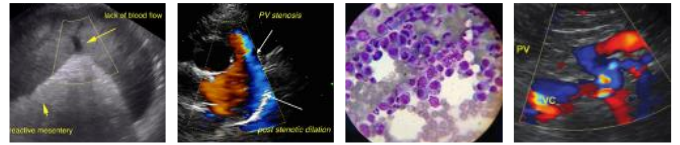


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Holmes Dikengil	pancreatitis azotemia SG 1.022 vomiting hyporexia
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	The <b>urinary bladder</b> , trigone, and pelvic urethra presented normal thicknesses 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.
DSH	
<b>SEX</b>	The <b>right kidney</b> was severely dystrophic. Pelvic mineralization noted. Hyperechoic fibrotic cortical changes noted. The right kidney measured 2.55 cm.
Neutered Male	The <b>left kidney</b> was enlarged and irregular, measuring 3.79 cm. Hyperechoic medullary rim sign noted. Blood flow to the left kidney was subnormal on power doppler assessment. Cortical infarct noted at the caudal pole.
<b>AGE</b>	<b>Adrenal Glands</b>
13 Years	The regions of the <b>adrenal glands</b> were unremarkable.
<b>WEIGHT</b>	<b>Spleen</b>
10 Pounds	The <b>spleen</b> 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.
<b>INTERPRETED BY</b>	<b>Liver</b>
Eric Lindquist, DMV	The left cranial <b>liver</b> revealed an anechoic cyst measuring 2.0 cm. The remainder of the hepatic parenchyma was uniform, no evidence of pathology. Slight coarse hepatic architecture. Increased portal markings noted. Duplicated gallbladder noted, this is a normal variant.
DABVP, Cert. IVUSS	<b>Gastrointestinal</b>
<b>IMAGING PERFORMED BY</b>	Examination of the <b>gastrointestinal tract</b> 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.
Jenn	<b>Pancreas</b>
<b>HOSPITAL NAME</b>	The base and limbs of the <b>pancreas</b> 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.
Rockaway AH	
<b>REFERRING VET</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Dr. Ascot	<ul style="list-style-type: none"> <li>Severely dystrophic left kidney, compensatory hypertrophy of the right kidney with infarct</li> </ul>
<b>INVOICE</b>	
37668	
<b>DATE</b>	
5/16/22	



**PATIENT**

Holmes Dikengil

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

72-hour IV fluid protocol warranted, urine culture if any inflammatory sediment is present, blood pressures, and reassessment of the azotemia. Vomiting is likely owing to azotemia. Guarded prognosis.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

