



**PATIENT**

Chase Polanco

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

12.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

Banfield PH Of  
Bridgewater

**REFERRING VET**

Dr. Baker

**INVOICE**

43554

**DATE**

3/28/23

**PRESENTING CLINICAL SIGNS**

History: Lethargy, vomiting, apx 2 weeks. No current meds.  
Abnormal PE/Chem/CBC/UA Results: Glucose 162, T4 WNL, Otherwise unremarkable

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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 ureter was slightly dilated in this patient and may be owing to scarring from stone passage. The right ureter measured 1.5 mm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Corticomedullary calculi were noted. The left kidney measured 4.5 cm. The right kidney revealed pyelectasia. The right kidney measured 4.2 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 0.39 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** revealed minor hepatic enlargement. 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 common bile duct measured 0.3 cm.



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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. The ileocecal junction revealed a thickened ileum that measured 0.3 cm.

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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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Neutered male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

14 years

Moderate, degenerative renal changes with pyelectasia of the right kidney and mild hydroureter, likely dysfunctional or scarring at the right ureteral papilla. Hydroureter potential congenital ectopy versus stricture from passage of calculi.

Slightly thickened ileum, yet no neoplastic criteria is present.

**WEIGHT**

12.6 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

No overt obstructive disease is noted at this time. I cannot completely rule out ureteral ectopy as termination of the right ureter was not able to be localized. CT with contrast would be ideal to further assess the right ureter. Full urinary work-up is warranted as well as blood pressure measurements. Supportive care otherwise. There is no evidence of neoplasia.

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**ABOUT SONOPATH CT SERVICES:**

**SonoPath CT Services** are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/resources/sonopath-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

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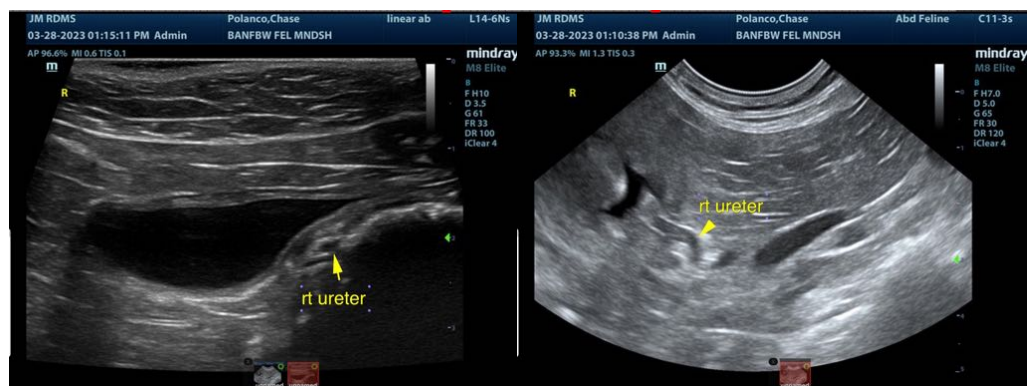
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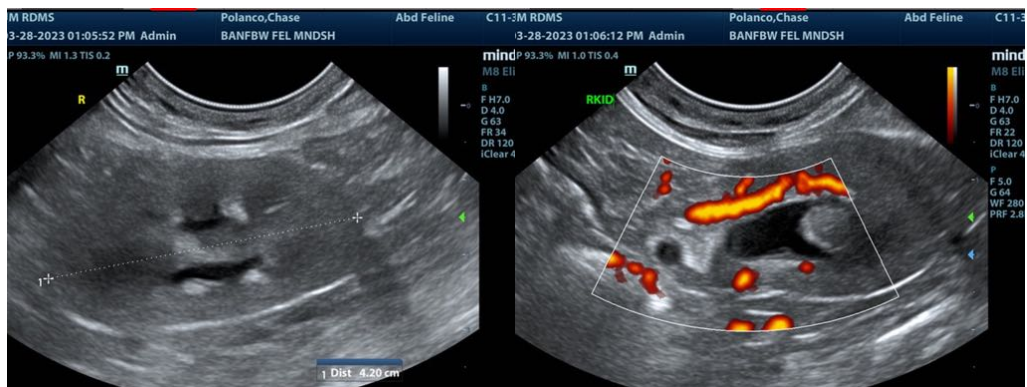
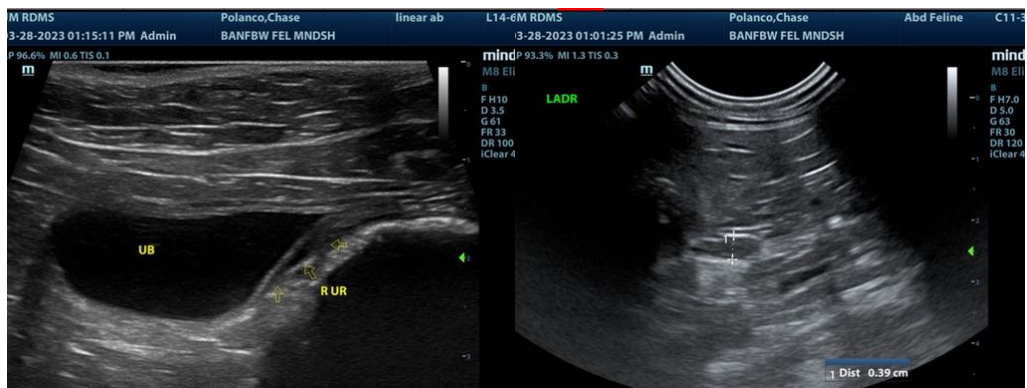
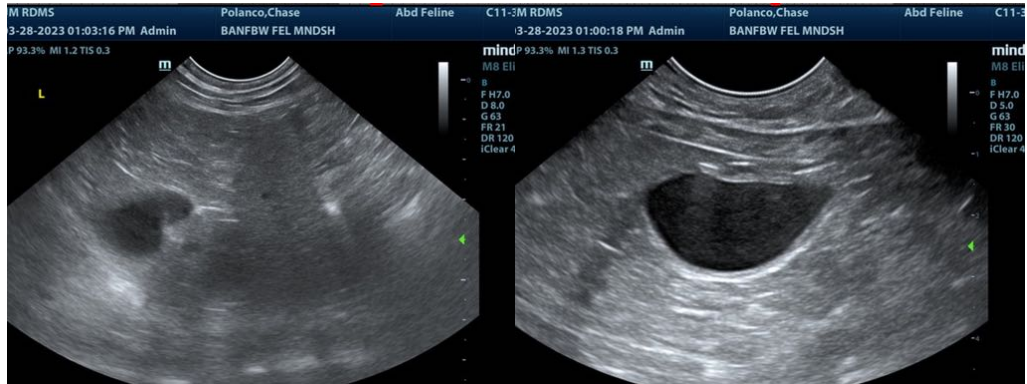
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Info@SonoPath.com