



**PATIENT**

Purr Loudin

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

16 Years

**WEIGHT**

7.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Loving Care VH

**REFERRING VET**

Dr. Steele

**INVOICE**

13964

**DATE**

10/22/21

**PRESENTING CLINICAL SIGNS**

History: not eating or drinking; lethargic

Abnormal PE/Chem/CBC/UA Results: SDMA 14 (0-14), BUN 37, ALKP 67, T4 5.0 (0-4.7)

**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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

Both **kidneys** presented significant dystrophic changes with pelvic mineralization, calculi, infarcts and hypertrophied and remodeled cortices. Pyelectasia was also noted. The right kidney measured 3.57 cm. The left kidney measured 3.25 cm. Blood flow to the renal cortices was minimal.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**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 submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

The **stomach** was filled with ingesta. The small intestine and colon were unremarkable.

**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 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**



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- Subjectively end-stage renal dystrophy, calculi, pyelectasia and infarcts with interstitial nephritis pattern
- Stomach ingesta
- Age-related pancreatic changes

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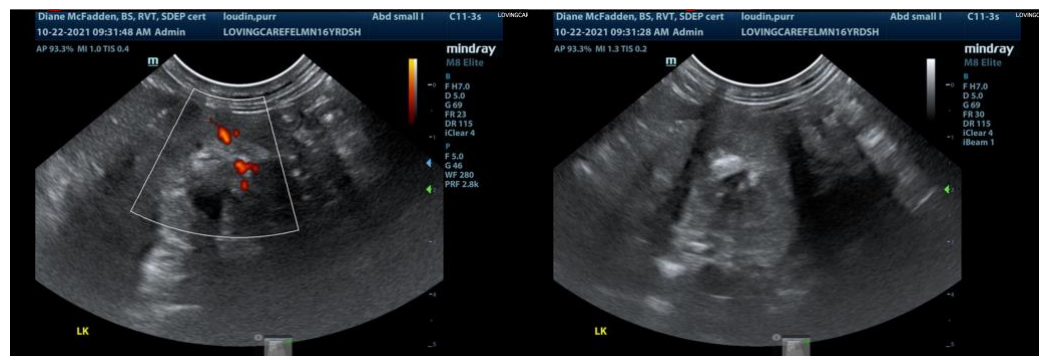
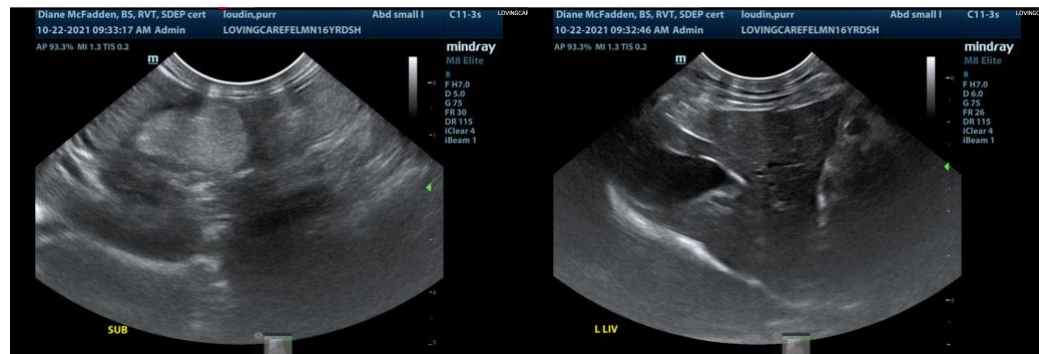
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

72-hour IV fluid protocol could be considered and reassessment of the clinical signs. Blood pressure measurements +/- urine culture and sensitivity warranted, if any inflammatory sediment is present. Palpation of the kidneys recommended to assess for discomfort. Prognosis is guarded to poor long term.





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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.

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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com