10 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

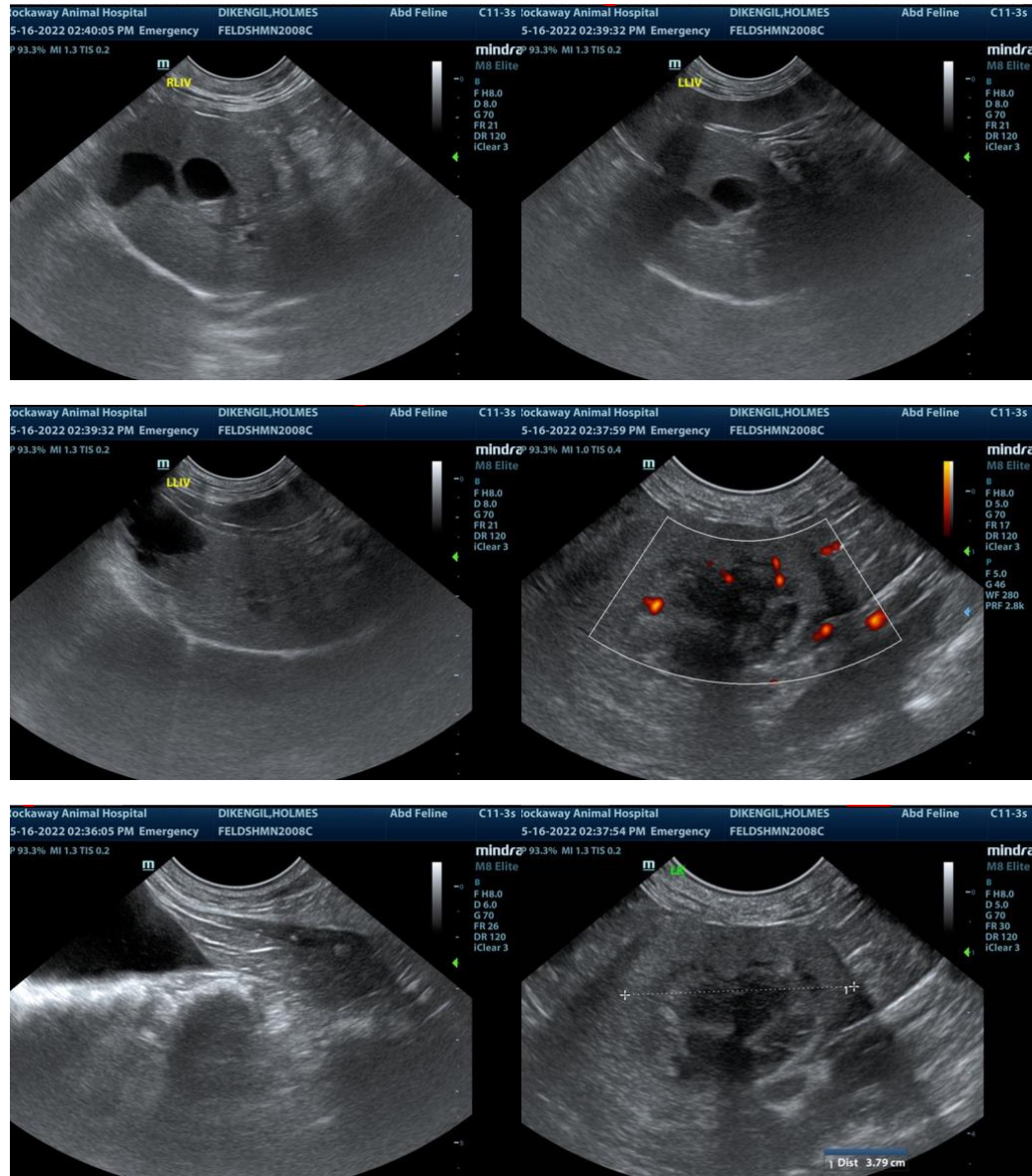
Dr. Ascot

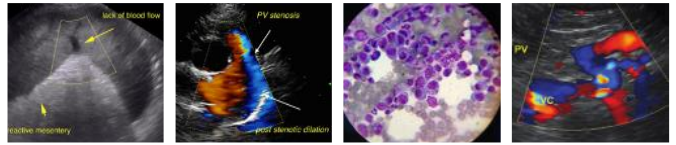
**INVOICE**

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**DATE**

5/16/22





**PATIENT**

Holmes Dikengil

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

10 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

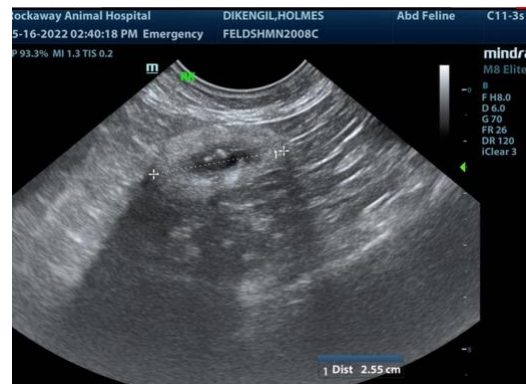
Dr. Ascot

**INVOICE**

37668

**DATE**

5/16/22



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)