



**PATIENT**

Chicago Foster

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

17 Years

**WEIGHT**

4.8 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Crystal Ebert

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Crystal Ebert

**INVOICE**

45084

**DATE**

2/12/23

**PRESENTING CLINICAL SIGNS**

Patient has been very lethargic, laying around at home in strange places. Pt has been urinating where she lays and not eating. Patient developed a wheeze and has had discharge from eyes for several days. Owner is uncertain when this started but seems to be getting progressively worse over the last week

Abnormal PE/Chem/CBC/UA Results: Bun was greater than 120. Creatinine was 8.7. Phosphorus was at 16.

**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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** presented interstitial nephrosis pattern with cortical infarcts. Corticomedullary calculi noted, non-obstructive, subjectively near end stage or end stage degenerative renal disease. The left kidney measured 3.0 cm. The right kidney measured 3.69 cm. The calculi were non-obstructive at the time of the sonogram. However, periodic obstruction likely in this patient. Minor inflammatory pattern noted around the left kidney.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**Spleen**

The **spleen** in this patient was uniform, yet 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.

**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.



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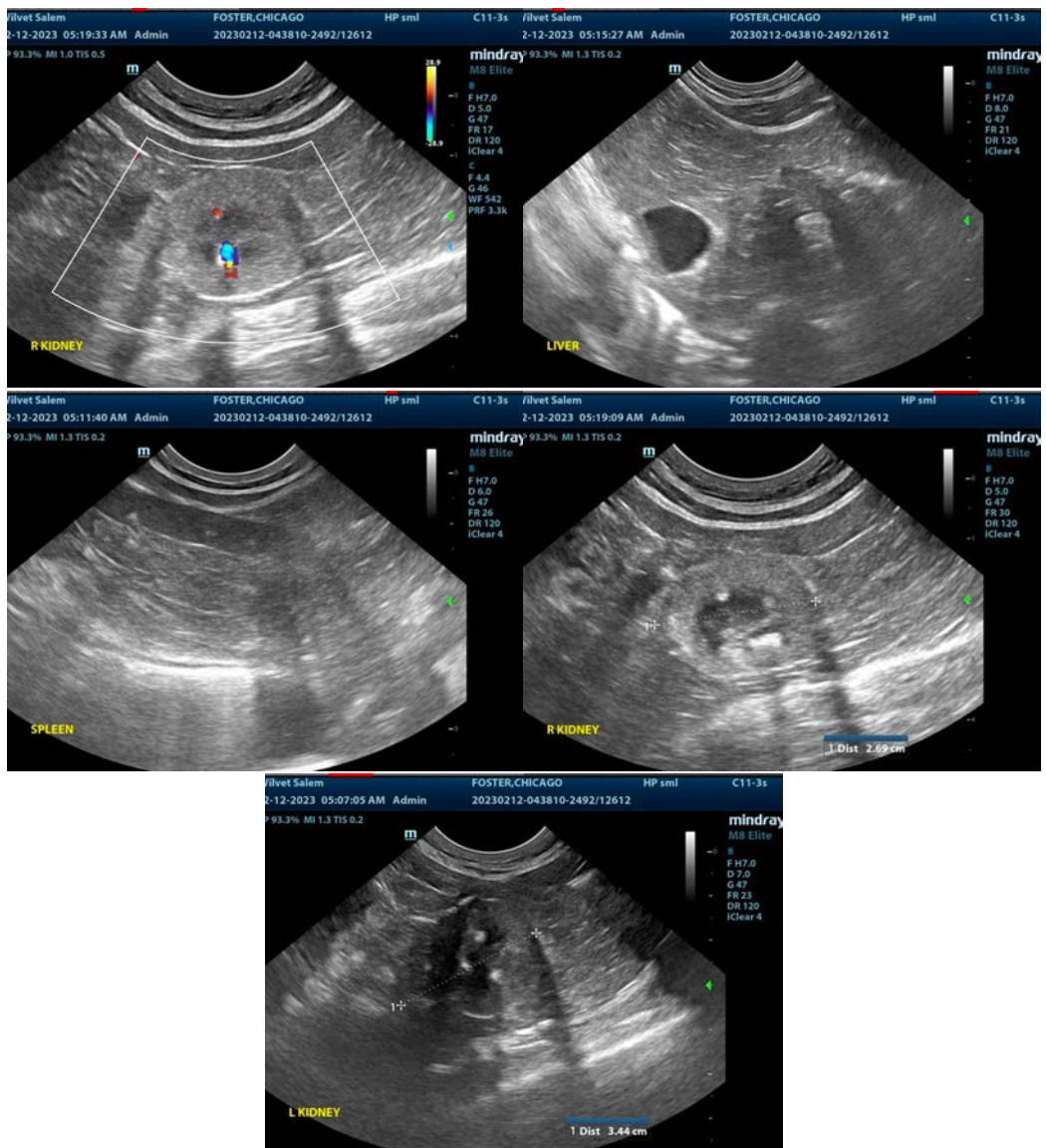
2/12/23

**ULTRASONOGRAPHIC FINDINGS**

- End stage degenerative renal disease with dystrophy, calculi, and infarcts
- Volume contracted spleen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Acute on chronic inflammatory pattern. 72-hour IV fluid protocol, blood pressures, and urine culture would all be valid. However, given the level of the azotemia and the structural changes with the kidneys, long-term prognosis is poor.





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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.

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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.

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DSH

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**

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