



**PATIENT**

Smoky Bear Bales

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

14 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Mack

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Mack

**INVOICE**

99985

**DATE**

4/27/22

**PRESENTING CLINICAL SIGNS**

Today was the first time patient has ever been seen at our hospital. Patient presented for vaccines, however on PE jaundice was noted. Owner's recently obtained patient (approx. 2 days ago). No clinical signs to note.

4/27/22 CBC: RBC: 3.69, HCT 16.6, HGB 6.2, PLT 41, PCT 0.06. CHEM: ALKP 341, TBIL 3.9, AMYL 482  
X-rays: Crystals presents in left kidney and ureter. Liver and heart appear small

**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. A minor amount of suspended debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The kidneys revealed multifocal infarcts. Corticomedullary pelvic calculi were noted. Infarcts are secondary to calculi with cortical collapse at the cranial pole. The left kidney measured 7.3 cm. The right kidney revealed pelvic calculi that was non-obstructive. The right 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 0.3 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 was noted.

**Liver**

The **liver** was diffusely hyperechoic to the falciform fat. The gallbladder and common bile duct were unremarkable.



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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**

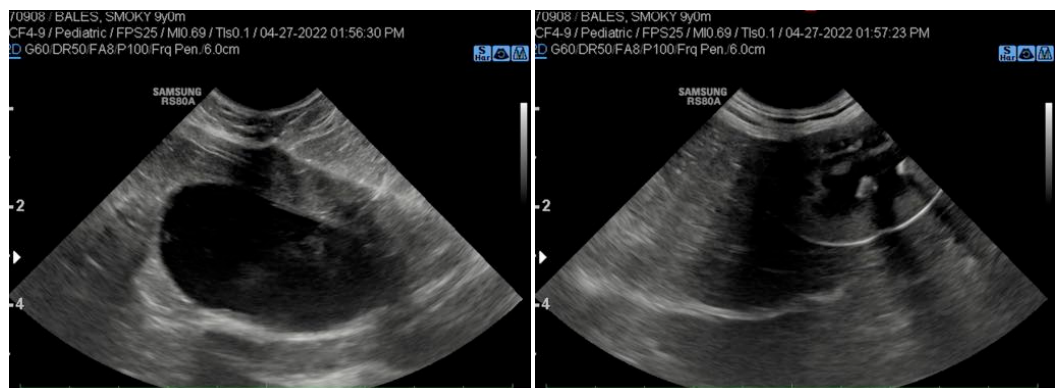
Dystrophic left kidney with calculi.

Minor pelvic calculi in the right kidney. Cortical collapse and remodeling was noted.

Hepatic lipidosis pattern. No evidence of disease related to the anemia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The hemolytic disease and lipidosis may be playing a role in the bilirubin elevations. CBC path review +/- bone marrow aspirate +/- blood transfusion would all be appropriate in this patient.





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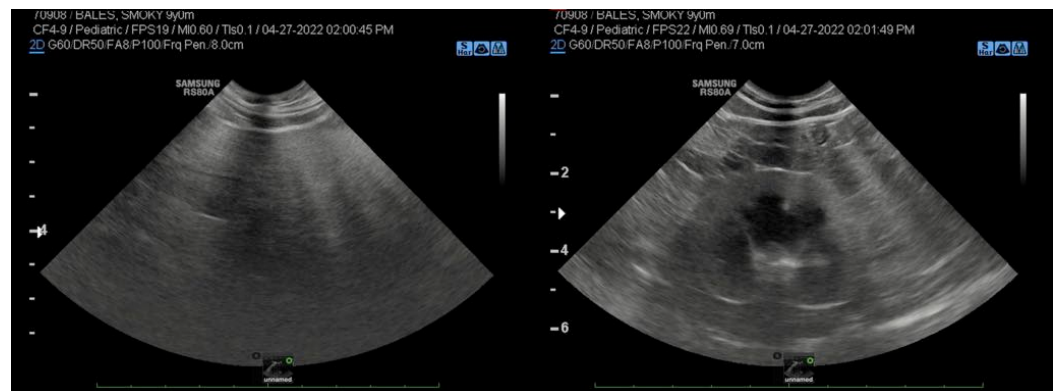
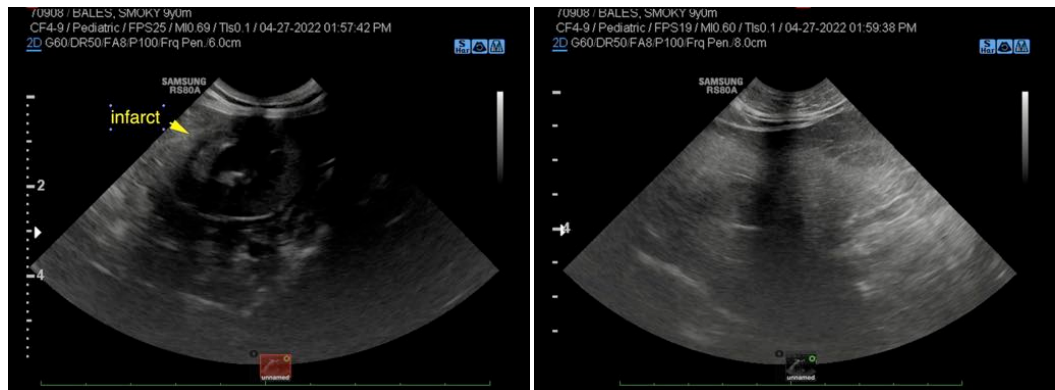
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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