



PATIENT

Lasagna Jawor

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Ringwood AH

REFERRING VET

Dr. Wilkes

INVOICE

42522

DATE

2/2/23

PRESENTING CLINICAL SIGNS

Enlarged left kidney. Ultrasound last year left kidney measured 4.7 cm. BUN increased 46. Urinalysis 2+ protein, urine specific gravity 1.026

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** is enlarged and measured 5.13 cm with a 1.69 cm anechoic cyst was noted. There was some loss of corticomedullary definition noted. Blood flow appeared to be adequate on Power Doppler assessment. The right kidney revealed dystrophic changes with pelvic mineralization. The calculus measured up to 0.4 cm. The right kidney measured 3.2 cm.

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 0.4 cm. The right adrenal gland measured 0.4 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 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. The pancreas measured 1.25 cm.

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ULTRASONOGRAPHIC FINDINGS

Degenerative right renal changes with infarcts and calculi.

Enlarged left kidney, interstitial nephrosis pattern with cortical cysts. Some loss of mural detail. No obvious evidence of neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Periodic obstructive disease may be playing a role in this patient. Compensatory hypertrophy of the left kidney given the degenerative right kidney is also a potential cause of enlargement. Emerging neoplasia such as lymphoma or dry form FIP are a possibility, yet not evident at this time. If clinical signs of weight loss occur or the left kidney increases in size then coagulation panel and FNA is indicated. The azotemia in this patient may be owing to prerenal disease such as periodic pancreatitis.

