



PATIENT

Frank Petty-Duffett

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

9 Years

WEIGHT

5.13 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Carver

INVOICE

17937

DATE

11/11/22

PRESENTING CLINICAL SIGNS

History: Frank presented as a transfer for kidney failure. P was at rDVM on Tuesday and was diagnosed with severe constipation. pre-anesthetic BW performed Tuesday which revealed normal kidney values. P lethargic, V+, dull, anorexic over last couple days. BW repeated today at rDVM revealed BUN>140, Creat 10.1. P>15. Concern for AKI. Convenia given by rDVM on Tuesday.

Abnormal PE/Chem/CBC/UA Results: BUN >140 Creat: 10.1 P: >15 USG: 1.019 Many RBCs in U/A per RDVM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented structurally unremarkable bladder wall with coalesced mucus or blood clot in the caudal aspect of the bladder, measuring approximately 3.0 cm.

The **kidneys** presented chronic interstitial nephrosis pattern. Thickened cortices were noted. Micro infarcts were noted. The left kidney measured 4.8 cm. The right kidney measured 4.1 cm in length.

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 adrenal glands measured 0.5 cm each.

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. Cranial folding of the spleen was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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.



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Pancreas

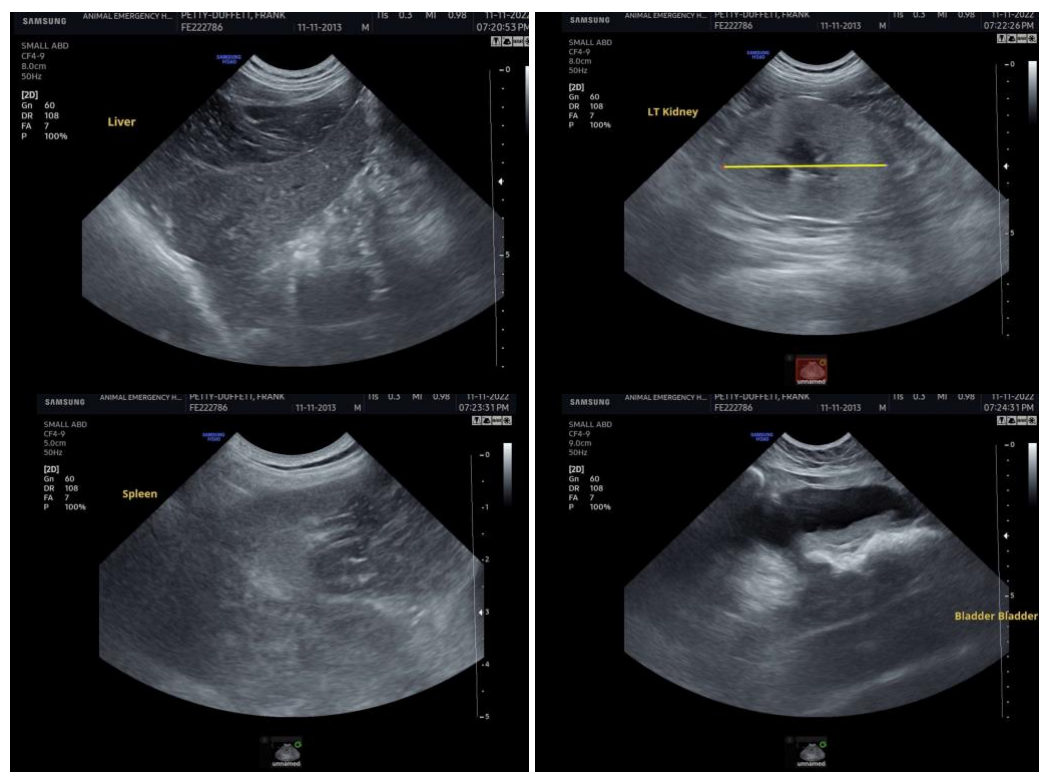
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

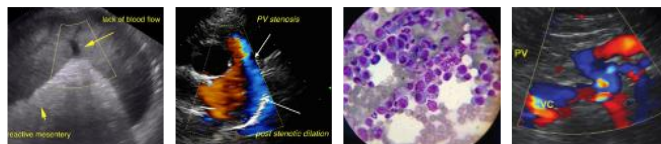
ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic interstitial nephrosis pattern, an acute on chronic episode is likely playing a role
- Coalesced mucus or blood clot in the caudal aspect of the bladder
- Age-related hepatic changes
- Splenic fold

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV fluid protocol, urine culture, blood pressure measurements are all indicated. Prognosis is guarded. Subjectively, the kidneys appear near end-stage from an interstitial nephrosis perspective.





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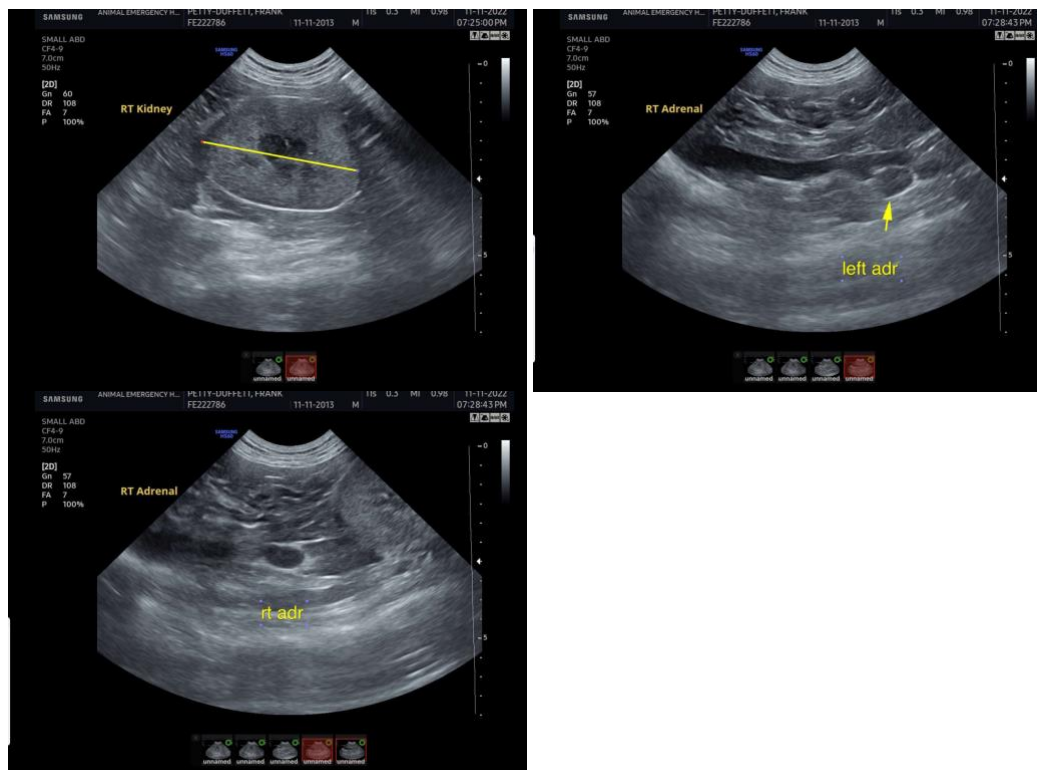
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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