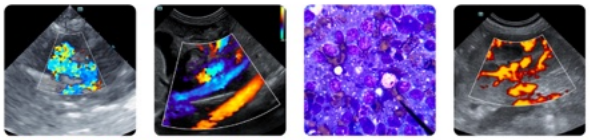


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Pearl Tjebbes

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

1 ½ years

WEIGHT

2.7 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Field

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Field

INVOICE

74113

DATE

4/2/26

PRESENTING CLINICAL SIGNS

- Patient was spayed on Monday, no pre op bloods done, no previous symptoms according to owner. Came in yesterday after not doing well pos surgically. o says hasn't been urinating, drinking eating. Seems very flat. Opted to run diagnostics today to try to work her up.
- CBC band sus mono high 0.8 (0.05-0.6) CHEM wnl besides creat after dilution 1138 (71-212) urea high >46 (5.7-12.9) phos high >5.2 (1-2.4) tbil high 50 (0-14) na low 137 (150-165) k high >10 (3.5-5.8) cl low 103 (112-129) UA usg 1.010 ph 7 pro 500mg/dl bld 250 ery/ul wbc >50/hpf rbc 15/hpf rods present creat in abd fluid 2107 (71-212) creat in blood 1842 1. Peritoneal, pleural, and retroperitoneal fluid 2. Small punctate mineral opacities are suspected over the kidneys and retroperitoneal space 3. Soft tissue thickening in the retroperitoneal space to approximately the level of the ovarian pedicle. Pneumonia is favored although some degree of atelectasis cannot be ruled out.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. The left ureter is not visualized, which can be considered a normal finding. Dilated proximal right ureter.

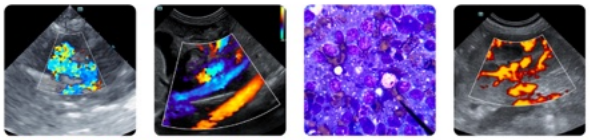
Normal renal size (left measured 3.7 cm, right measured 3.6 cm), increased echogenic appearance, loss of cortico-medullary differentiation (right worse than left), left sided pyelectasia and early right-sided hydronephrosis and an irregular capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.56 cm in width. The right adrenal gland was not visualized.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.7 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The pancreas was not visualized.

Free Abdomen

Normal mesenteric lymph nodes.

A moderate amount of cellular ascites present.

Hyperechogenic appearance of the mesentery.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Ascites.
- Mesenteric inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presenting clinical signs of severe hyperkalemia, severe azotemia and the elevated creatinine in the abdominal fluid are all consistent with uroabdomen.

The appearance of the kidneys would be consistent with renal disease and possibly a congenital anomaly based on the appearance and the patient's age.

The right-sided hydronephrosis could be attributed to trauma to the irhgt ureter during the sugery.

The ascites and mesenteric inflammation are both indicative of peritonitis.

