



PATIENT

Rocco Staudinger

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

11.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Companion AH

REFERRING VET

Dr. Wolf

INVOICE

47880

DATE

6/21/23

PRESENTING CLINICAL SIGNS

History: Patient presents for kidney disease, azotemia. Concern for kidneys and pancreas.
Abnormal PE/Chem/CBC/UA Results: BUN 63, creat. 3.1, SDMA 39.4, Mag. 2.7, NA/K ratio 28, cholesterol 221, PrecisionPSL 32, MCHC 28, platelet count 537, lymphocytes 962.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** itself was unremarkable as well as the proximal urethra, yet dorsal to the bladder a 0.5 x 2.0 cm tubular structure with ill-defined surrounding fat was present. This would suggest either undifferentiated lymph node or potential abnormal ureter, yet no hydronephrosis or hydroureter noted elsewhere.

The **kidneys** were swollen and irregular in contour with chronic interstitial nephrosis pattern; however, there was some loss of corticomedullary definition and subcapsular halo formation. It appeared to begin primarily in the left kidney. This may represent an emerging renal lymphoma. The left kidney measured 4.23 cm. The right kidney measured 4.18 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 0.53 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. The spleen measured 0.88 cm.

Liver

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.



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Gastrointestinal

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The **gastrointestinal tract** revealed dilated intestine primarily in the jejunum and ileum with stasis in the cecum. This along with the lymph nodes would suggest Typhlitis along with enteritis and metabolic ileus. The mesenteric lymph node was enlarged with a width of 1.5 cm. The lymph nodes were rounded and hypoechoic with regional, mixed echogenic fat. This is suggestive for inflammation. Smaller lymph nodes appeared to be enlarged. Reactive mesentery was noted associated with the intestinal tract. This can all be induced by the azotemia; however, given the mesenteric lymphadenopathy I am concerned for emerging round cell neoplasia.

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Pancreas

The **pancreas** is distinctly hypoechoic to the surrounding mesentery The pancreas was normal in width at 0.57 cm with undulating contour. There is a potential for low-grade inflammation.

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ULTRASONOGRAPHIC FINDINGS

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Ultrasound-guided FNA of the left kidney primary in the region of the subcapsular halo as well as mesenteric lymph node can be considered after coagulation pane to assess for underlying lymphoma.

Otherwise, geriatric abdomen with potential low-grade pancreatitis in the left limb.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Treatment for acute on chronic renal failure is warranted in the meantime. Blood pressure measurements +/- urine culture and sensitivity as well as 72-hour IV fluid protocol is recommended as well as a recheck sonogram in 3-5 days. The prognosis is guarded.

