



PATIENT

Arlo Merkel

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

8 Years

WEIGHT

10.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jocelyn Smith CVT

HOSPITAL NAME

Annvil-Cleona
Veterinary Associates

REFERRING VET

Dr. Bruce Keck

INVOICE

14489

DATE

03/20/26

PRESENTING CLINICAL SIGNS

- 3/19/26 vomiting, lethargy and anorexia. vomiting since 3/18 morning no diarrhea. only unusual thing is that he has been eating lettuce out of bowls.
- Exam: WNL except mild to moderate dehydration.
- 3/19/26 placed on IV fluids, (bolus 125 ml then 34 ml/hr for 8 hours) Clinically he improved overnight. Eating, no vomiting and more active.
- 3/20/26 returned for more IV fluids. Chemistry revealed Creat=9.5, BUN=146, Phos=8.0 and K+=5.9. The clinical signs have improved but why have the renal values, phosphorus & potassium level increased after IV fluids (LRS)?

Abnormal PE/Chem/CBC/UA Results: 3/19 Bloodwork: azotemia, creat=7.6 and BUN=128; K+=5.8, Phos=4.6 and HCT=42

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a calculus measuring 0.77 cm and appeared nonobstructive at the time of the sonogram. A minor amount of dependent debris was noted in the bladder. The bladder wall itself was unremarkable.

The **kidneys** presented with diffuse hyperechoic cortical changes. The left kidney presented with hydroureter, swollen irregular contour with the hydroureter measuring 4.0 mm and is dilated to at least 3.0 cm caudal from the left kidney. No overt obstruction was present, however, cannot rule out small calculus stricture owing to prior passage of calculus that is currently in the urinary bladder. The left kidney measured 5.2 cm in length. The right kidney revealed subnormal blood flow with interstitial nephrosis pattern and loss of corticomedullary definition/cortical remodeling. The right kidney measured 3.1 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

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** presented with mildly edematous gallbladder and uniform parenchyma.

Gastrointestinal

The **stomach** revealed over distention with a hairball type density in the gastric lumen. The small intestine and colon were unremarkable.

Pancreas



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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.

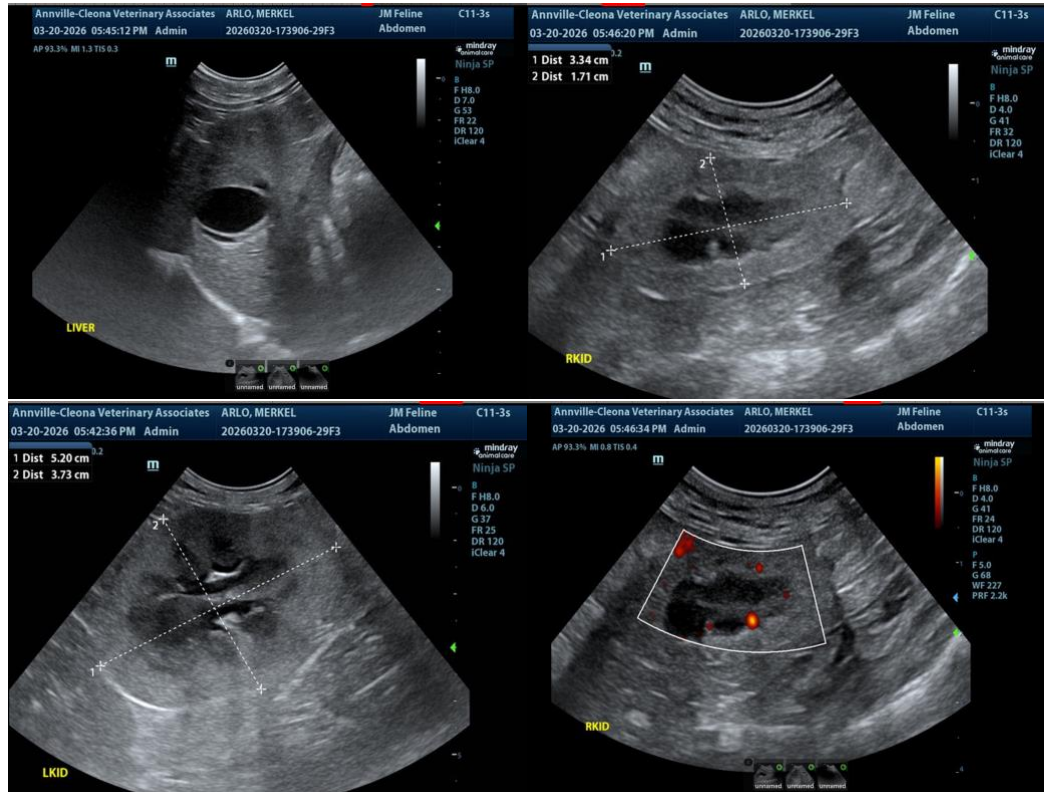
ULTRASONOGRAPHIC FINDINGS

- Recent passage of calculus into the bladder from the left kidney with left strictured urinary mineralization.
- Moderate degenerative right renal changes.
- Slight free fluid and cholecystitis gallbladder pattern.
- Gastric hairball type density.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend IV fluid support, pain management, urine culture and blood pressure measurements to stabilize the acute renal failure in this patient. Recheck sonogram in 72 hours. Eventual cystotomy is indicated once the patient has been stabilized, however, intervention upon the left ureter may be necessary depending upon whether this resolves with medical management or remains dilated owing to stricture or nonvisible calculus that may be residually remaining in the left ureter.

