



## PATIENT

Bam Bam Smith

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

18 years

## WEIGHT

7.3 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Betsy LaCroix

## HOSPITAL NAME

Inspire AH Parker

## REFERRING VET

Dr. LaCroix

## INVOICE

69608

## DATE

12/29/25

## PRESENTING CLINICAL SIGNS

**History:** Patient has had progressive weight loss, halitosis, PU/PD, and decreased appetite (the appetite has only decreased over the last week). Labs run last week showed renal azotemia, improved on IVF. Patient was given cerenia on 12/23 and 12/24 and seemed to perk up. Patient is now acting painful on abdomen and is not interested in eating and hiding. Labs on 3/26/25- BUN 68, Cr 3.8 has been on renal food since. BP has been wnl except for first day in hospital.  
**Abnormal PE/Chem/CBC/UA Results:** BCS 4/9, Heart murmur III/VI (BNP was abnormal), painful on abdominal palpation, halitosis (uremic breath), 12/23/25 BUN 116, Cr 5.2, Phos 14.7, amylase 1508, USG 1.012 (sediment is quiet) Patient was on IVF during the day on 12/23/25 and 12/24/25 Recheck renal values on 12/24 showed BUN of 50 and Cr of 3.2 and amylase of 1817. Today renal values BUN 83 Cr 4.7 amylase was 1745

## 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.

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. Corticomedullary calculi were noted and non-obstructive. Diminished blood flow and slight pyelectasia was noted. However, subjectively the kidneys do not appear end stage. The left kidney revealed a calculus in the renal pelvis measuring 0.4 cm. The patient may be passing calculi periodically. The left kidney measured 4.5 cm. The right kidney measured 4.17 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.

### 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 was noted.



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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. The hepatic veins are mildly dilated, yet this may be owing to fluid therapy as the patient was on fluid therapy at the time of the sonogram. 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 at the upper limits of normal to slightly enlarged and heterogenous with a dilated duct and undulating contour. Distinct, hypoechogenicity was noted with mild enhanced surrounding mesentery. This is suggestive for low grade pancreatitis.

## ULTRASONOGRAPHIC FINDINGS

Moderate, non-specific chronic interstitial nephrosis renal pattern with mineralization and pyelectasia.

Low-grade pancreatitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV fluid protocol, urine culture and sensitivity and blood pressure measurements are all indicated with reassessment of the azotemia. Subjectively the kidneys appear 50-60% compromised. Some pre-renal effect owing to pancreatitis may be playing a role given the pancreatic presentation.



