



PATIENT

Holmes Dikengil

PRESENTING CLINICAL SIGNS

History: Renal dz, lethargy
Abnormal PE/Chem/CBC/UA Results: urine cysto pending

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic Shorthair

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

AGE

13 years

The right **kidney** measured 2.43 cm with diffuse, hyperechoic, coarse architecture. Corticomedullary mineralization was noted along with a slight, subcapsular halo. The left kidney was enlarged and irregular with a cystic or dilated pelvis. Subnormal blood flow was noted. The left kidney measured 5.23 cm. Slight subcapsular halo was noted along the left kidney.

WEIGHT

10 lbs

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 0.5 cm. The right adrenal gland measured 0.48 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

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.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

Liver

The **liver** revealed coarse architecture with increased portal markings and occasional cysts and irregular contour. The gallbladder was duplicated, yet this is not pathological.

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32068

Gastrointestinal

DATE

7/29/22

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



PATIENT	demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.
Holmes Dikengil	
SPECIES	Pancreas
Feline	The pancreas was heterogenous with mixed echogenic changes. Dilated pancreatic duct was noted, primarily in the right base.
BREED	
Domestic Shorthair	ULTRASONOGRAPHIC FINDINGS
	Dystrophic end stage, right degenerative renal changes.
SEX	Irregular left kidney with pyelectasia and subcapsular halo, compensatory hypertrophy.
Neutered male	Hepatic cysts and duplicated gallbladder, not overtly pathological.
	Concurrent mild pancreatitis pattern.
AGE	
13 years	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
WEIGHT	Long term viability of the kidneys is in question in this patient. 72 hour IV fluid protocol, urine culture and sensitivity is recommended if any inflammatory sediment is present. If any significant pyuria is present then pyelonephritis is likely. There is a mild potential for left renal neoplasia.
10 lbs	

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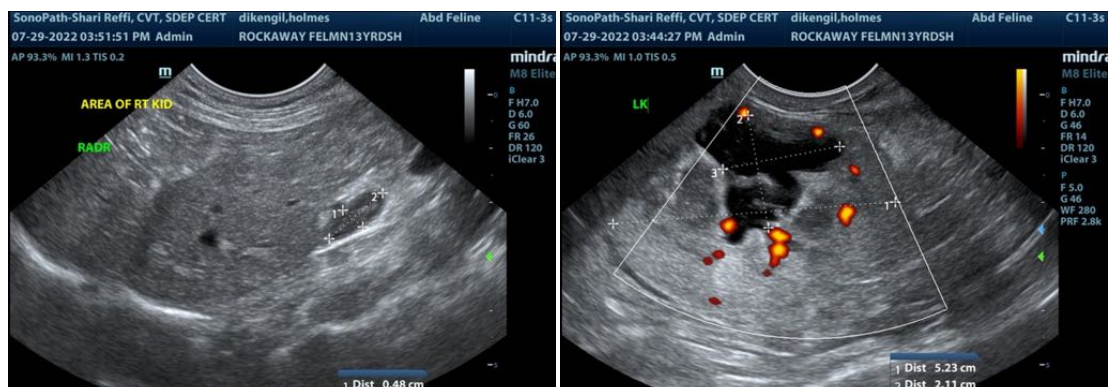
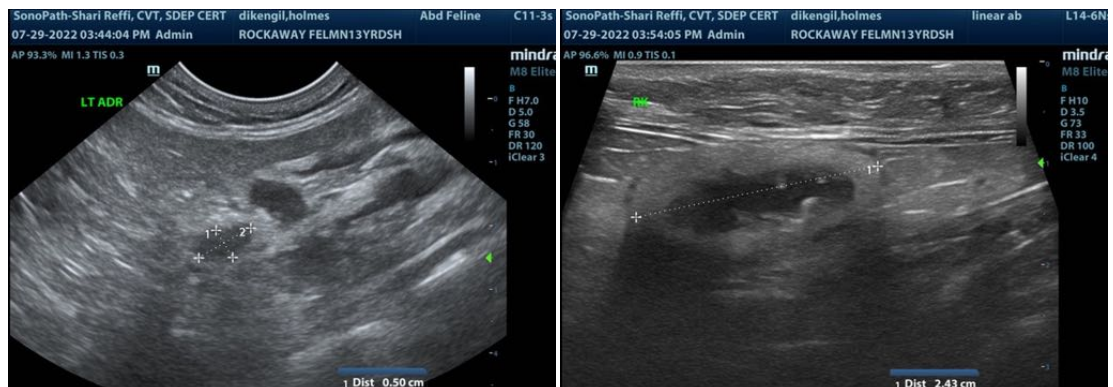
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PATIENT

Holmes Dikengil

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

10 lbs



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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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