



PATIENT

Kayne Davis

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7 years

WEIGHT

2.9 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Gastelu

INVOICE

69767

DATE

1/1/26

PRESENTING CLINICAL SIGNS

History: Presented 12/31 as a transfer from York for renal failure. P has not eaten since 12/22 and stopped drinking around 12/24. Taken to rDVM 12/31 where received IVF, Convenia, Cerenia, Pantoprazole; transferred for further continued care. Dehydration 10-12% Oral Cavity: Mucous membranes pigmented, dry, CRT prolonged, moderate tartar/gingival erythema, sublingual/bilateral lingual ulcerations on ventral surface Abdominal: Soft and compliant with small, firm, sclerotic kidneys Integument: Markedly prolonged skin tent Musculoskeletal: Generalized cachexia *severely dull* CBC: WBC 18.41 (H), Neut 17.19 (H), Lymp 0.53 (L), Eos 0.02 (L) Chem: BUN >140 (H), Crea 13.7 (H), Phos >15.0 (H), TP 10.9 (H), Alb 3.7 (H), Glob 7.2 (H), BG 167 (H), Choles 339 (H), AST 93 (H), TBili 3.0 (H), Amy 2067 (H), Lipase 250 (H), Mg >7.0 (H), Na 158 (H), K 3.2 (L), Cl 105 (L) U/A: USG 1.016, pH 5, Leuk +++, Blood +, Protein 4+, Bacteria present U/A: USG 1.012, pH 6.0, Blood/HGB 250, WBC <1/hpf, RBCs 4/hpf, Non-squa <1/hpf; no bacteria/crystals/casts noted. EPOC: pO2 91.2 (H), cSO2 92.9 (H), pCO2 28.6 (L), Bicarb 8.3 (L), TCO2 8.2 (L), pH 7.073 (L), BE -21.8 (L), Na 144 (L), K 3.4 (L), iCa 0.89 (L), BUN >120 (H), Crea >15 (H) Pancreatic Lipase: >50 (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal. Catheter was visible in the urethra and bladder.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 3.1 cm with slight pyelectasia. The left kidney measured 3.0 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 right adrenal gland measured 0.37 cm. The left adrenal gland measured 0.47 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.



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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.

Gastrointestinal

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.

Pancreas

The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery. There was no evidence of post hepatic obstruction.

ULTRASONOGRAPHIC FINDINGS

Concurrent pancreatitis.

Acute on chronic renal failure. Kidneys subjectively appear end stage.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV fluid protocol, blood pressure measurements and urine culture are all indicated. I recommend assessment for any toxin exposure or infectious agents would be indicated. However, the prognosis is very guarded. Pancreatitis may be playing a role in the azotemia from a prerenal aspect or toxin shower.



