

**DATE PRESENTING CLINICAL SIGNS**

5/1/23 History: 4/15/23 Lethargic, not eating much.

**PATIENT**

Cocoa Hartry

Current Medications: 4/15/23 Cerenia 0.32mL SQ LRS 75mL SQ  
 Lab Results: 4/15/23 BUN >130, CREA 8.8, PHOS 9.0, fPL normal; 4/25/23 BUN 19, CREA 1.1, Phos 3.8  
 Radiographs: Left kidney enlarged, right kidney appears small.  
 Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Feline

Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.  
 Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

**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.

**AGE**

6/27/17

The **kidneys** revealed mild irregular contour and mild enlargement. The right kidney was severely dystrophic and irregular with hyperechoic thinned cortices with loss of corticomodullary definition, measuring 2.82 cm. Minor cortical infarcts were noted. Pyelectasia was noted in the right kidney. Minor pyelectasia was noted in the left kidney. The left kidney measured 4.6 cm. The left kidney appears subjectively inadequate in structure to maintain metabolic need, as the right kidney is likely presenting minimal function. Blood flow was minimal to the right kidney.

**WEIGHT**

7.06 Pounds

**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 0.56 cm. The right adrenal gland measured 0.62 cm.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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.

**HOSPITAL NAME**

Jacksonville VH

**REFERRING VET**

Dr. Kablis

**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.

**INVOICE**

22272

**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**

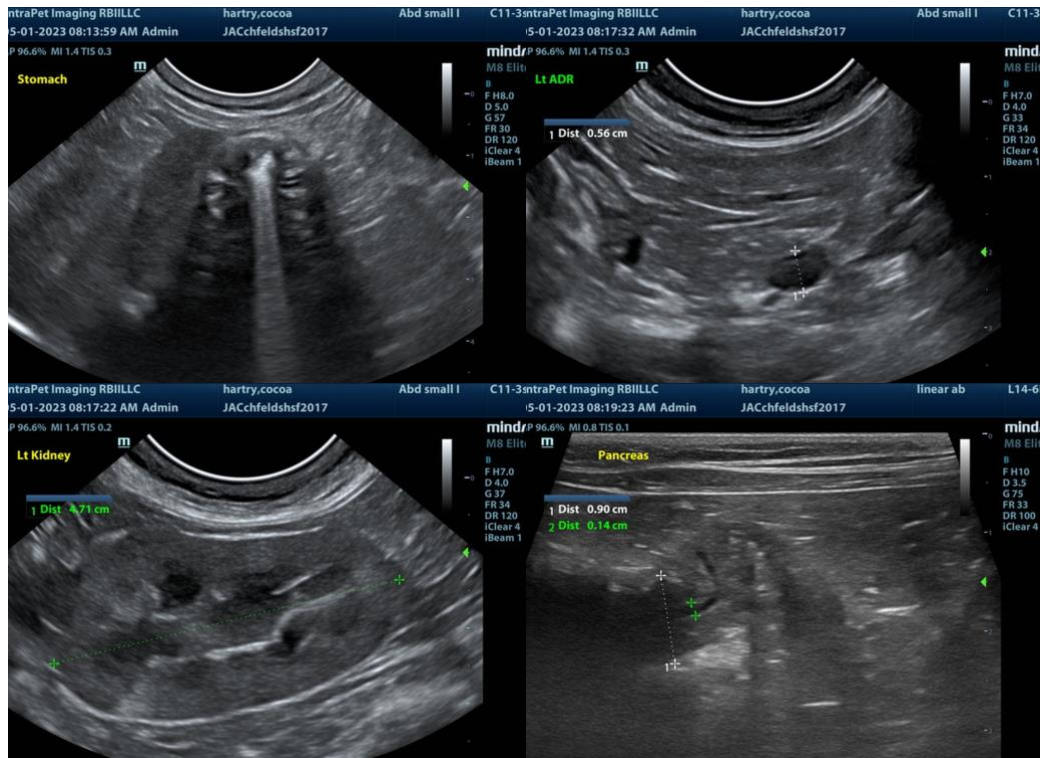
The **pancreas** was enlarged and irregular with undulating contour. The left limb measured 0.9 cm. Dilated duct was noted, measuring 0.14 cm.

