



## PATIENT PRESENTING CLINICAL SIGNS

**PATIENT**  
Joan Ahrens

**SPECIES**  
Feline

**BREED**  
DSH

**SEX**  
Spayed Female

**AGE**  
14 Years

**WEIGHT**  
11.3 Pounds

P presented for lethargic, not eating, V Lethargic and not eating yesterday and today. Has vomited a couple times before yesterday after eating KD food. Vomit was undigested food. The mirtazapine and clavamox helped P when she was on them. She was good for 2 weeks after the meds were done. Last dose was 3/7/23. U/D normally No D/C/S 7% dehydrated and painful abdomen

## 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 2.0 cm beyond the cystourethral junction.

The **right kidney** was dystrophic with irregular contour, pyelectasia (1.0 cm), and pelvic mineralization. Mild pericapsular inflammation noted. The right kidney measured 3.53 cm in width.

The **left kidney** presented pyelectasia of 1.5 cm, corticomedullary calculi, and swollen irregular contour. Significant pericapsular inflammation noted. Pericapsular fluid accumulation noted around the left kidney. Hydroureter also noted. The left kidney measured 3.5 cm.

### 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 0.38 cm. The right adrenal gland measured 0.83 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were 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

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

West Salem AC

## REFERRING VET

Dr. Crane

## INVOICE

46357

## DATE

3/31/23



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## Pancreas

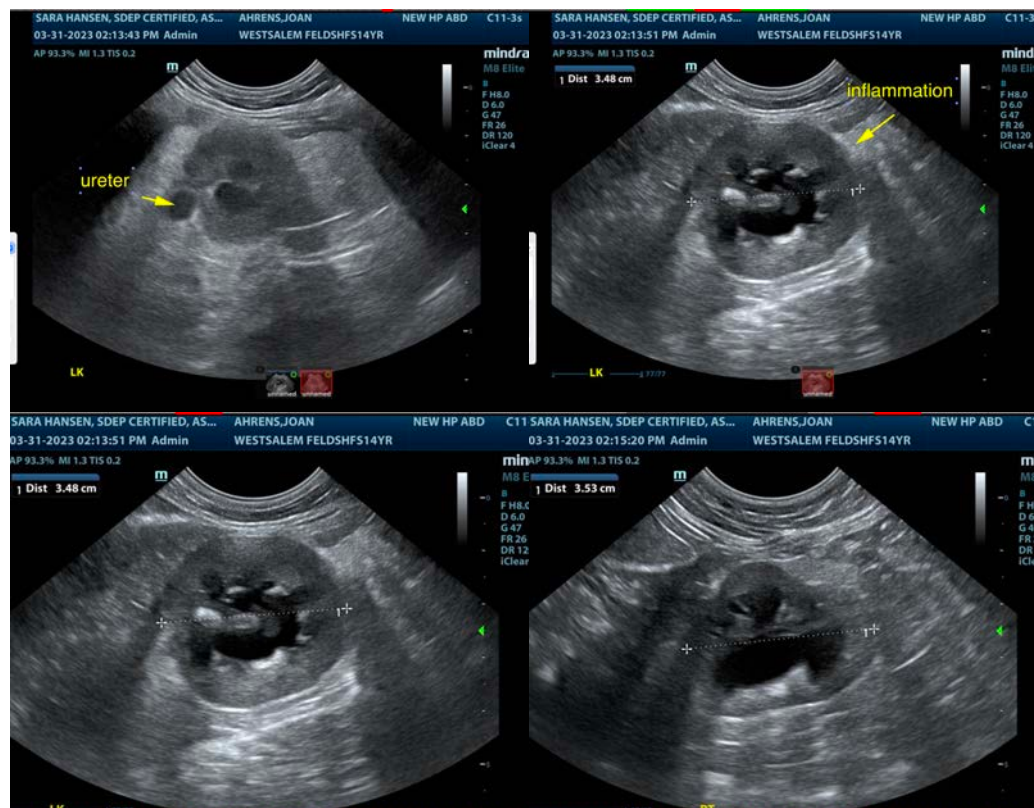
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Acute on chronic nephritis with obstructive pattern and ureteral dilation, significant amount of inflammation noted around the left kidney, mild around the right.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Inflammation was noted around the left ureter. I believe there is likely a calculus or other form of stricture/obstruction of the left ureter yet was obscured by mesenteric inflammation. Recommend referral for SUB placement, IV fluid support, and treatment for acute renal insult. Prognosis is guarded. There is decent blood flow to the kidneys, and therefore intervention is likely the best option.





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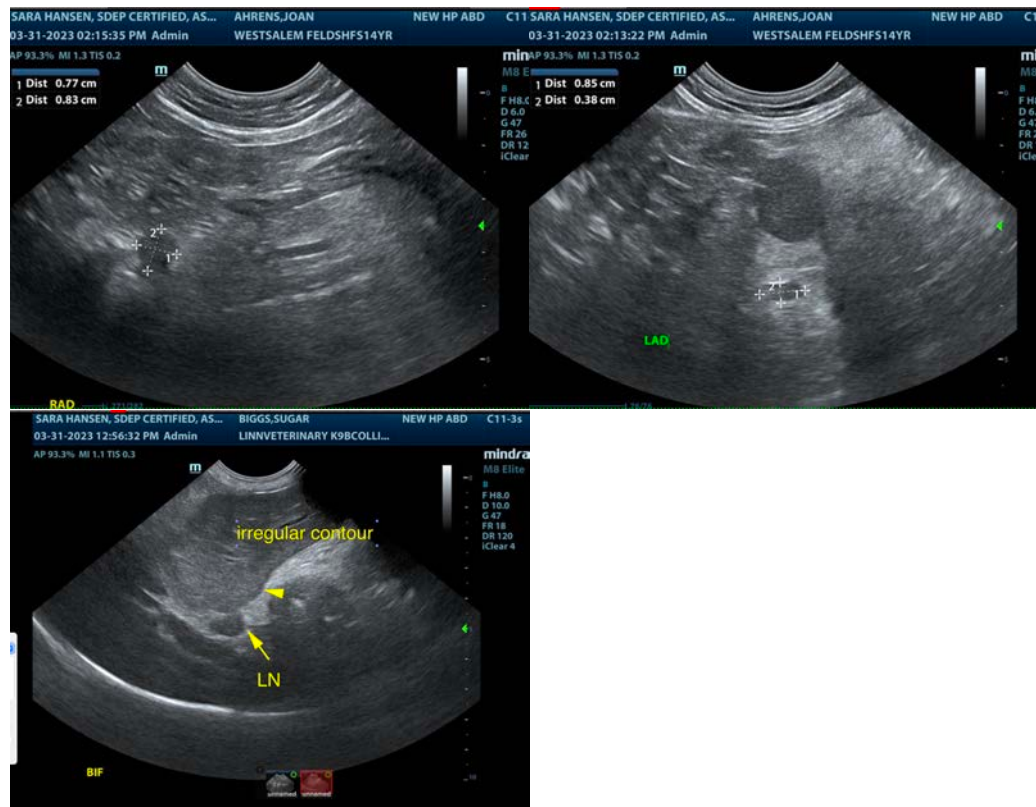
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**

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