DATE

04/28/26

PATIENT

Dante Sorrentini

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

01/01/17

WEIGHT

3.7 kg

INTERPRETED BY

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

HOSPITAL NAME

VEG ER for Pets Pikesville

REFERRING VET

Dr. Roper

INVOICE

15514

PRESENTING CLINICAL SIGNS

Patient History: P has not eaten since Saturday. P has been lethargic and urinating more. Hx: Diabetes mellitus - currently on Bexacat - last dose was Saturday
Current Medications: *Cerenia 1 mg/kg *Ondansetron 0.5 mg/kg *Methadone 0.2 mg/kg *Unasyn 30 mg/kg
*Alfaxalone 2 mg/kg IV, titrated to effect (for central line and NG tube placement)
Labwork Results: Labwork not attached, reported as: rDVM Bloodwork: Gluc: 226, BUN: >140, Creat: --, Phosphorus: >16.1, Na: 146, K: 3.4, Cl: 104, TP: 9.7, Globulin: 6.4, Cholesterol: 259. CBC: *HCT: 27 (mild anemia) *Leukopenia: 0.83 *Platelets: 48K (confirmed ~69K on smear) *Eosinopenia: 0.01 *Basopenia: 0 *Suspected nucleated RBCs. Chemistry: *Glucose: 234 *Creatinine: 149 (calculated; dilution pending) *BUN: dilution pending *Phosphorus: >16.7 *Sodium: 147 *Total protein: 10 *Globulin: 6.6 *Cholesterol: 258 *Amylase: 1564 *Lipase: 1865. Blood gas: pH: 7.133, PO2: 61, HCO3: 10.9, BE: -18, TCO2: 12, Na: 136, Gluc: 220. Metabolic acidosis no respiratory compensation. Radiographs: Pending. UA: USG: 1,012, Protein 30, Glucose: 1000
Date of Previous IntraPet Ultrasound: No previous.
Sedation: alfax, used to place urinary catheter so performed ultrasound while sedated
Stat Report: requested.
Imaging Performed by: Andi Parkinson RDMS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was over distended at the time of the sonogram. The trigone and pelvic urethra to a depth of 2.0 cm 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 **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. Pinpoint nonobstructive nephrolithiasis was present. The left kidney measured 2.7 cm in length. The right kidney measured 2.7 cm in length. Blood flow to the kidneys is subnormal indicative of chronic disease. The left kidney revealed pyelectasia measuring 0.18 cm with calculus measuring 0.34 cm in the left renal pelvis. Cortical infarcts were also present.

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 0.51 cm width. The right adrenal gland measured 0.52 cm width.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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.

Gastrointestinal

The **gastrointestinal tract** revealed mild variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. The left limb measured up to 0.77 cm.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic interstitial nephrosis pattern with calculi- nonobstructive at the time of the sonogram.
- Prominent pancreas.
- Volume contracted spleen.
- Age-related abdominal changes.

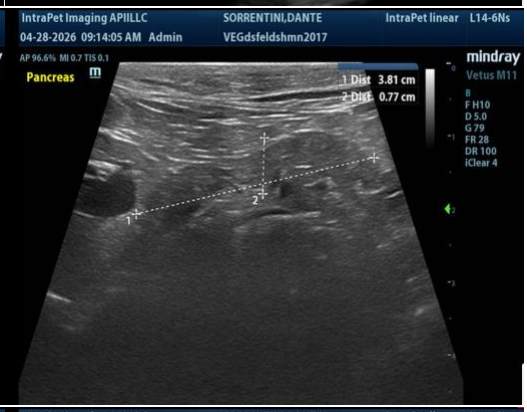
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient may be passing calculi periodically as well as embedded infections potentially. 72-hour IV fluid protocol is warranted, urine culture, blood pressures and reassessment of clinical status.


IntraPet Imaging APIILLC
SORRENTINI,DANTE
IntraPet abd... C11-3s
04-28-2026 09:10:53 AM Admin
VEGdsfeldshmn2017
AP 100.0% MI 1.4 TIS 0.3
RT
1 Dist 0.52 cm
mindray
Vetus M11
B
F H8.0
D 5.0
G 32
FR 30
DR 115
iClear 4

