

PATIENT PRESENTING CLINICAL SIGNS

Patrick Enholm
History: Pet having a history of chronic hematuria.
Abnormal PE/Chem/CBC/UA Results: UA showed blood 2+ and a S.G of 1.018

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

Domestic Shorthair

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 was noted. Ureteral papillae were normal.

SEX

Neutered male

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 4.04 cm with a cortical infarct in the caudal pole. The left kidney measured 3.26 cm with trace pyelectasia.

AGE

14 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

9.1 lbs

Chronic interstitial nephrosis pattern.
Cortical infarcts.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hematuria is likely deriving from renal cortical degenerative changes and/or infarcts. There was no evidence of lower urinary tract disease. Supportive care is indicated. There was no evidence of neoplasia.

IMAGING PERFORMED BY

Marco Lichfield

HOSPITAL NAME

Sova AH

REFERRING VET

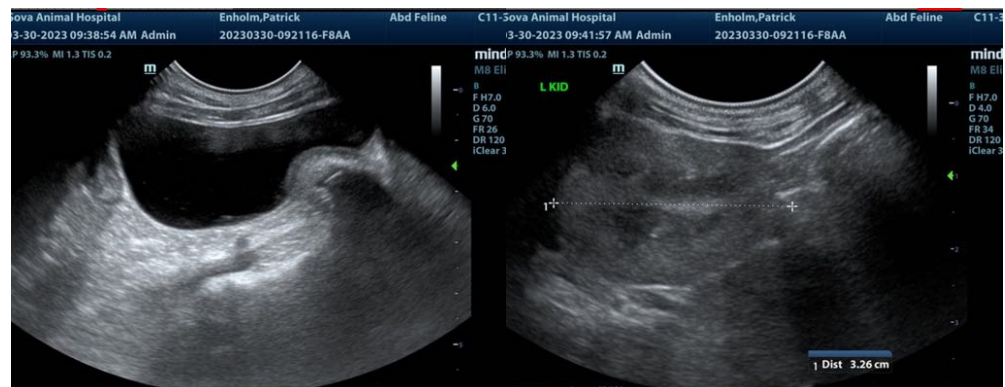
Dr. Sova

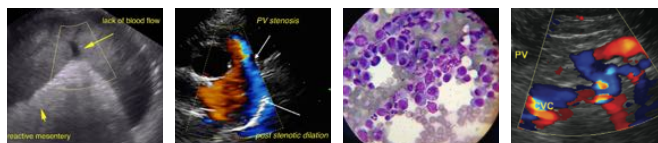
INVOICE

43639

DATE

3/30/23





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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.

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info@SonoPath.com