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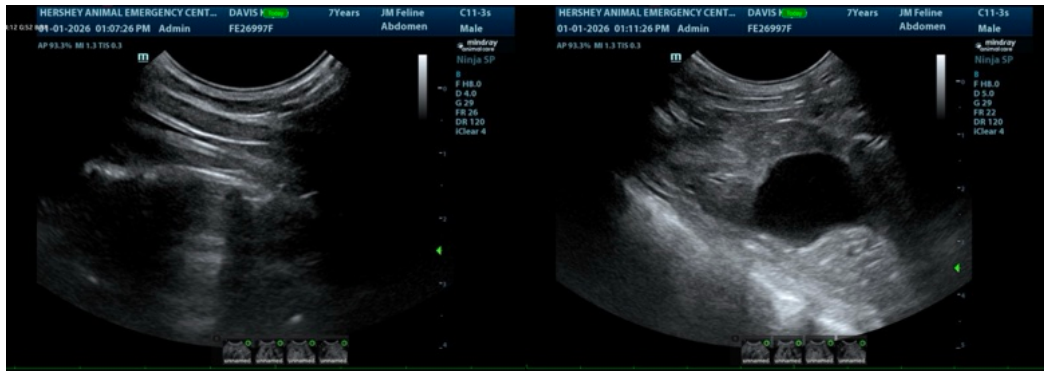
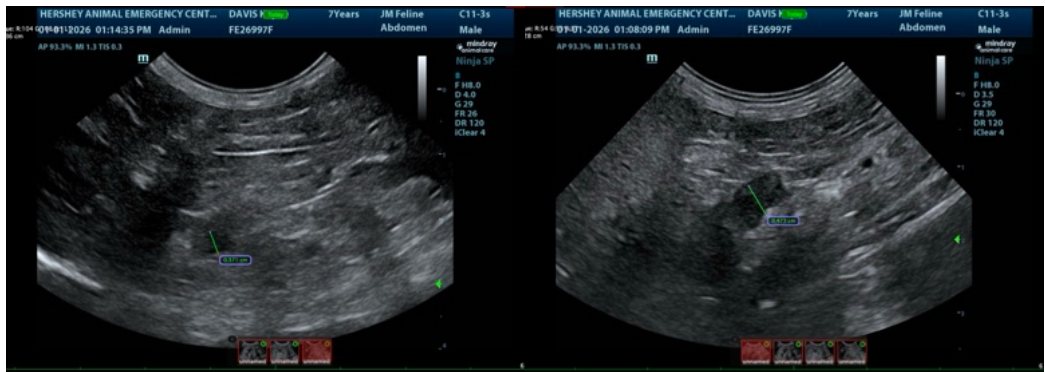
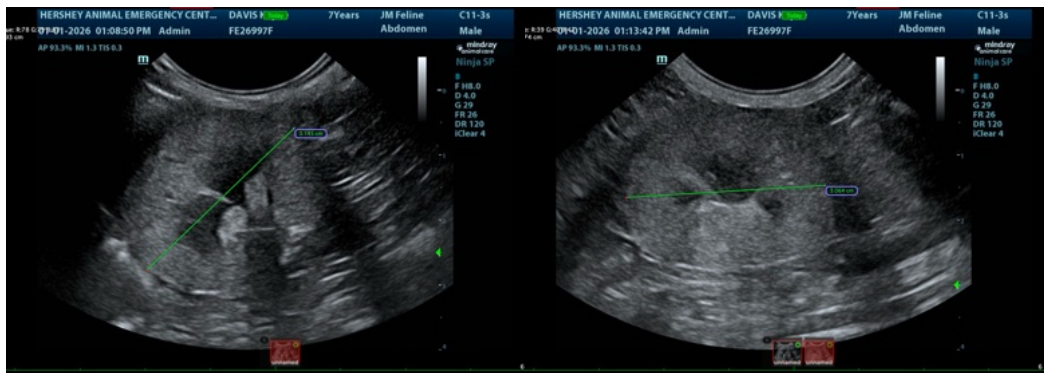
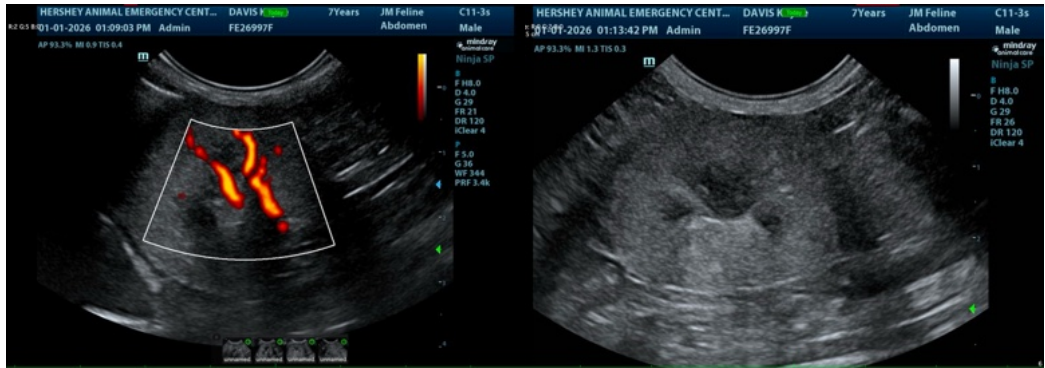
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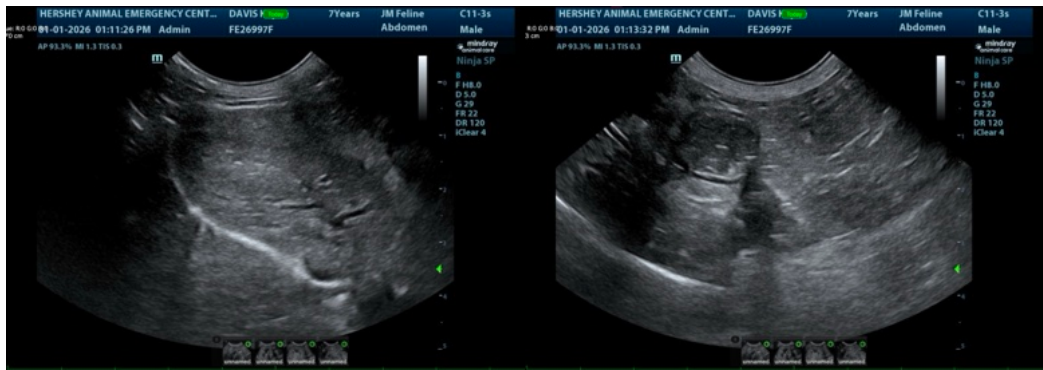
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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