



**DATE PRESENTING CLINICAL SIGNS**

02/02/26

Patient History: Smokey presents for acute onset respiratory distress with vocalization and ambulatory difficulty Patient History: - History of arthritis, currently managed with injectable medication - Elevated NT-pro BNP last week - History of heart murmur (not recently confirmed) - Cardiologist appointment scheduled this month - Currently on Prozac and lactulose - Recurring constipation (goes several days without defecating) - Peed in litter box today, unsure if defecated - Normal appetite - Low energy level (sleeps most of the time, moves slowly due to arthritis) - Receiving hydration packets at home per primary veterinarian's recommendation - Multiple water bowls placed throughout house - Episode began while patient was under bed; client heard vocalization, found patient on ground in distress, reluctant to move - Patient walked into carrier but remained agitated - Urinated on himself during episode - Appeared normal prior to this acute event.

**PATIENT**

Smokey Von Wahldes

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

Current Medications: None listed, see above.  
Labwork Results: Labwork not attached.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed by: Rachel Brillhart, RDMS.

**AGE**

2/1/2015

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**WEIGHT**

10.9 pounds

**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.

**INTERPRETED BY**

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The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Slight areas of mineralizations were noted. The left kidney measured 3.82 cm in length. The right kidney measured 3.8 cm in length.

**HOSPITAL NAME**

Animal Emergency  
Hospital

**Adrenal Glands**

Both **adrenal glands** were not visualized.

**REFERRING VET**

Dr. Jones

**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.

**INVOICE**

13532

**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***

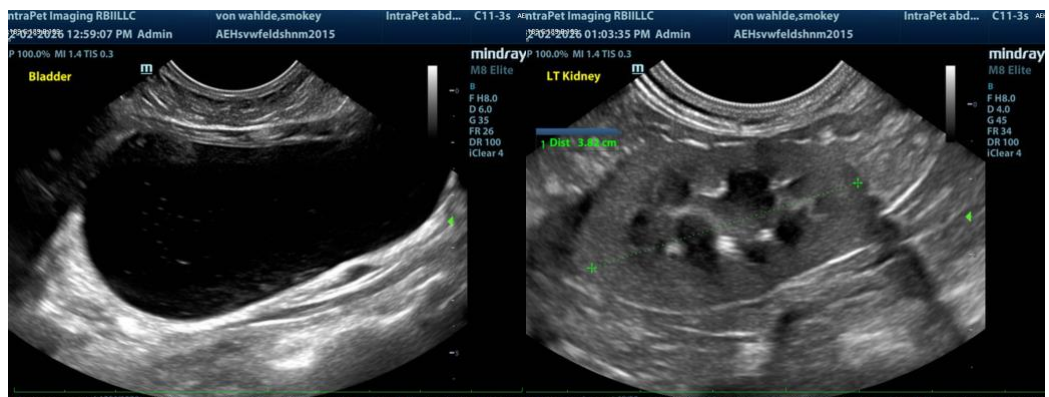
The pancreas presented hypoechoic with irregular undulating contour. Distinctly hypoecho echogenicity compared to surrounding mesentery with potential low-grade inflammation. No evidence of neoplasia.

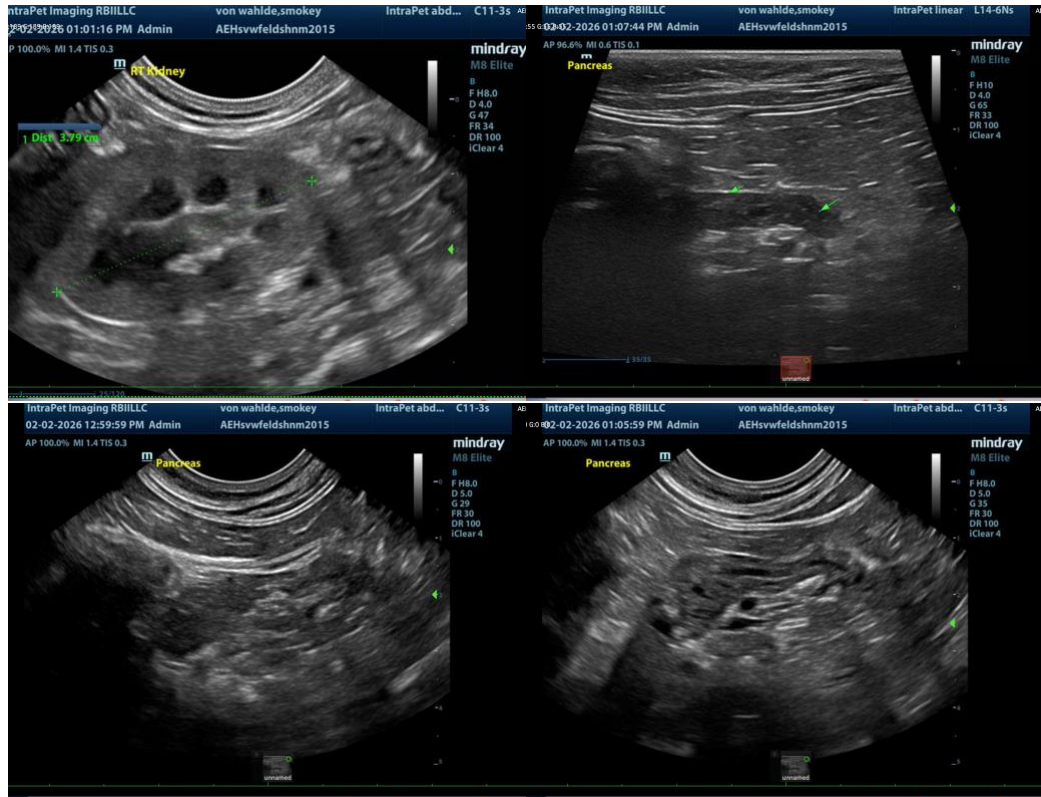
### **ULTRASONOGRAPHIC FINDINGS**

- Age-related renal changes.
- Prominent irregular pancreas- potential low-grade inflammation.
- Unremarkable abdomen otherwise.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Other non-abdominal causes of the clinical signs should be considered such as orthopedic pain. A full orthopedic examination is recommended. Medical management should prove effective. Some level of low-grade pancreatitis is possible. Subxiphoid palpation is recommended to assess if there is any pain or discomfort.





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.

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