

PATIENT

Boots High

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years 2 Months

WEIGHT

18.5 pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Harmony AH

REFERRING VET

Dr. Gruber

INVOICE

12817

DATE

12/23/25

PRESENTING CLINICAL SIGNS

Acute azotemia. NPH of UO. On reports no medical issues. Current meds: Cerenia 0.8ml iv; Famotidine 0.4ml iv; Mirataz tid.

Abnormal PE/Chem/CBC/UA Results: ua+cbc/chem/lytes run 7/8/25 shows USG 1.011 (inactive sediment) ; 11/26/24 Bun 62; Creat 2.2; SDMA 13. Neuts 14.8; BG 166; Creat >13.6; Bun >130; Phos >16.1; TP 9.3; Alb 4.2; Glob 5.2; Amy 1520. UA: PH 5; Bld 50 (cysto); USG: 1.020

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 2.0 cm) 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 **left kidney** presented severely dystrophic with pelvic calculus, cortical infarcts and remodeling noted. The left kidney measured 3.16 cm in length.

The **right kidney** presented swollen with severe renomegaly and measured 6.19 cm in length. Pyelectasia and mineralization were noted with pericapsular inflammatory pattern.

Adrenal Glands

The **left adrenal gland** was 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 left adrenal gland measured 0.47 cm width.

The **right adrenal gland** was not visualized.

Spleen

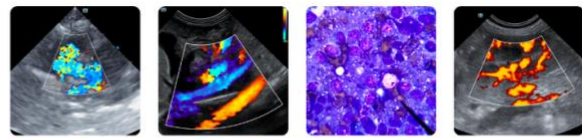
The **spleen** in this patient was uniform, yet mildly volume contracted. Hydration status should be assessed.

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

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

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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.

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ULTRASONOGRAPHIC FINDINGS

BREED

- End stage obstructive and dystrophic left kidney, active nephritis with pyelectasia and pelvic calculi as well as pelvic debris- suggestive of pyelonephritis.
- Volume contracted spleen.

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

72-hour IV fluid protocol, urine culture and blood pressure are all indicated. Pain management and aggressive antibiotic therapy are also indicated.

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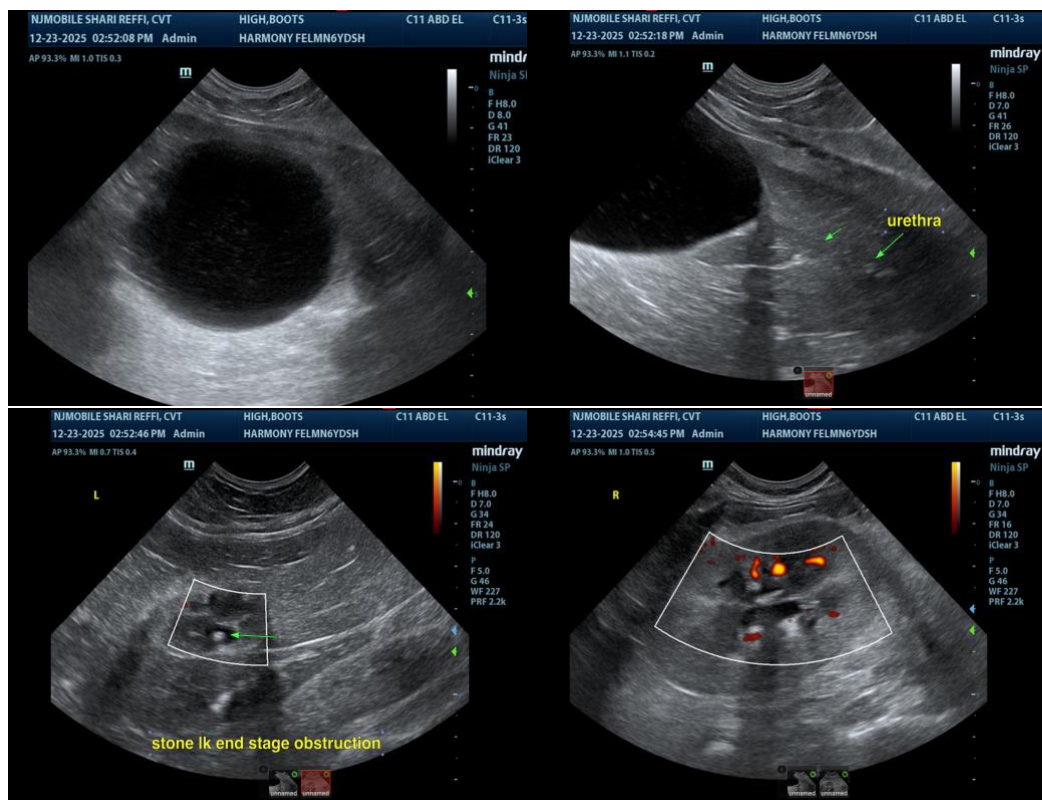
Dr. Gruber