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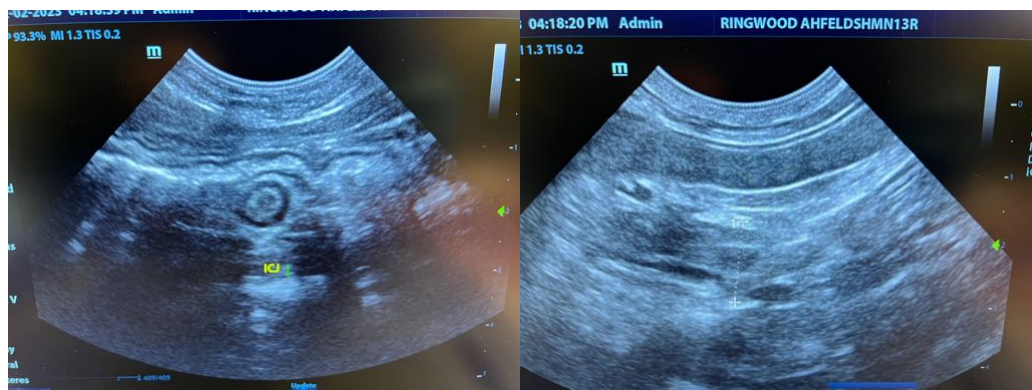
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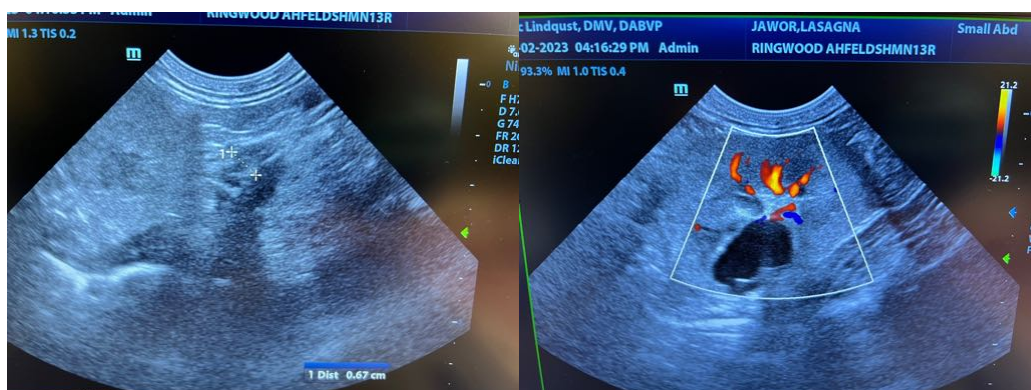
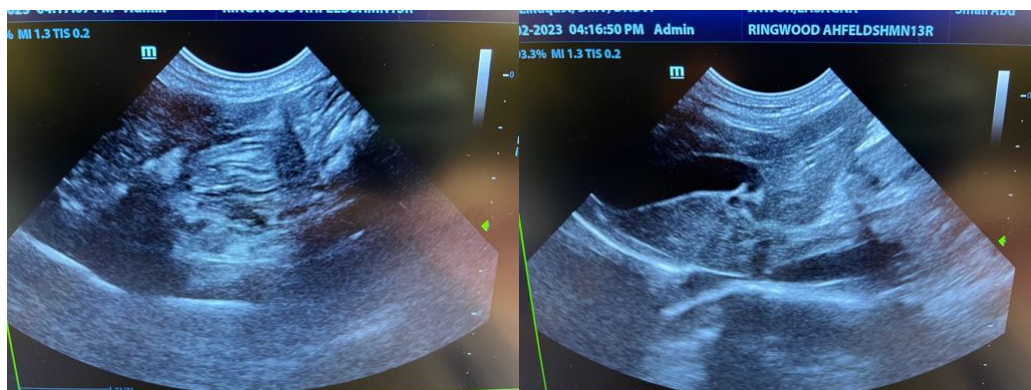
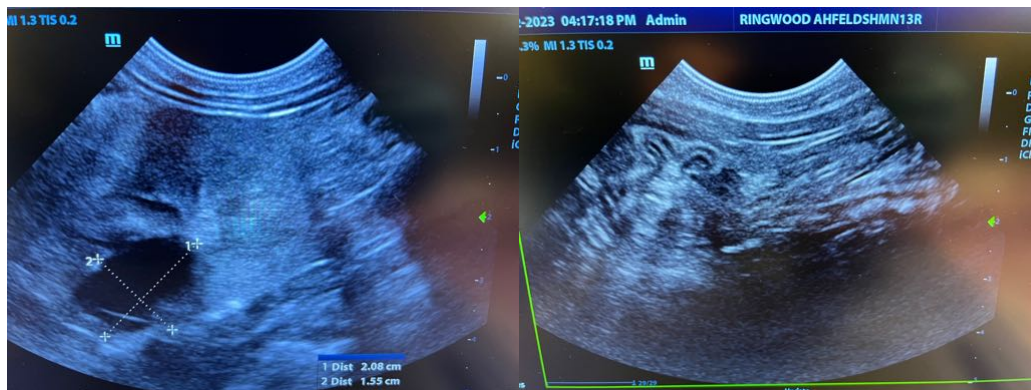
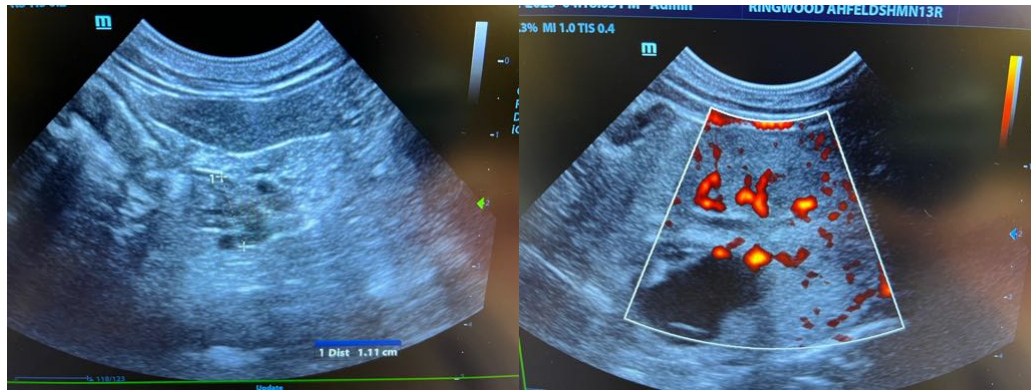
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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