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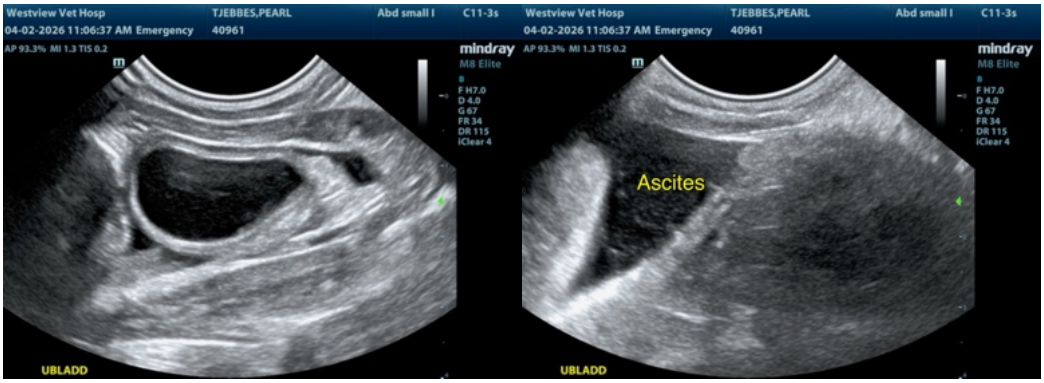
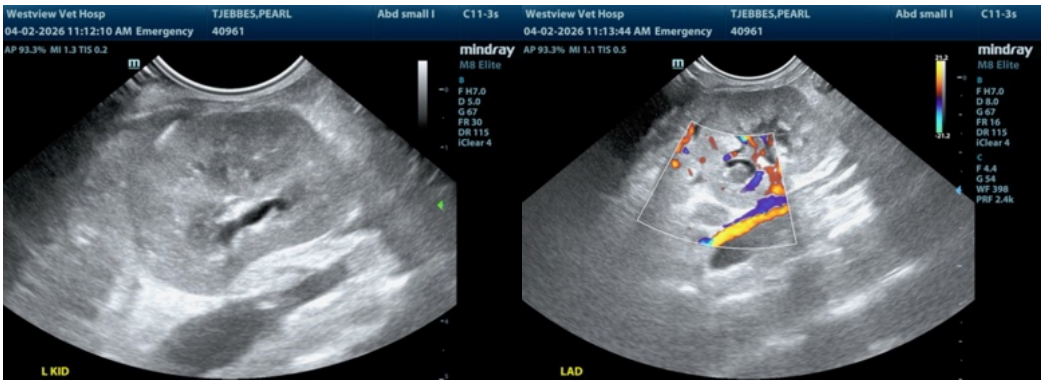
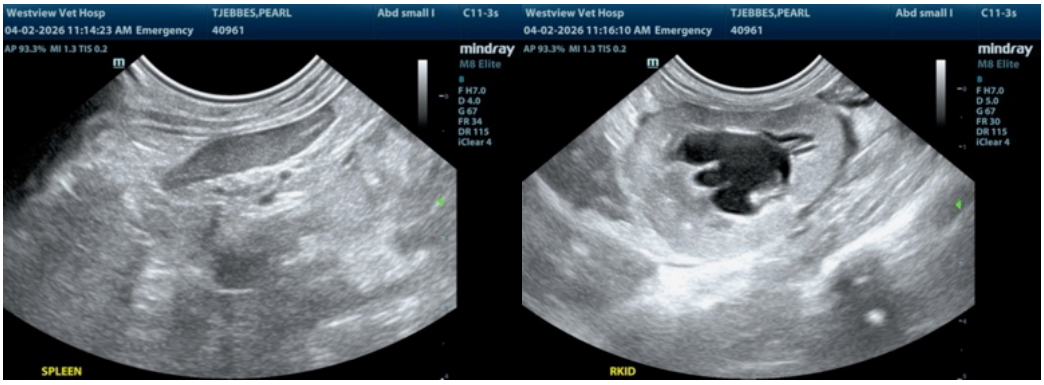
Further assessment and therapy would be to correct the source of the uroabdomen with initial supportive therapy being fluids, insulin and dextrose to possibly improve the hyperkalemia and intravenous antibiotics.







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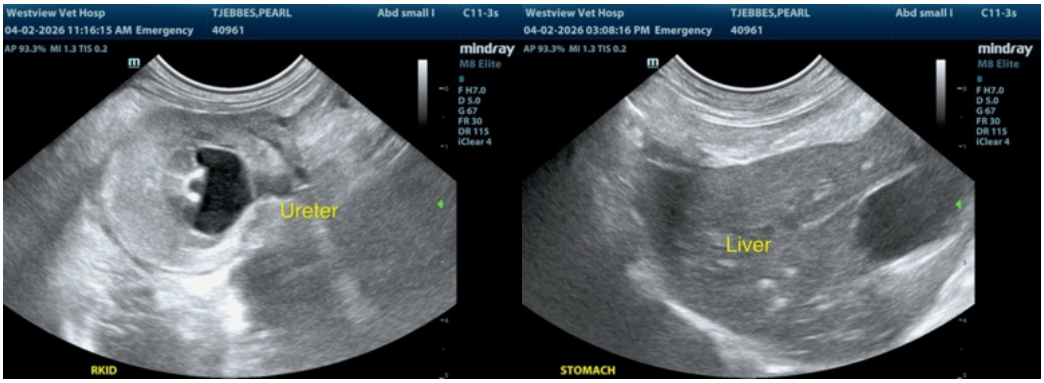

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com