



## PATIENT

Basil Gugliotta

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

8 Years

## WEIGHT

7.6 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kathleen Laux

## HOSPITAL NAME

Rondout Valley VA

## REFERRING VET

Dr. Eric Hartelius

## INVOICE

36401

## DATE

3/27/26

## PRESENTING CLINICAL SIGNS

- continued weight loss over several months
- enlarged irregular shaped L kidney on exam
- dehydration
- on Naraquin and Provioble
- on hydrolyzed protein diet
- Abnormal PE/Chem/CBC/UA Results: creat 3.0, BUN 36, TP 9.3, glob 6.7 UA 1.028, trace prot, few Ca Ox crystals Urine culture negative

## 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 right **kidney** revealed chronic interstitial nephrosis pattern, infarcts, remodeling, mineralization and subnormal size. The right kidney measured 2.77 cm. The left kidney was mildly enlarged (4.33 cm) with interstitial nephrosis pattern, pyelectasia and cortical remodeling. Subjectively, the kidneys appear near end stage degenerative process. Blood flow to the kidneys was subnormal on power doppler assessment.

### *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 0.4 cm. The right adrenal gland measured 0.2 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** 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.



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**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**

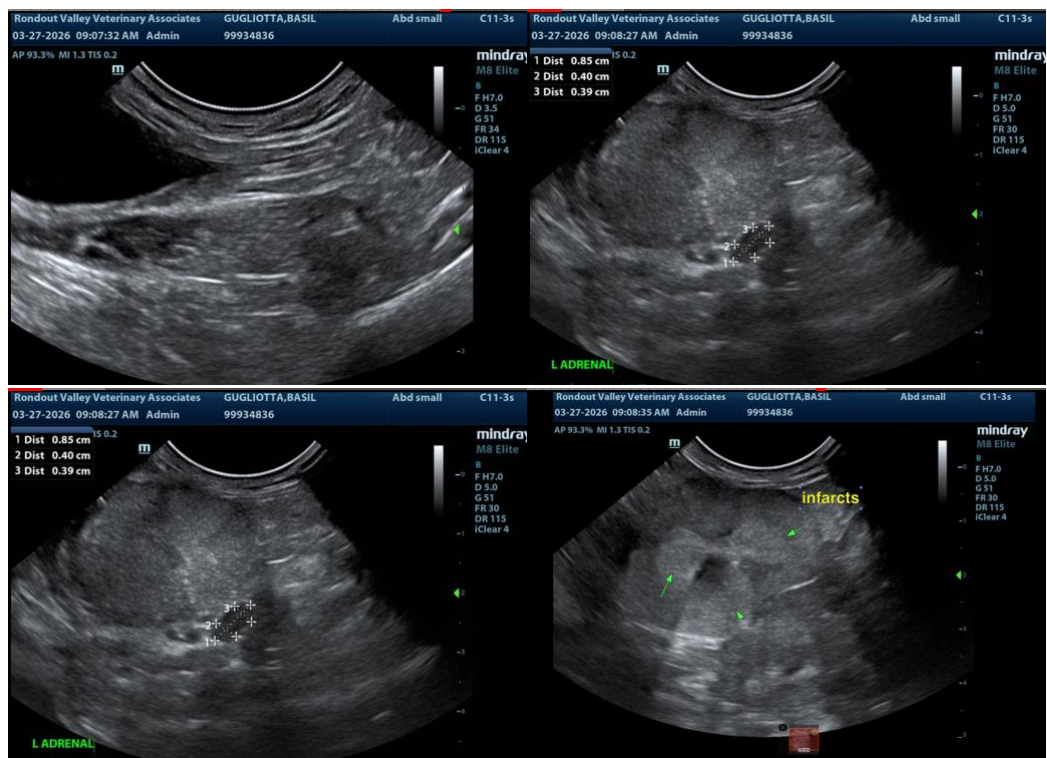
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic, subjectively near end stage degenerative renal disease with infarcts, remodeling, interstitial nephrosis pattern and mineralization- There is likely a history of passage of calculi, yet no obstructive disease is noted at the time of the sonogram. Underlying occult UTI is also a potential.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of neoplasia. Given the renal pyelectasia, 72 hour IV fluid protocol, blood pressures, urine culture, GI protectants are all indicated, and reassessment of the clinical status.