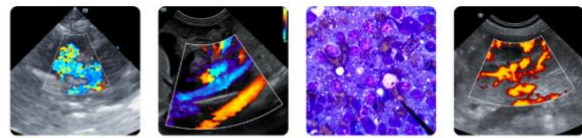
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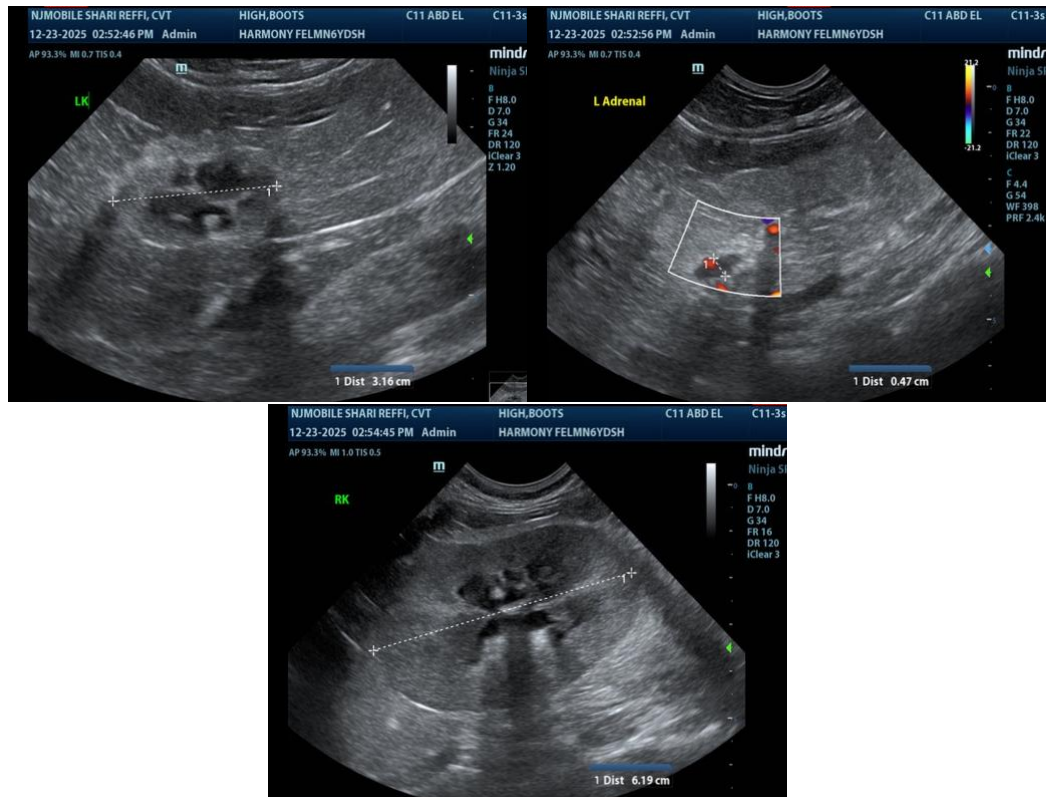
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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