

PATIENT

Astro Chamberlin

SPECIES

Feline

BREED

Somali

SEX

Neutered male

AGE

6 years

WEIGHT

4.22 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Lang

INVOICE

74926

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: P presented today for inappetence, lethargy, seeming uncomfortable. P has history of kidney disease since 12/2024 with hypertension (stage 3). P eats raw diet. Also has history of obstruction in the past.

Abnormal PE/Chem/CBC/UA Results: EENT/oral: pale pink tacky to dry mm, crt 2-3s; significant gingivitis with mild dental disease/calculi build up Abd: small, sclerotic kidneys palpable U/G: WNL; bladder soft, pliable but moderately sized; unable to express. EPOC: Creatinine 9.61 H, BUN >120 H, Glucose 198 H, Hct 26 L, Potassium 3.2 L, pH 7.268, BE -11.9 L, TCO2 14.6 L CBC: Hct 25.4 L, Hb 9.1 L, RDW 27.9 H, Neutrophils 11.44K H, suspected bands, Eosinophils 0.14K L Chem15: BUN >130 H, Creatinine 10.6 H, Glucose 199 H, Globulin 5.3 H, Chol 274 H Catalyst pancreatic lipase: 1.0 UA: USG 1.016, blood 4+ Urine culture to Idexx, pending Abdominal/thoracic radiographs: Urinary bladder moderately distended, kidneys subjectively small and misshapen, thorax unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared 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.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. Thickened, irregular cortices were noted with pyelectasia and loss of corticomedullary definition. A wide, hyperechoic medullary rim band was noted. 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. Blood flow appeared to be subnormal and consistent with chronicity. The left ureter was dilated to 0.5 cm. The left kidney measured 4.3 cm. Pyelectasia in the right kidney measured 2.3 cm. The right kidney measured 3.74 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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.



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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

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 interstitial nephrosis.

Obstructive nephropathy of the right kidney owing to stricture of the right ureter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the right ureteral stricture is unclear. Scarring or stone passage could be an issue. 72 hour IV fluid protocol, blood pressures and potential stent placement of the right kidney are all options are guarded on whether the patient could be stabilized.



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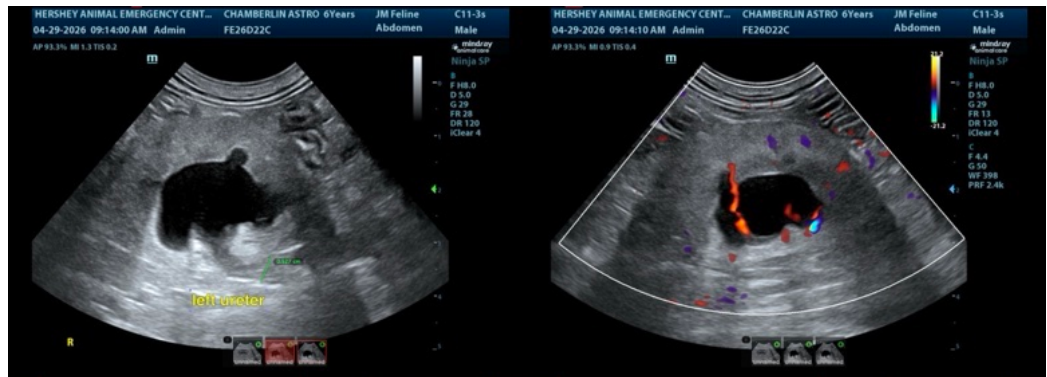
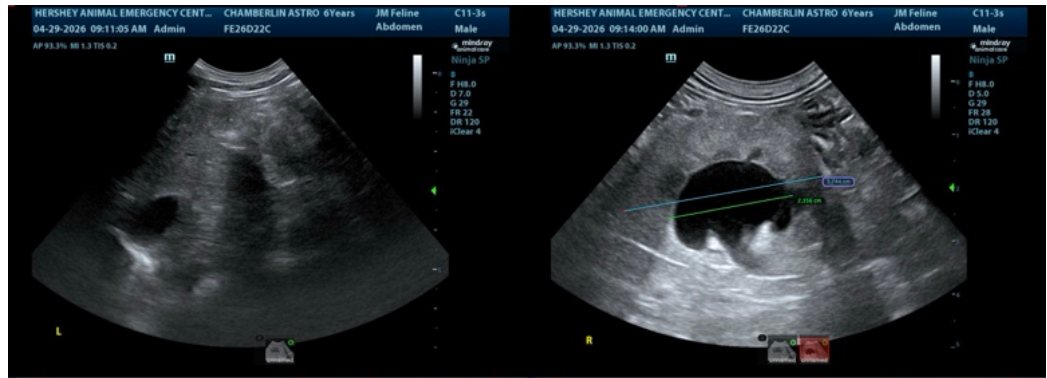
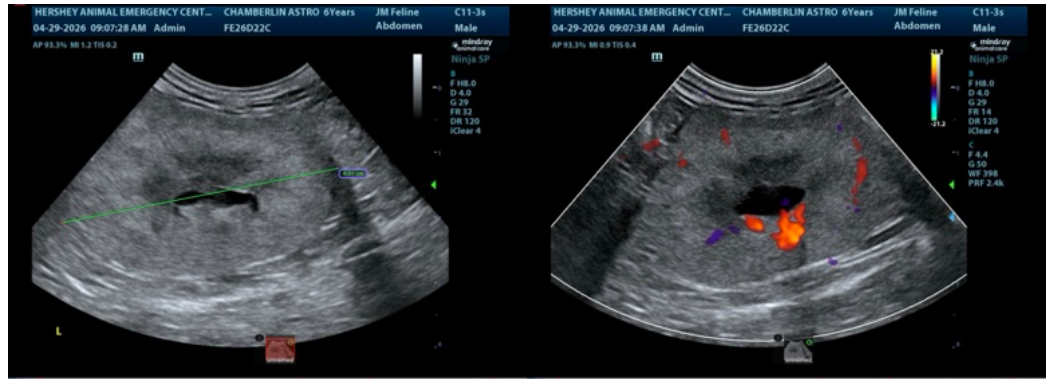
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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