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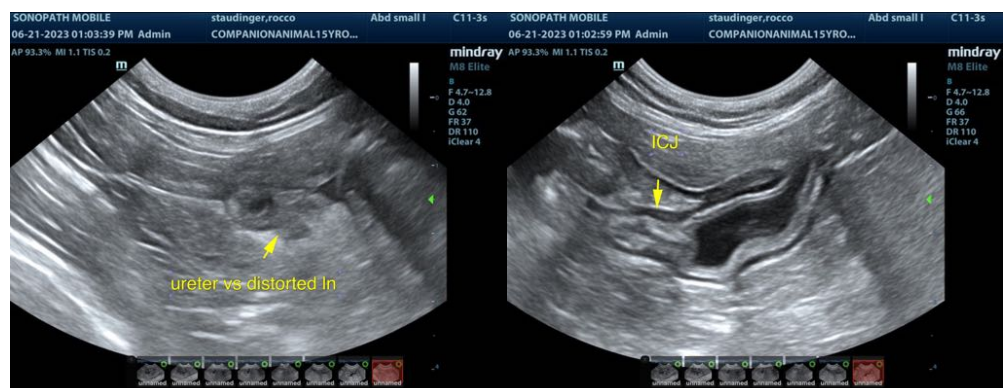
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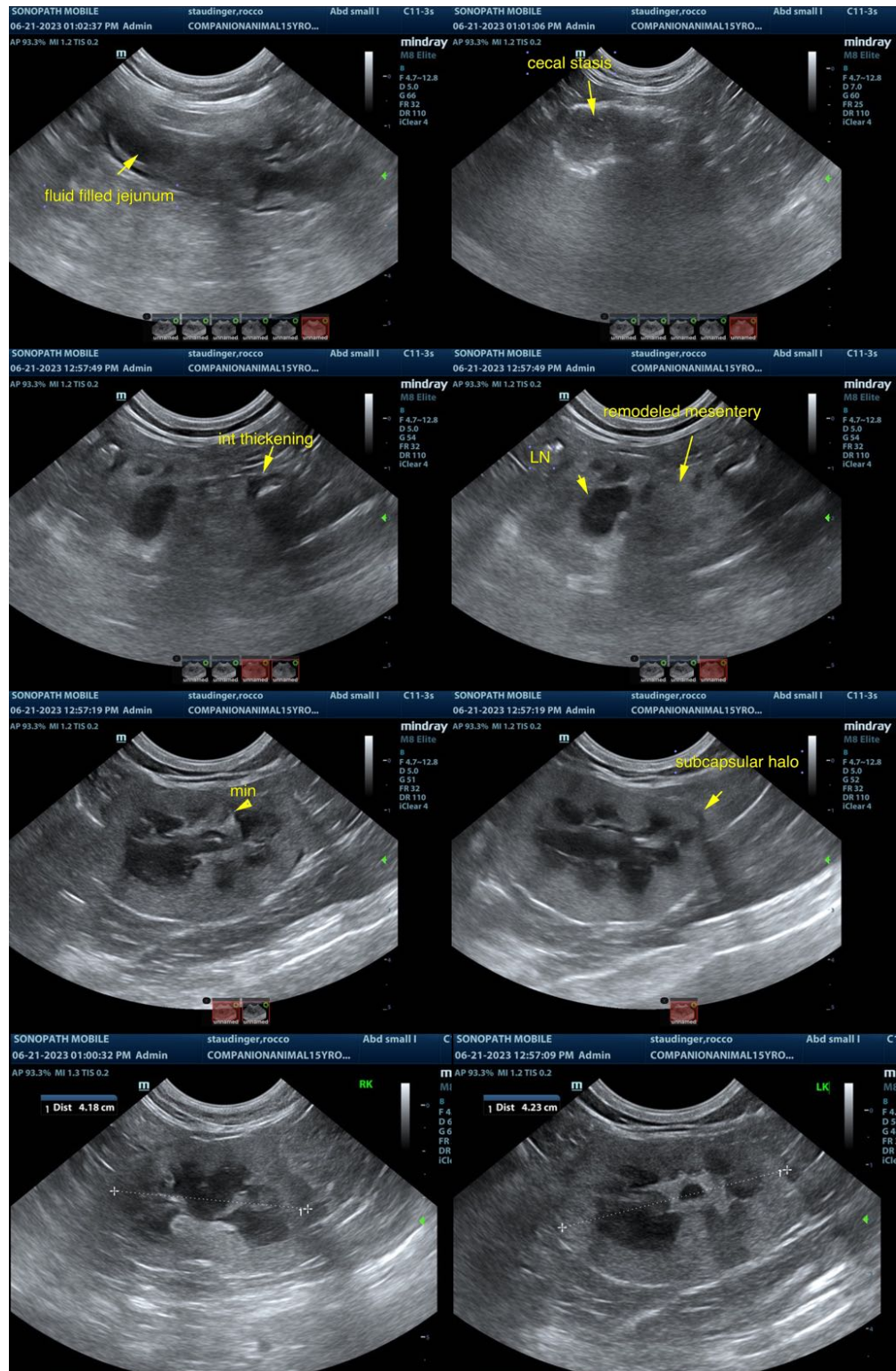
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