



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Vicious Brown  
**SPECIES** Feline  
**BREED** DSH  
**SEX** Spayed Female  
**AGE** 18 Years 9 Months  
**WEIGHT** 7.8 Pounds

History of chronic recurrent cystitis, mild azotemia, renal calculi, recent progression of azotemia, hyporexia to anorexia.  
 Abnormal PE/Chem/CBC/UA Results: BUN=52 (10-30) mg/dL, Cr=3.6 (0.3-2.1) mg/dL, Ca=11.9 (8.0-11.8) mg/dL, UA: hematuria, usg=1.018, culture pending

**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. A minor amount of dependent debris was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **left kidney** revealed pyelectasia/hydronephrosis, multiple calculi and infarcts. Regional inflammation was present. The left kidney measured approximately 3.0 cm. The **right kidney** presented similar changes but with only minor pyelectasia, calculi and infarcts noted. The right kidney measured 2.8 cm. Recent infarcts were noted in both kidneys. Pelvic calculi and corticomedullary calculi noted in both kidneys. Largest calculus on the right kidney measured 5.0 mm.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**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 were noted.

**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**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Minor reactive mesentery was noted.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Sarah Green

**HOSPITAL NAME**

Healing Spirit

**REFERRING VET**

Dr. Sarah Green

**INVOICE**

26160

**DATE**

10/10/21



**PATIENT**

Vicious Brown

upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

Feline

- Renal infarcts, acute on chronic nephritis, calculi and pyelectasia
- Geriatric abdomen otherwise with mild intestinal thickening

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

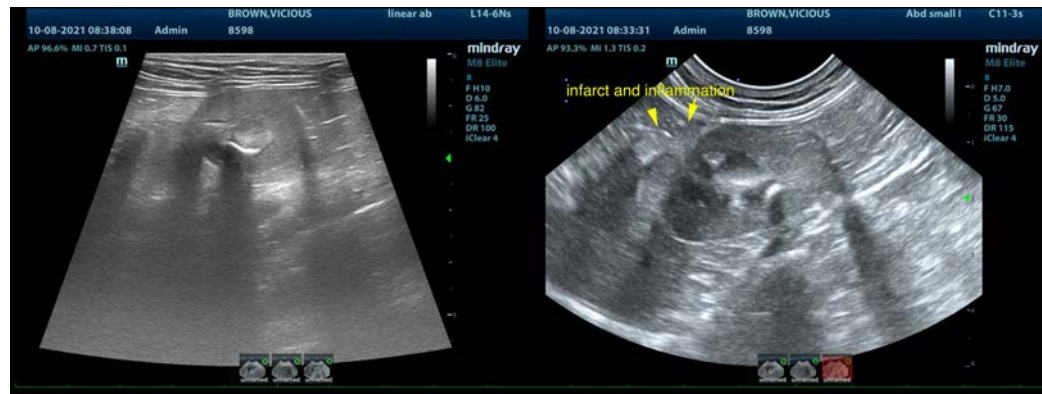
**BREED**

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72-hour IV fluid protocol, pain management, urine culture, and blood pressures all indicated. Prognosis is very guarded. A significant amount of acute inflammation was noted.

**SEX**

Spayed Female



**AGE**

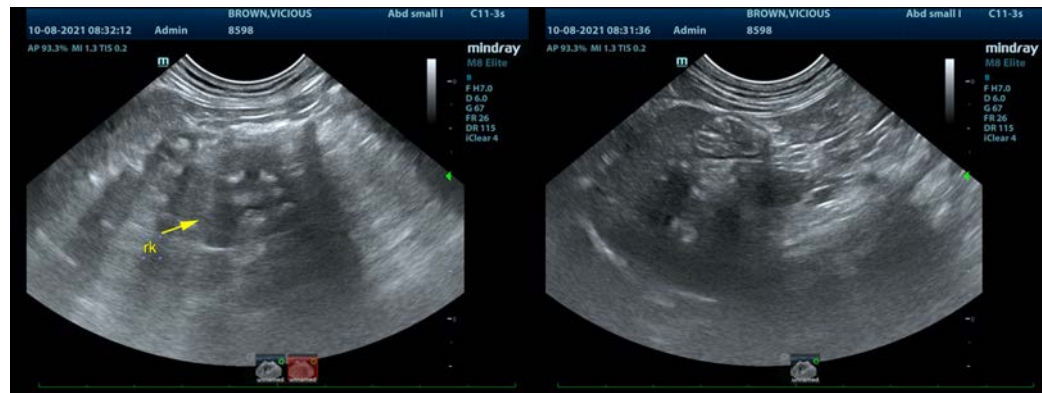
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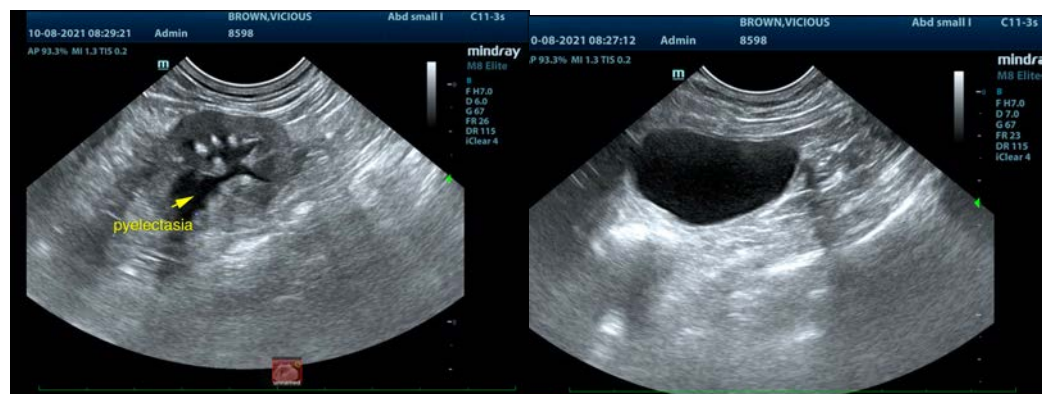


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Feline

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.

**BREED**

DSH

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

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