



## PATIENT

George Deval

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

13 Years 6 Months

## WEIGHT

5.24 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Fish Creek Pet Hospital

## REFERRING VET

Dr. Tatum

## INVOICE

14453

## DATE

03/19/26

## PRESENTING CLINICAL SIGNS

- Presented today for a 1 week history of vomiting and decreased appetite. On PE he is dehydrated and has a comfortable abdomen. Historically diagnosed with IRIS Stage 2 CKD.
- abdominal radiographs show nephroliths bilaterally and an abnormal shape/size of his kidneys.
- Creatinine today is 605, elevated from 218 in Oct 2025
- SDMA is 64 today, elevated from 22 in Oct 2025.
- The goal of today's ultrasound is to rule in/out, if we can, obstruction and assess the kidney structure further.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 **left kidney** revealed a cortical infarct, pelvic and corticomedullary calculi and cortical collapse. The left kidney measured 2.7 cm in length.

The **right kidney** revealed pelvic and corticomedullary calculi with a cortical infarct and collapse. The right kidney measured 2.5 cm in length.

### *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 0.45 cm width. The right adrenal gland measured 0.44 cm width.

### *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*

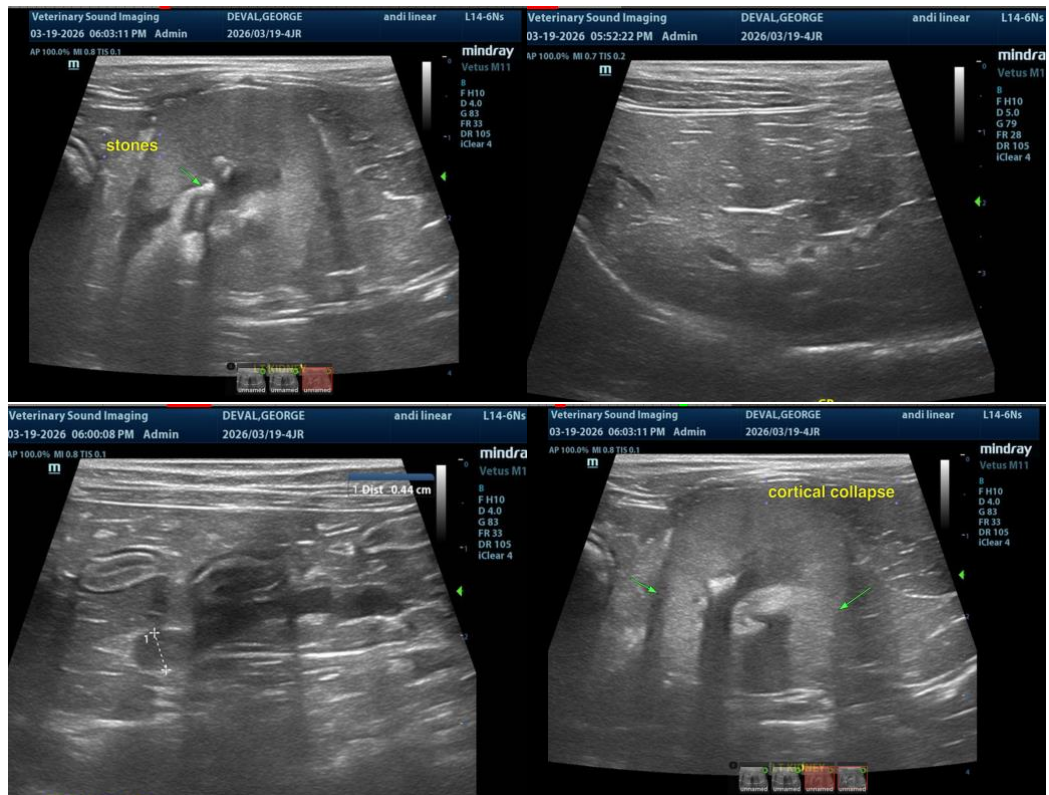
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Renal dystrophy, nephrolithiasis and infarcts.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing calculi within the kidney itself and causing secondary acute on chronic disease and degenerative changes. No obstructive disease was noted at the time of the sonogram. Full urinary work up, blood pressures, IV fluid support are all indicated. No evidence of neoplasia. Pain management may also be in order.





