



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Caliann Landers
Presented for sneezing, coughing, lethargic started 6/16. Has a history of URI's. No interest in food, has been drinking a lot more.

SPECIES Abnormal PE/Chem/CBC/UA Results: BUN: 113, Creatinine: 4.3, Phosphorus: 11.8, WBC: 36.46
Feline

BREED **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Urinary System

DSH The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

SEX The kidneys are hyperechoic and exhibit moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization or hydronephrosis. There is mild pyelectasia of the right renal pelvis with anechoic contents. The proximal ureter is not visible (normal). Left kidney measures 3.1 cm. Right kidney measures 2.7 cm.

Spayed Female

AGE

1 Year

WEIGHT

2.36 kg

Adrenal Glands

The adrenal glands are not distinctly visualized, but the regions appear unremarkable.

Spleen

The spleen is of appropriate size (7.0 mm) and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal.

Liver

The visualized portions of the liver are of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

IMAGING PERFORMED BY

Dr. Isermann

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Isermann

The visualized portion of the gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is normal in thickness (2.3 mm) with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.2 mm) with intact wall layering. The ileocecal junction is not visualized.



PATIENT

Pancreas

Caliann Landers

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SPECIES

Feline

Free Abdomen

BREED

DSH

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

SEX

Spayed Female

PRIMARY FINDINGS

- Bilaterally hyperechoic kidneys
- Mild pyelectasia in the right kidney

AGE

1 Year

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the kidneys could be consistent with acute interstitial nephritis, toxin exposure, FIP, amyloidosis, and less likely lymphoma. The pyelectasia in the right kidney may also indicate pyelonephritis, which might also explain the elevated white blood cell count. Additional recommendations include:

WEIGHT

2.36 kg

- Urinalysis with urine culture
- Testing for feline leukemia and FIV
- Assessing for possible toxin exposure in the clinical history
- Blood pressure measurement
- Dietary and supportive care recommendations based on staging as outlined in the IRIS guidelines.

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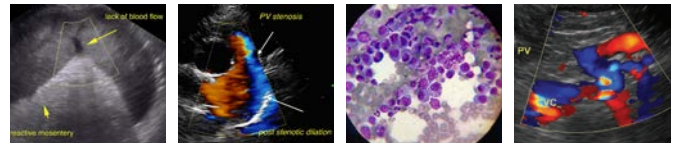
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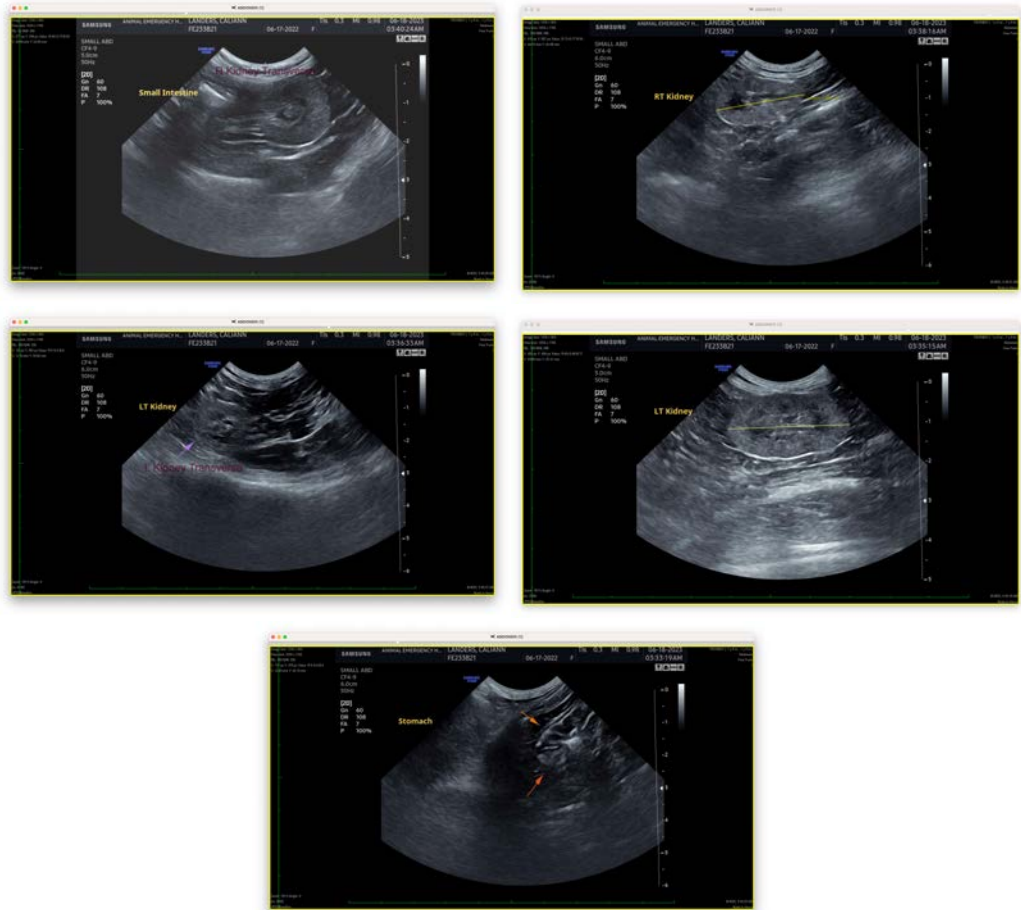
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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