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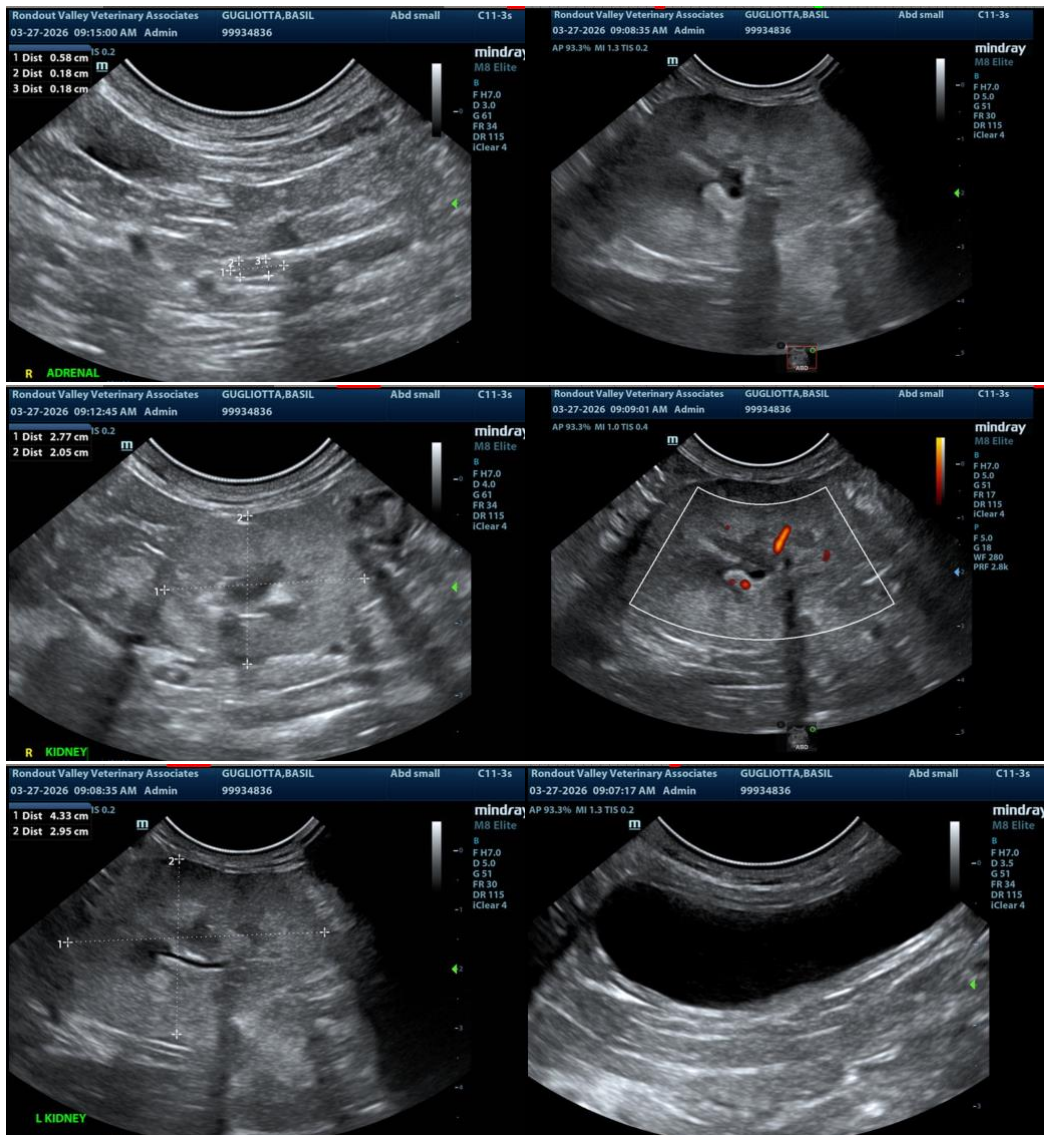
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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