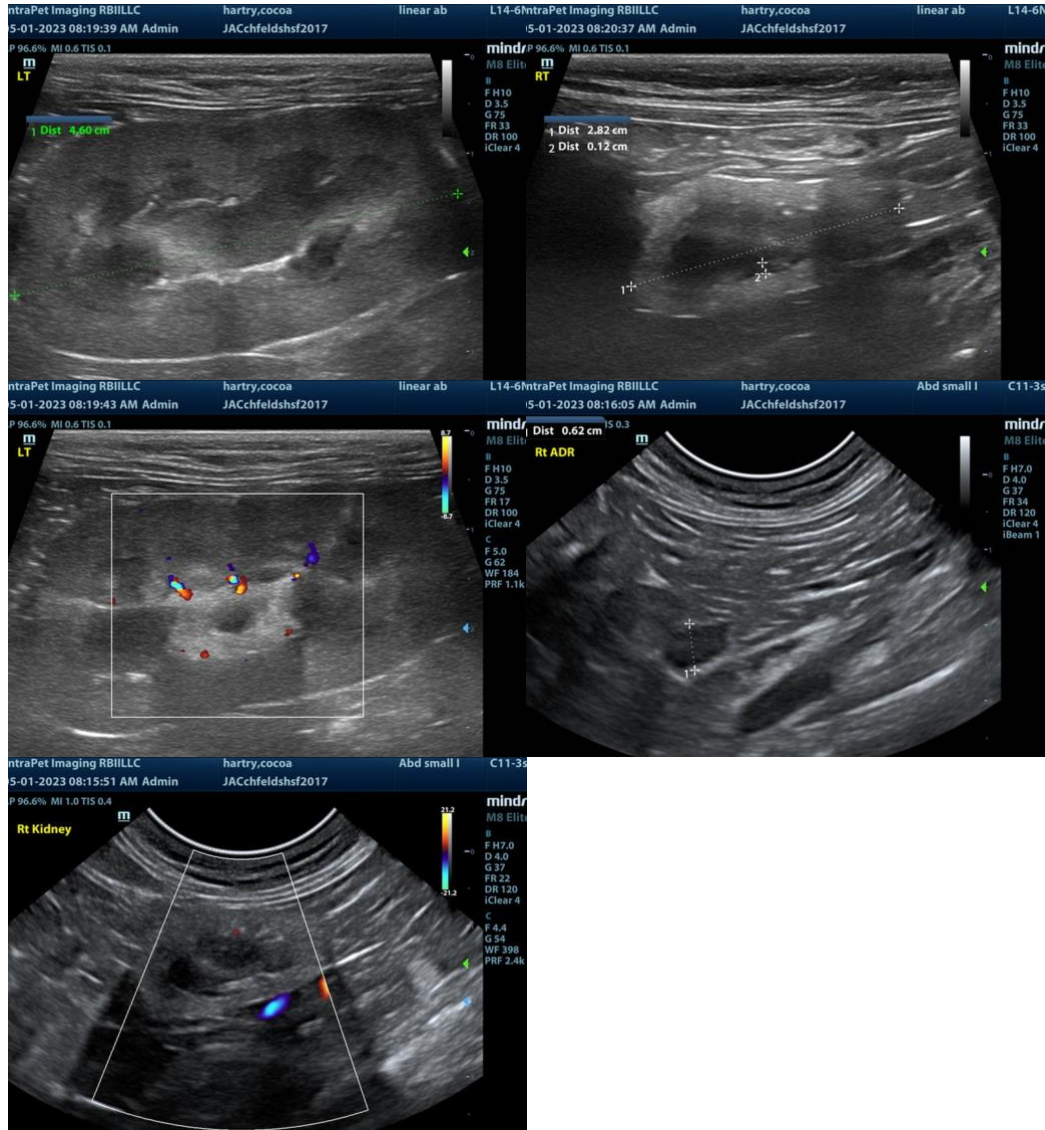
### **ULTRASONOGRAPHIC FINDINGS**

- Low grade nephritis pattern in the left kidney/dystrophic right kidney
- Chronic active pancreatitis pattern

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Both prerenal and renal disease are likely playing a role in this patient. Screening for infectious agents (such as toxoplasmosis and bartonella) should be considered. Toxin exposure should also be considered as a potential complicating factor. 72-hour IV fluid protocol is warranted. Full urinary work up, culture and sensitivity and blood pressures are indicated, then reassessment of the clinical status after 72 hours of therapy.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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