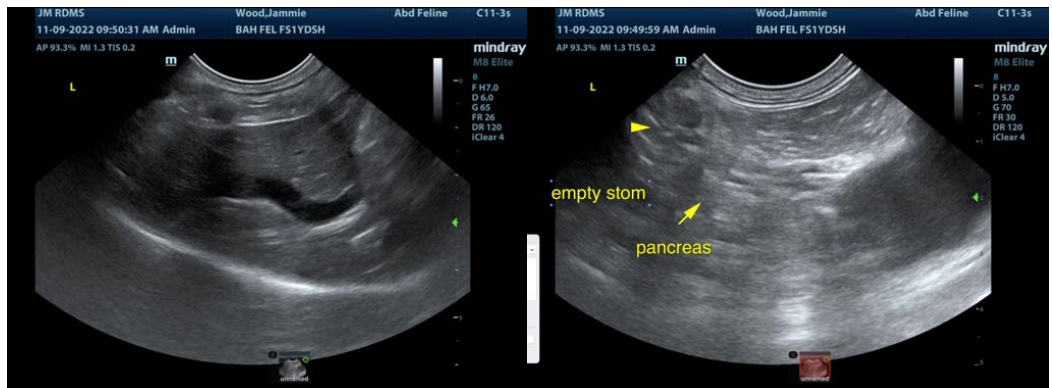
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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