



PATIENT PRESENTING CLINICAL SIGNS

Lilly Strauss History: Enlarged kidneys, possible mass, fluid in abdomen? Current meds: IVFs, Cerenia, famotadine, unasyn, gabapentin.
Abnormal PE/Chem/CBC/UA Results: Creat. 5.9, BUN 103, K+ 2.7, Na169, amylase 1834, lipase 1694.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED Urinary System

Domestic Shorthair

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Sand accumulation was noted and measured up to 2.4 cm grouping. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Spayed Female

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 this age patient. Medullary structure differed distinctly from that of the cortex. Corticomedullary mineralization was noted. The right kidney measured 3.92 cm. The left kidney revealed minor pyelectasia that measured 0.15 cm. The kidneys do not appear end stage. It is likely that the patient has been passing calculi from the kidneys to the bladder. Pericapsular inflammatory pattern was noted around both kidneys. This is suggestive for recent insult likely from passage of calculi.

AGE

12 years

WEIGHT

12.14 lbs

INTERPRETED BY

Adrenal Glands

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

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 0.29 cm. The left adrenal gland measured 0.42 cm.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Spleen

HOSPITAL NAME

Westwood Regional VH

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. The spleen measured 0.86 cm.

REFERRING VET

Dr. Silver

Liver

INVOICE

30807

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,

DATE

5/31/22



PATIENT

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.

Lilly Strauss

SPECIES

Gastrointestinal

Feline

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.

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Pancreas

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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WEIGHT

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ULTRASONOGRAPHIC FINDINGS

Bladder sand and small calculi.

Nephritis pattern with minor pyelectasia.

INTERPRETED BY

Age related pancreatic changes. The pancreas does not appear to be a primary issue and may be due to azotemic event.

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

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72 hour IV fluid protocol is recommended to correct azotemia followed by cystotomy, sand analysis and culture are indicated. A recheck sonogram is recommended just prior to surgery to ensure that the sand has not resolved on its own. There was no evidence of masses.

