



## PATIENT

Poohgie Tarr

## SPECIES

Feline

## BREED

Ragdoll

## SEX

Neutered Male

## AGE

14

## WEIGHT

10.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Laura Tarr CVT

## HOSPITAL NAME

Ark Animal Homecare

## REFERRING VET

Dr. Kathy Cronin

## INVOICE

12613

## DATE

12/05/25

## PRESENTING CLINICAL SIGNS

Poohgie has a history of CKD, the last day he has not been eating. Ate half his breakfast yesterday (12/4) and vomited immediately afterward. The day before (12/3) he vomited after eating dinner. Today (12/5) he has not eaten anything, only a few treats. He has been hiding in unusual spots and seems lethargic. 4.6lb weight loss since October of last year. O is giving 75mls LRS SQ SID and Methimazole 1/2-tab SID. Was given Cerenia yesterday and has not vomited since. O applied Mirataz this morning with no effect on appetite.

Abnormal PE/Chem/CBC/UA Results: Bloodwork from 12/4: Eosinophils 0.031 SDMA 45 Creatinine 3.4 BUN 77 Chloride 107 T4 1.0 \*Bladder was too small to obtain a urine sample yesterday (12/4) but urine in October showed a low specific gravity (1.015) and high pH (8.0) Otherwise WNL.

## 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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. The kidneys do not appear end stage. The left kidney measured 3.16 cm in length with trace pyelectasia. The right kidney measured 3.51 cm in length.

### *Adrenal Glands*

Both **adrenal glands** were not visualized.

### *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*



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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 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

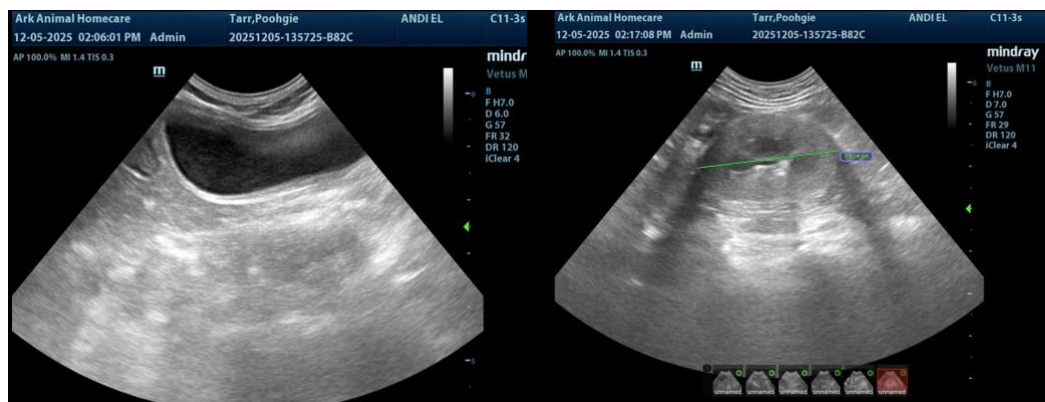
- Age-related abdominal changes.
- Mild to moderate degenerative renal changes with pyelectasia.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the kidneys do not appear to be end stage. Azotemia may have both pre-renal and renal component. Urine culture and sensitivity is warranted if any inflammatory sediment is present. IV fluid support to correct the azotemia is indicated. GI protectants and blood pressure measurements are indicated. Toxin or infectious exposure should be considered. Prognosis is guarded depending upon response to therapy.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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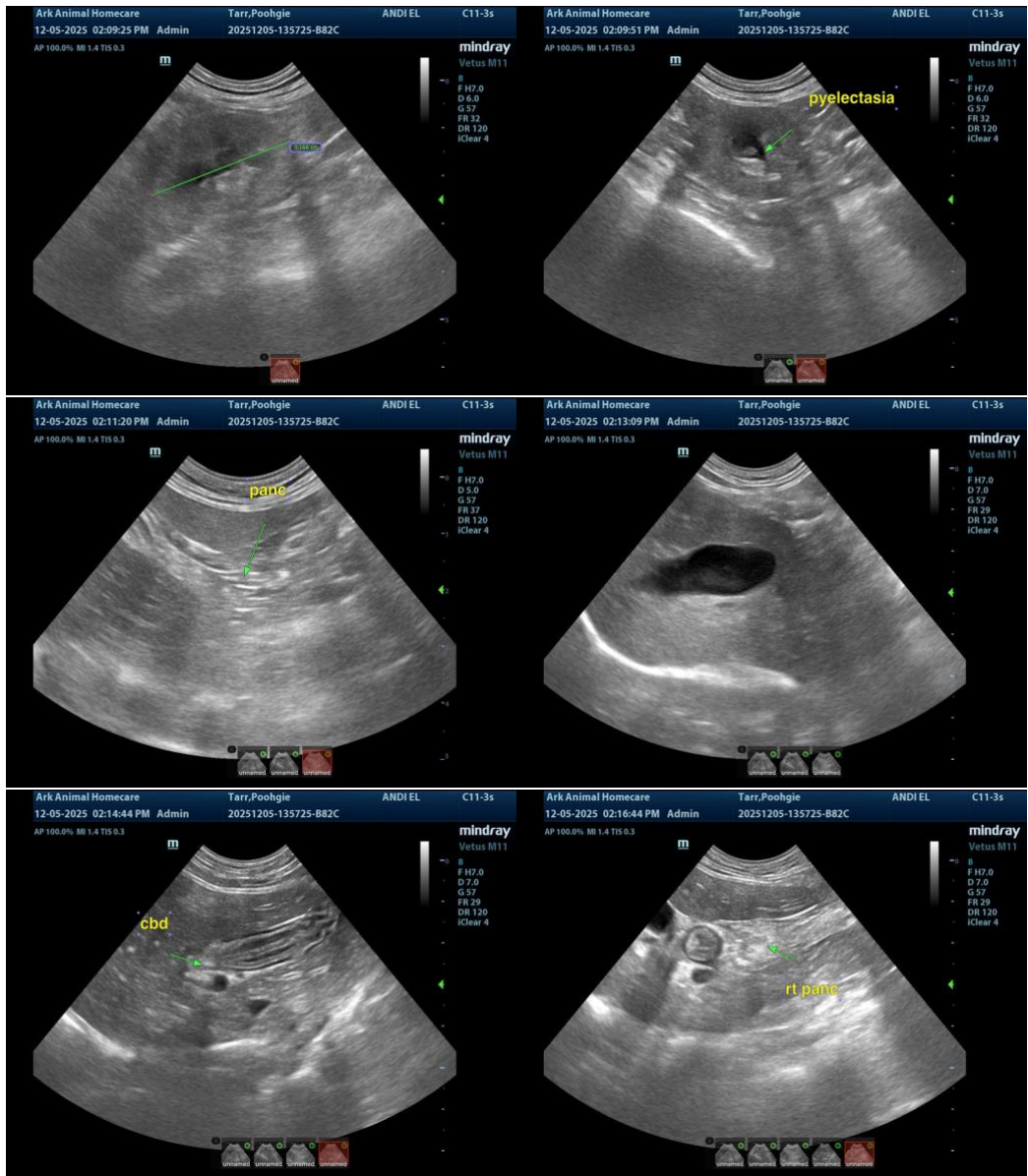
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

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