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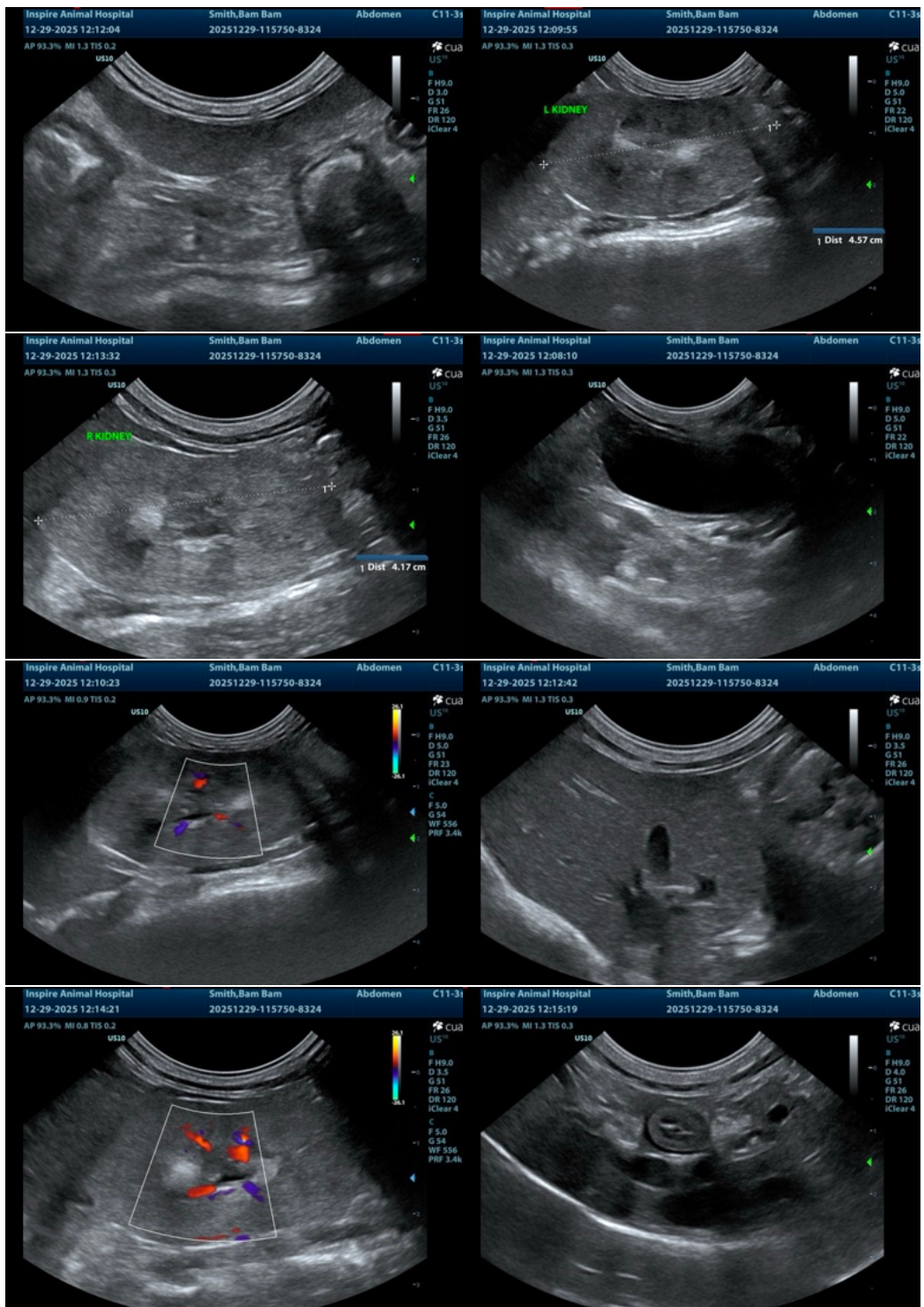
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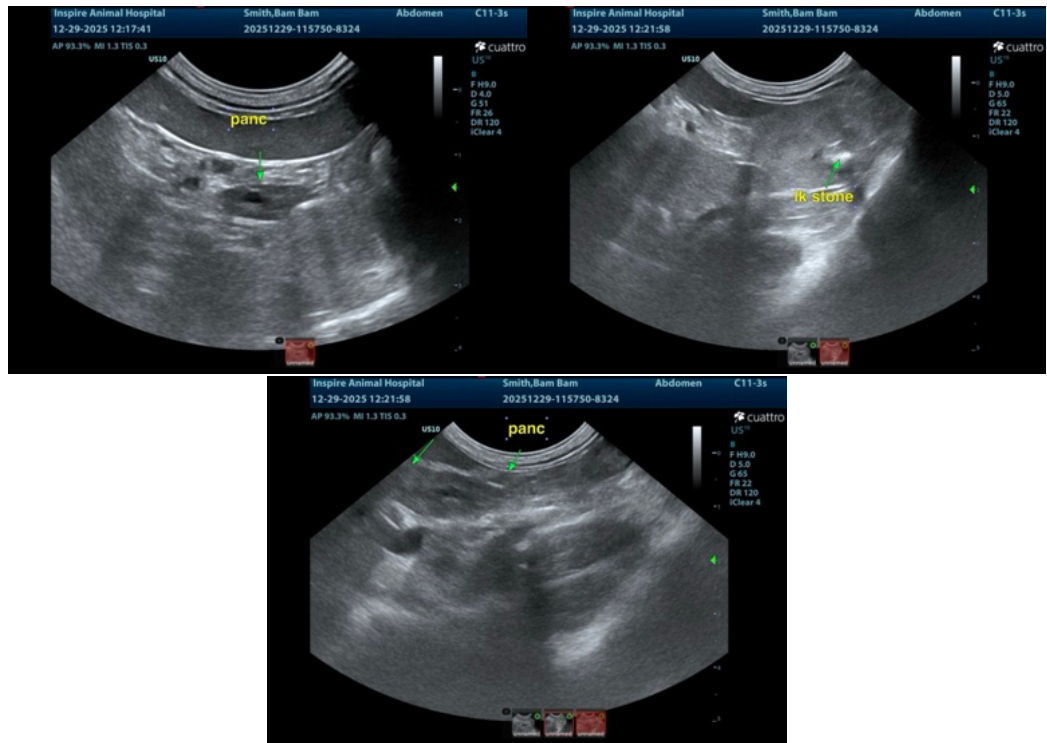
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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