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VH

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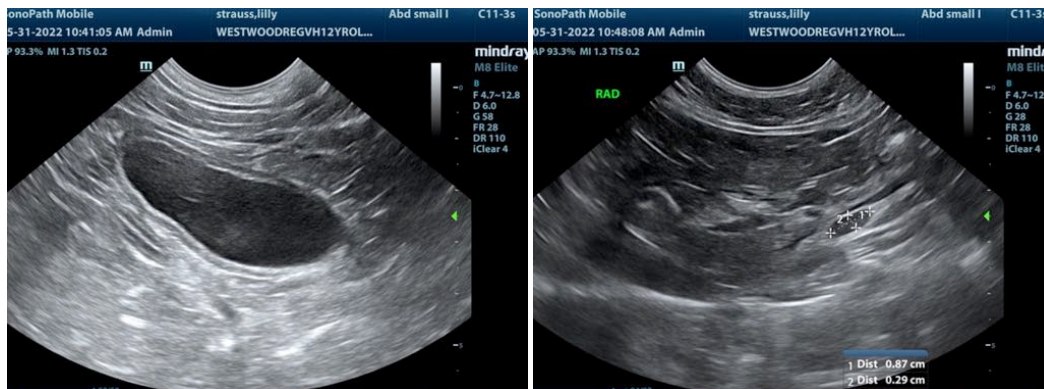
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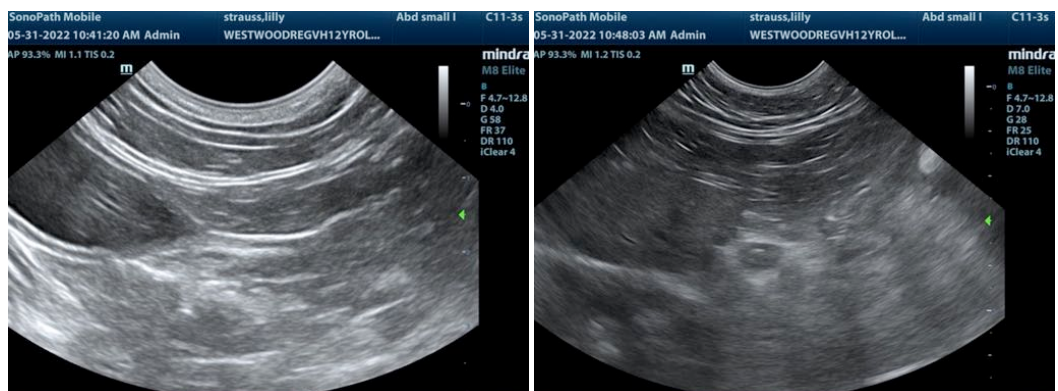
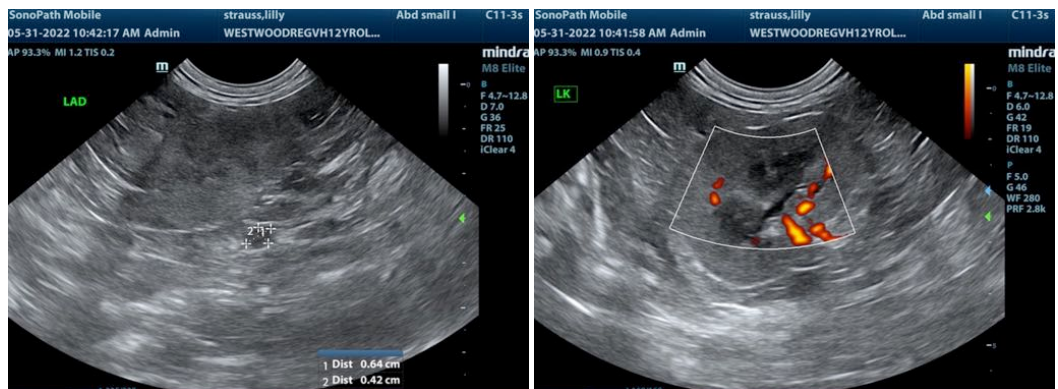
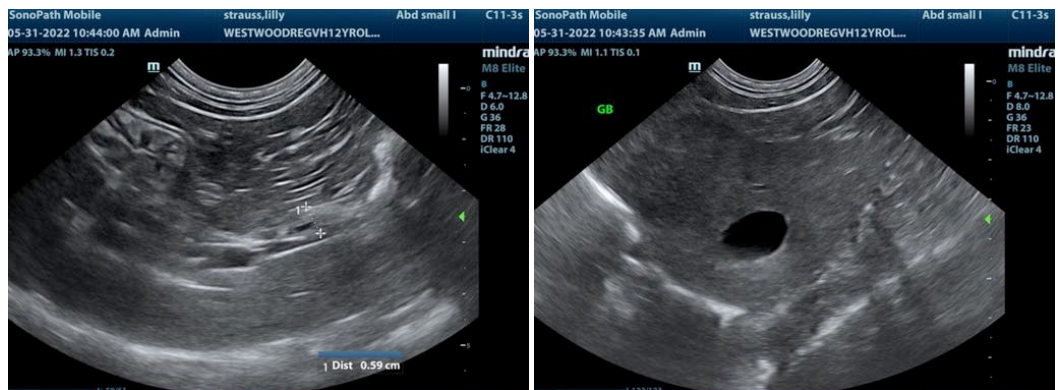
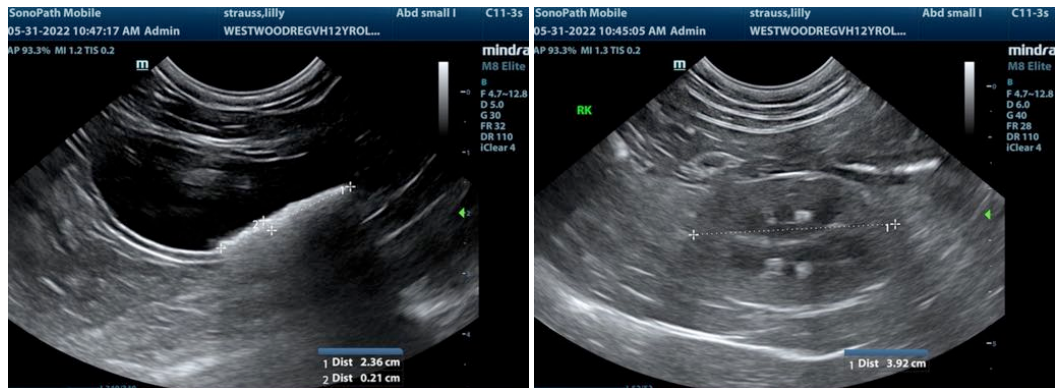
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Info@SonoPath.com

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