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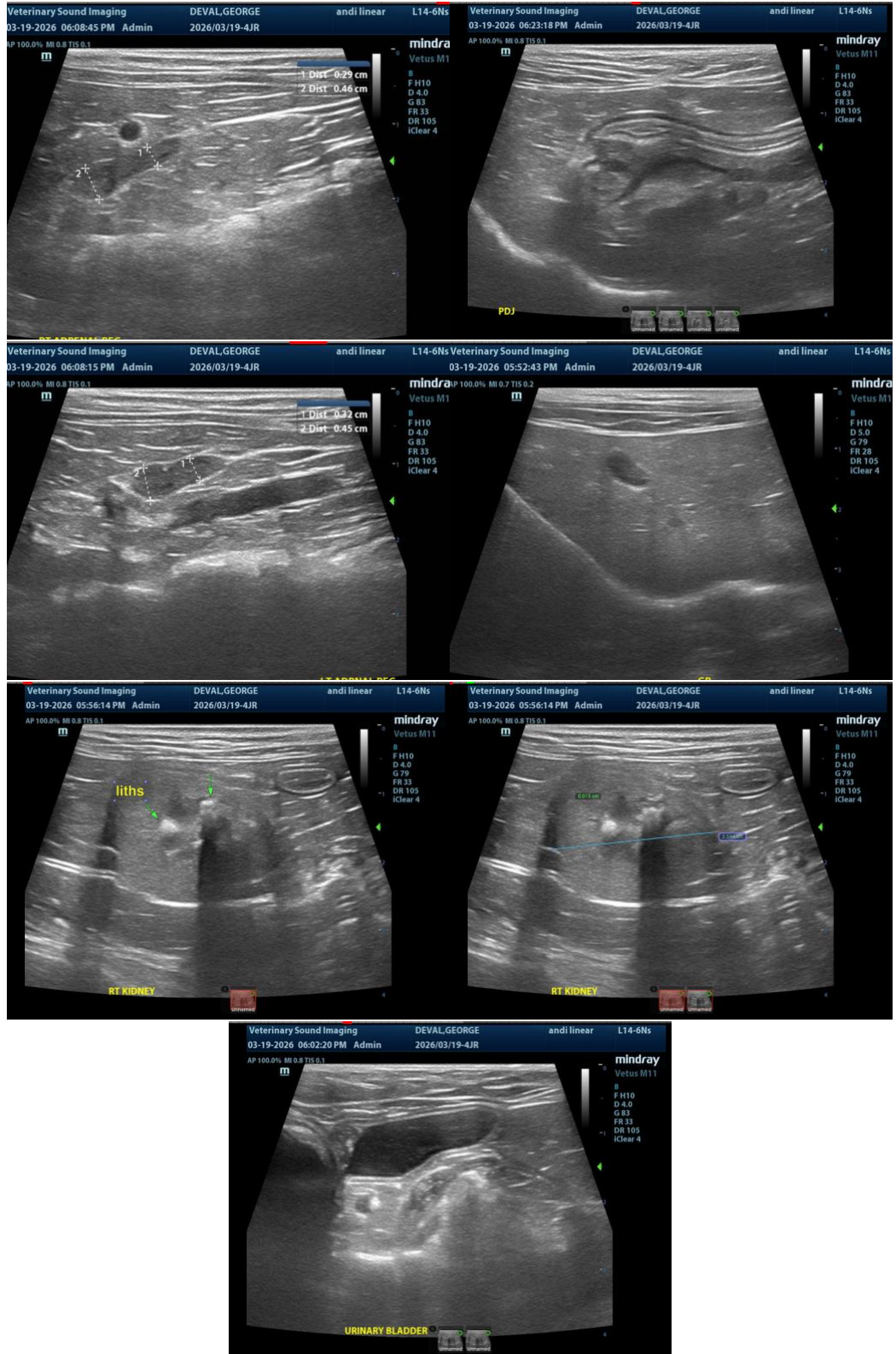
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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