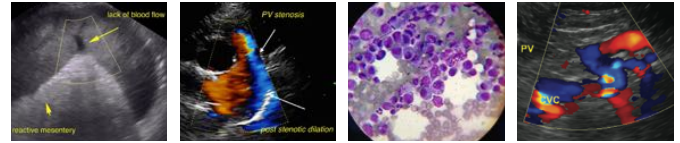
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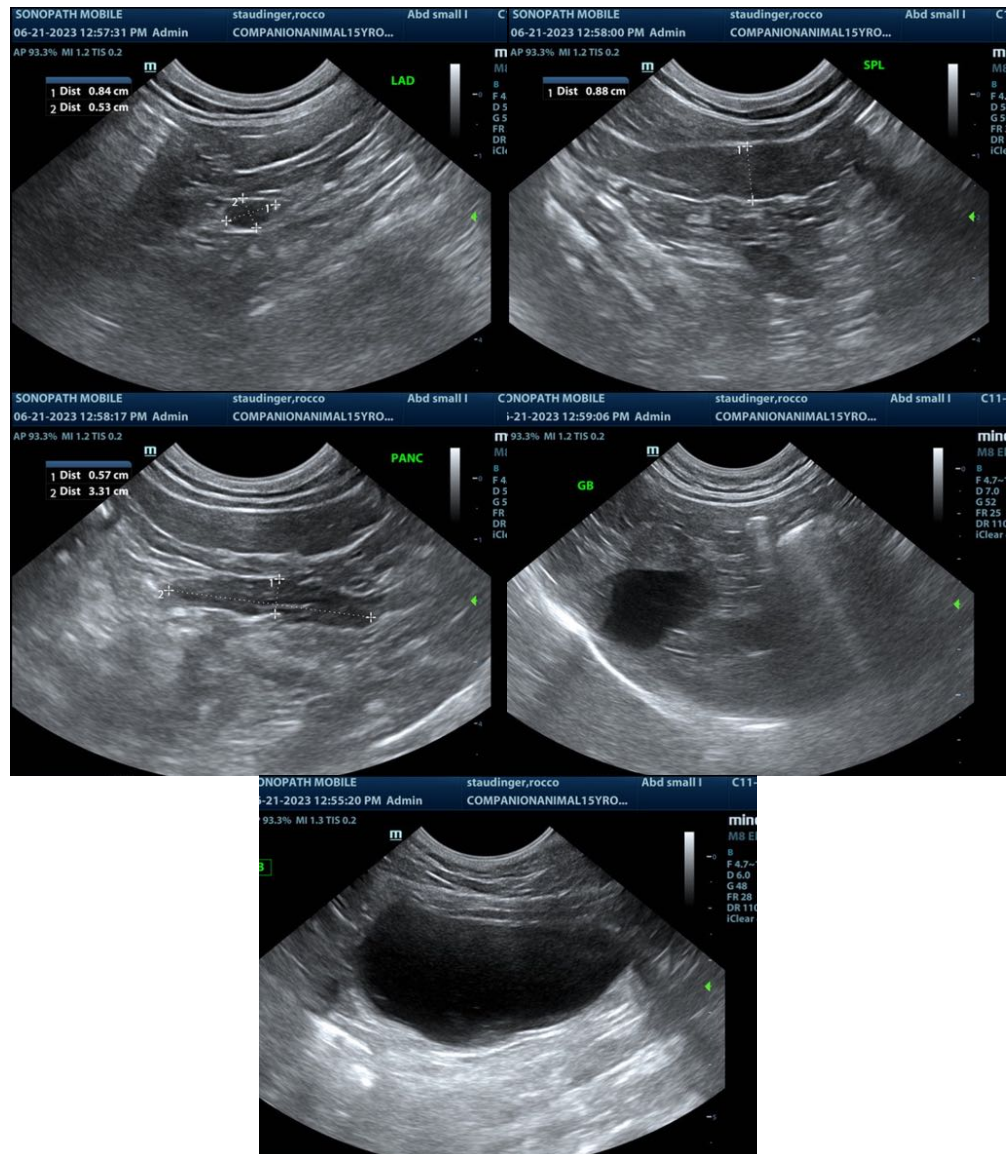
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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