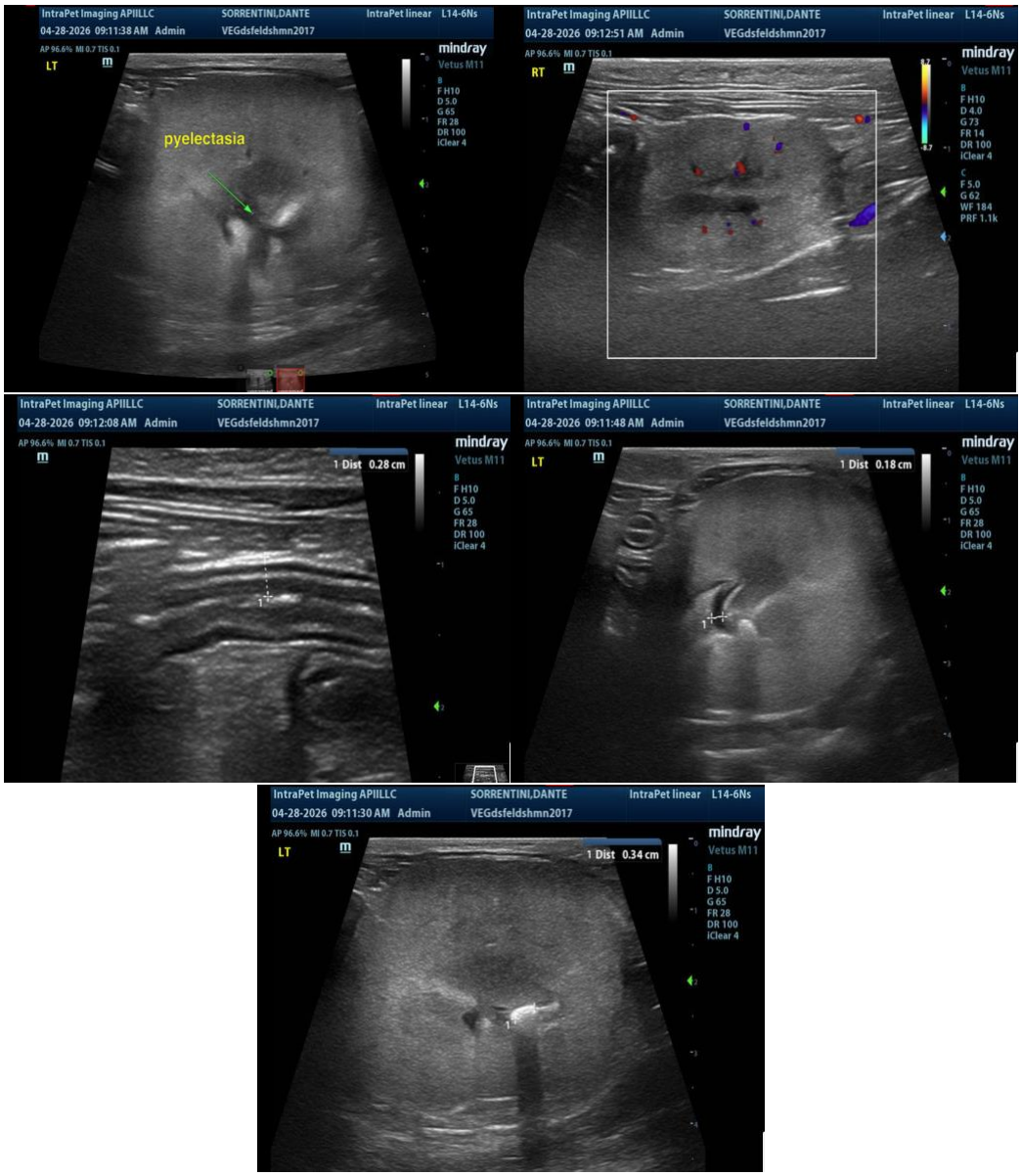

IntraPet Imaging APIILLC
SORRENTINI,DANTE
IntraPet abd... C11-3s
04-28-2026 09:10:28 AM Admin
VEGdsfeldshmn2017
AP 100.0% MI 1.4 TIS 0.3
LT Adrenal
1 Dist 0.51 cm
mindray
Vetus M11
B
F H8.0
D 5.0
G 32
FR 30
DR 115
iClear 4


IntraPet Imaging APIILLC
SORRENTINI,DANTE
IntraPet abd... C11-3s
04-28-2026 08:48:26 AM Admin
VEGdsfeldshmn2017
AP 100.0% MI 1.4 TIS 0.3
mindray
Vetus M11
B
F H8.0
D 9.0
G 50
FR 19
DR 115
iClear 4


IntraPet Imaging APIILLC
SORRENTINI,DANTE
IntraPet linear L14-6Ns
04-28-2026 09:14:05 AM Admin
VEGdsfeldshmn2017
AP 96.6% MI 0.7 TIS 0.1
Pancreas
1 Dist 3.81 cm
2 Dist 0.77 cm
mindray
Vetus M11
B
F H10
D 5.0
G 79
FR 28
DR 100
iClear 4


IntraPet Imaging APIILLC
SORRENTINI,DANTE
IntraPet abd... C11-3s
04-28-2026 09:08:04 AM Admin
VEGdsfeldshmn2017
AP 100.0% MI 1.4 TIS 0.3
Liver
mindray
Vetus M11
B
F H8.0
D 6.0
G 43
FR 26
DR 115
iClear 4


IntraPet Imaging APIILLC
SORRENTINI,DANTE
IntraPet linear L14-6Ns
04-28-2026 09:12:55 AM Admin
VEGdsfeldshmn2017
AP 96.6% MI 0.8 TIS 0.1
RT
1 Dist 0.17 cm
mindray
Vetus M11
B
F H10
D 4.0
G 73
FR 33
DR 100
iClear 4



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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