



**PATIENT**

Sid O'Keefe

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

14.4 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Englewood Cliffs VH

**REFERRING VET**

Dr. Rachel Park

**INVOICE**

35939

**DATE**

2/28/22

**PRESENTING CLINICAL SIGNS**

Patient presents for history of weight loss, azotemia, and possible bilaterally enlarged kidneys, proteinuria. Littermate recently passed away from acute hyper.obstructive cardiomyopathy. Currently on KD diet

**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** presented moderately irregular cortices and cortical infarcts. Slight pyelectasia noted. The right kidney measured 4.69 cm. The left kidney measured 4.42 cm. Minor mineralization noted in the left kidney.

**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 0.48 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 were noted.

**Liver**

The **liver** was mildly swollen, uniform passive congestion pattern, suggestive for right-sided failure. The vena cava was dilated. The gallbladder was 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** is hypoechoic and enlarged, measuring up to 1.2 cm in the left limb.

**Free Abdomen**

Trace ascites noted.



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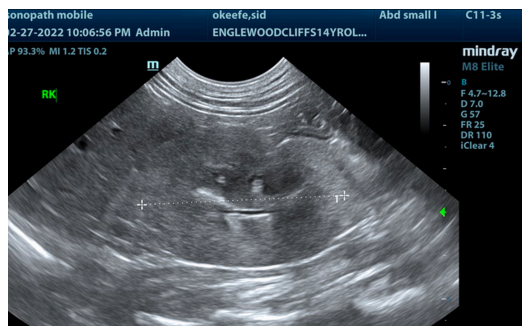
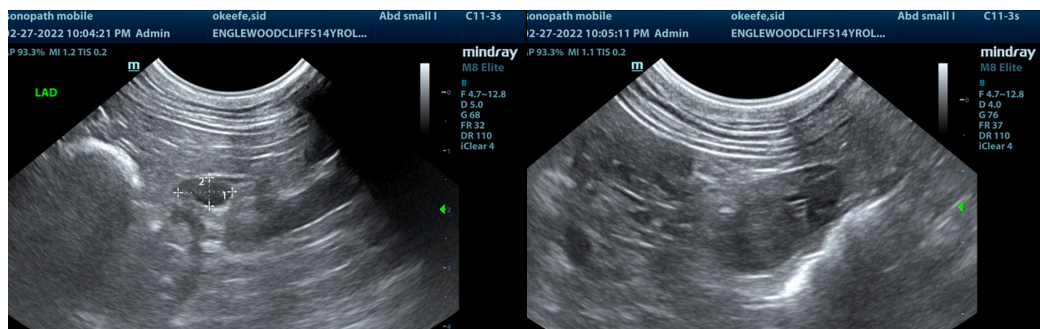
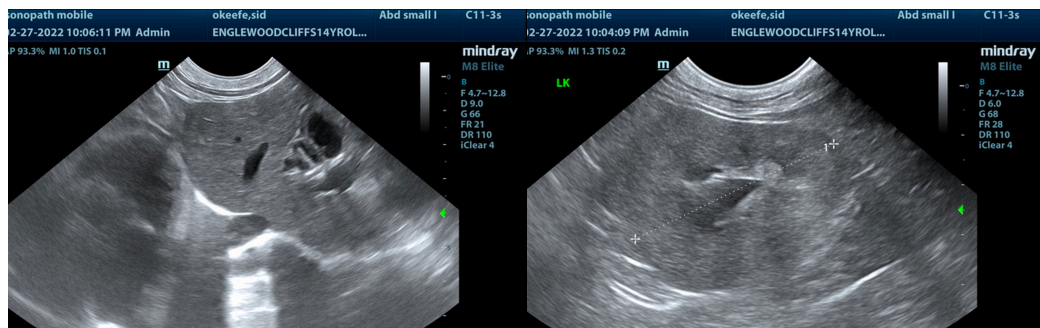
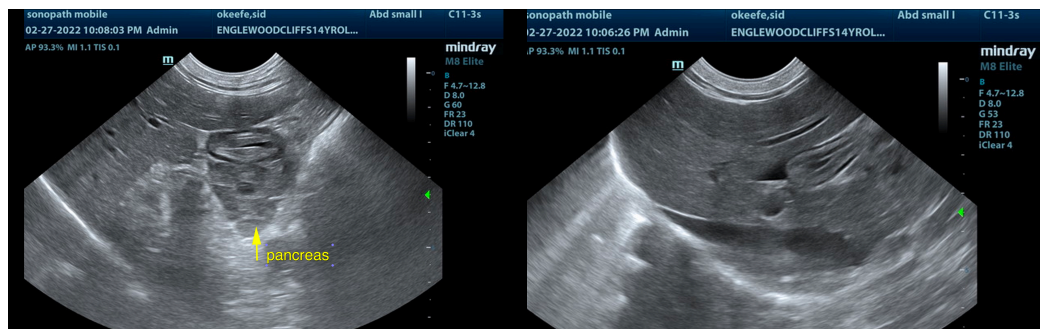
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**ULTRASONOGRAPHIC FINDINGS**

- Renal infarct
- Chronic pancreatic changes
- Passive congestion liver pattern

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of abdominal neoplasia. Some level of pancreatitis may be playing a role. Renal infarcts may be secondary to primary cardiac disease. Recommend focusing on right and left-sided cardiac failure.





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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.

**SPECIES**

Feline

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.

**BREED**

DSH

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

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

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