I believe that the kidneys are entirely viable and worth treating medically in this patient, Potential SUB device may be necessary in the left kidney or stent placement.





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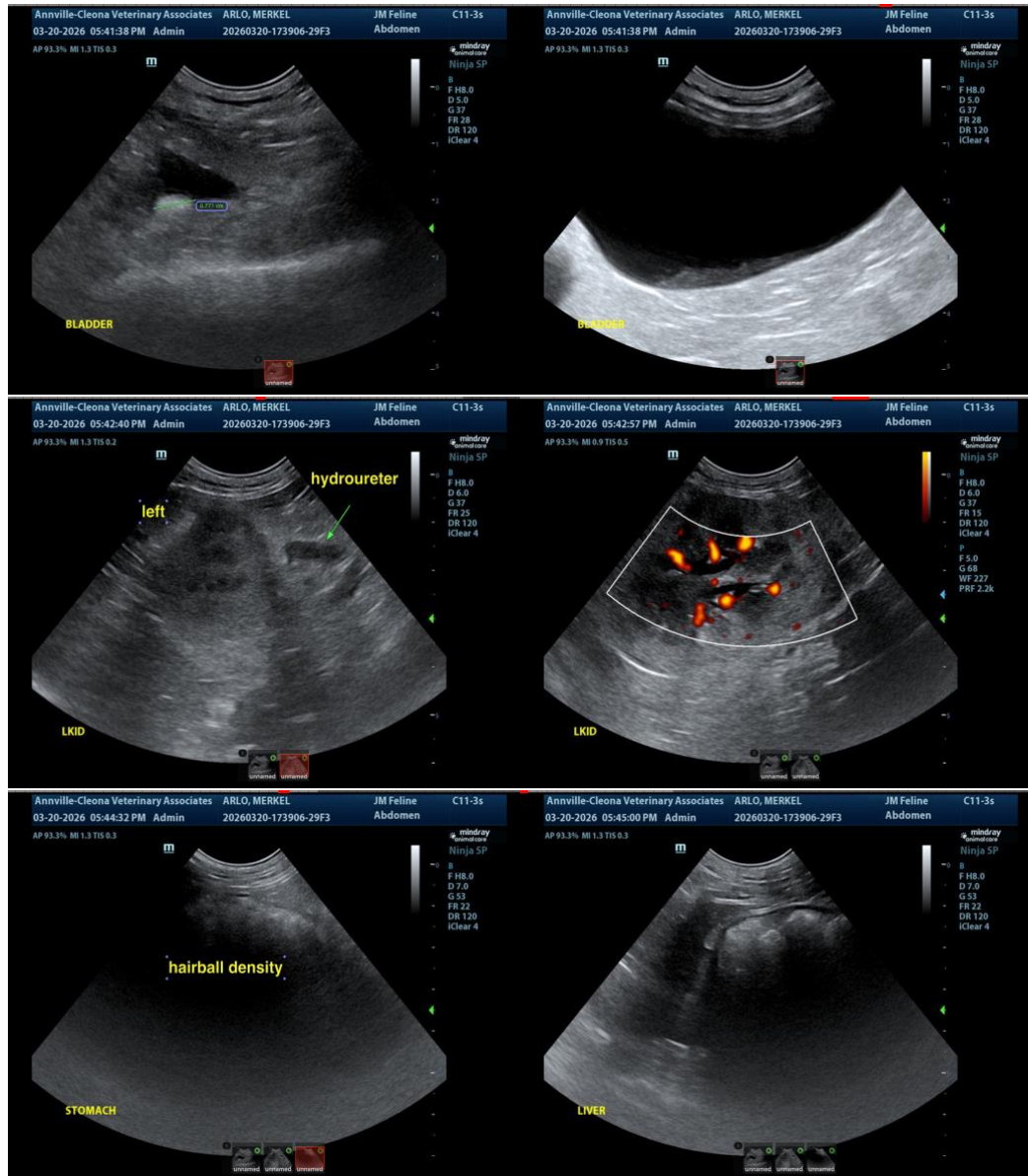
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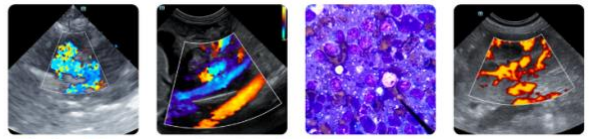
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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info@SonoPath.com



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