

## PATIENT

Finn Ayala

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

3 ½ years

## WEIGHT

4.44 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Davidson

## INVOICE

71426

## DATE

2/10/26

## PRESENTING CLINICAL SIGNS

O said they noticed late last week that he wasn't as hungry as usual when normally he eats like a ham. Over the weekend he started vomiting liquid, seems lethargic, looks to be losing weight. Yesterday morning he ate a very small amount of kibble hand fed to him with a Churu and he kept that down. This morning he went to Hershire to see if it was a tooth issue but they did an xray/ BW where that determined he is in kidney failure. No known toxins or plants in household. Abnormal PE/Chem/CBC/UA Results: underweight but otherwise unremarkable PE Creatinine >13.6, BUN >130, phosphorus >16.1. Otherwise chem WNL, CBC and T4 normal. Radiographs unremarkable.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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** revealed cortical infarcts and chronic interstitial nephrosis pattern, mild swelling, pyelectasia/hydronephrosis (2.0 cm in the left renal pelvis and 2.6 cm in the right renal pelvis). Slight hydroureter noted in the 1<sup>st</sup> cm of the left ureter. The left kidney measured 4.2 cm. The right kidney measured 5.13 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. The left adrenal gland measured 0.3 cm.

### 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.

### 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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal



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contour. The gallbladder was duplicated. 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

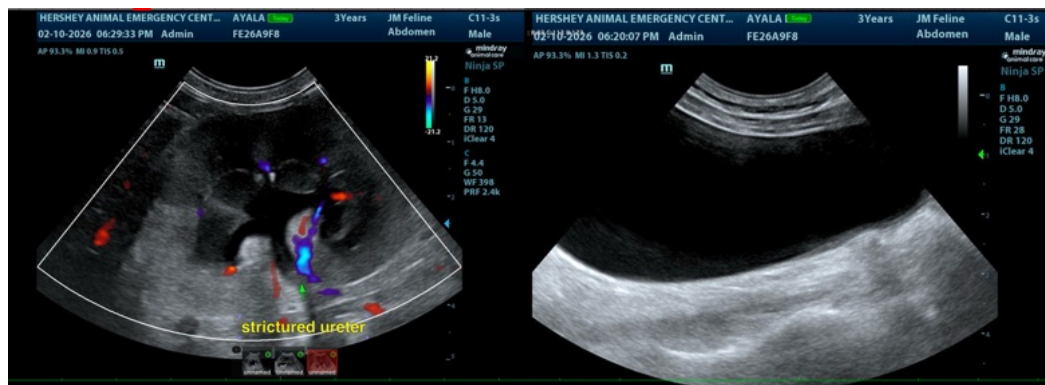
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

Acute on chronic interstitial nephrosis pattern with bilateral pyelectasia owing to likely stricture and cortical insult. Subjectively end stage degenerative renal disease with acute on chronic pattern.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72 hour IV fluid protocol can be considered. Urine culture, blood pressure measurements and renal biopsy may be necessary for a definitive diagnosis. However, my concern is that chronic insult has been occurring with periodic, acute episodes. The kidneys represent an end stage of that process. If the patient medically responds to therapy then a recheck sonogram is recommended in 5-7 days.





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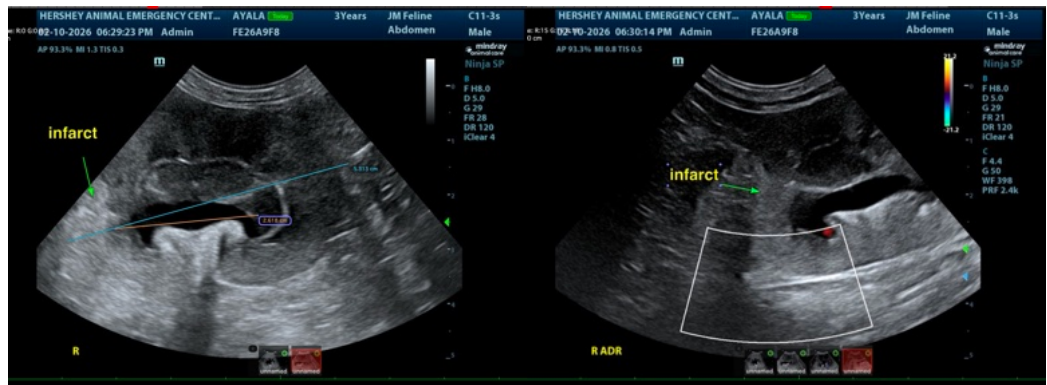
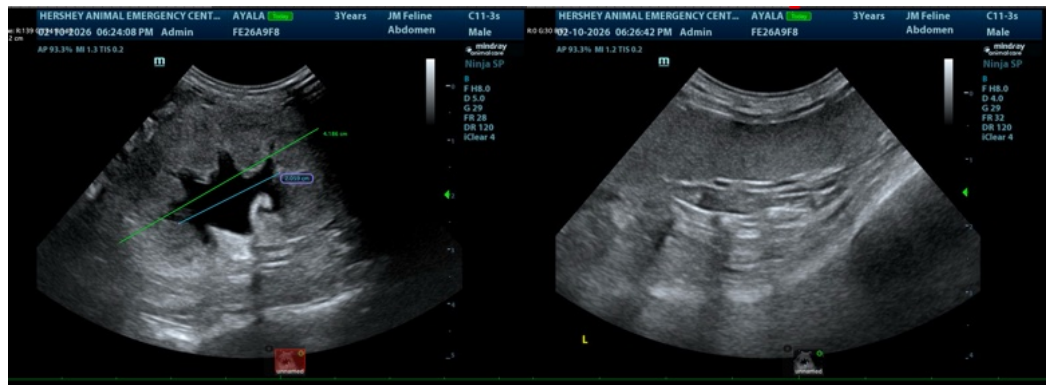
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)