

## PATIENT

Baby Engkraf

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

6 Years

## WEIGHT

3.35 kg

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (Canine &  
Feline), Cert. IVUSS

## IMAGING PERFORMED BY

Wepprich

## HOSPITAL NAME

Wilvet Salem

## REFERRING VET

Dr. Wepprich

## INVOICE

37257

## DATE

6/2/26

## PRESENTING CLINICAL SIGNS

History: O noticed that P has been getting thinner and P has not eaten in 2 days. No plants, indoor only, no human medications or rodenticide. O states that P has been more lethargic and now does not want to stand up and walk. P holds neck hunched over. P also seems to be having trouble seeing on exam. One of the cats has been urinating outside the litterbox, unsure which. Other cat had a UA which was normal. Neurologic- somewhat altered mentation; agitated on exam but dull in kennel. Normal cranial nerves other than menace, no asymmetry. Falls to both sides, holds head down/cervical ventroflexion.

Abnormal PE/Chem/CBC/UA Results: EPOC - K 1.9 Crea 3.9 BUN 49 iCa 1.54 Lac 5.69 Hct 42 Glu 193 Chem - Crea 3.5 BUN 50 glu 175 glob 6.6 TP 10.2 CBC - hct 41.5, Neut 11.5 mature Pro-BNP 75 normal USG 1.028, Prot 30g/dL, 4 rbc/hpf, 2 wbc/hpf, no bacteria, no crystals.

## 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. 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.

The **kidneys** revealed hyperechogenic cortices. Cortical infarcts were noted at the cranial poles of both kidneys. The right kidney measured 3.4 cm. The left kidney measured 4.5 cm. Pelvic and corticomedullary mineralizations and pyelectasia were noted. The largest pelvic calculus measured 0.62 cm. Pyelectasia of the right kidney measured 1.0 cm x 0.33 cm.

### Adrenal Glands

The **left adrenal gland** was normal in size and contour, measuring 0.4 cm.

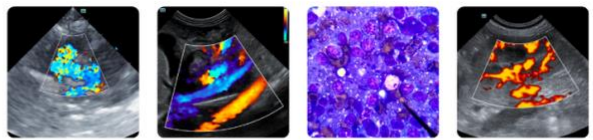
The **right adrenal gland** was normal in size and contour, measuring 0.4 cm.

### 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 were noted.

### 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.



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**Gastrointestinal**

A minor amount of fluid filled **gastric** lumen was noted. The small intestine and colon were unremarkable.

**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**

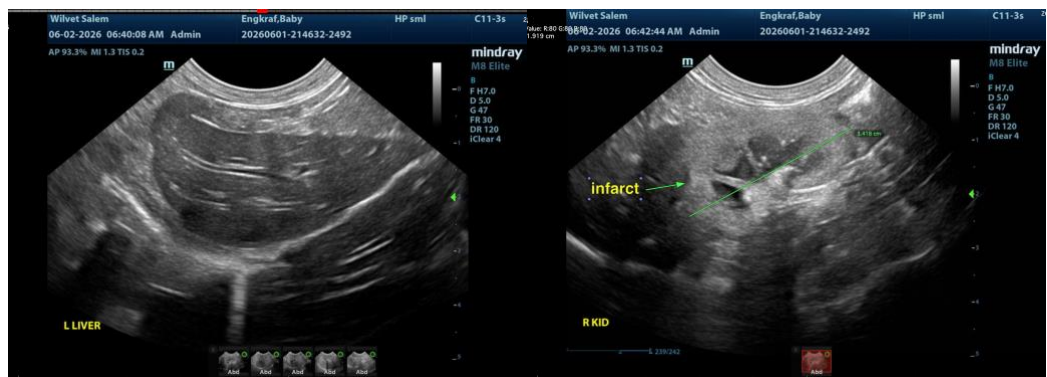
- Moderate degenerative renal disease with bilateral pyelectasia owing to pelvic scarring in the right kidney, and pelvic calculus in the left kidney.
- No evidence of adrenal tumors.
- Minor amount of fluid filled gastric lumen.

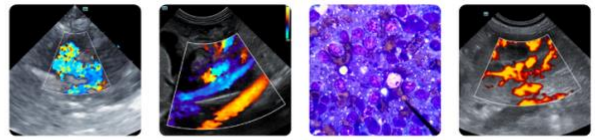
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subjectively the kidneys appear to be near end stage. 72 hour IV fluid protocol is warranted. Blood pressure measurements are indicated. Correction of the hypokalemia is indicated. Aldosterone levels could be considered to assess for exogenous production yet structurally the adrenal glands appear unremarkable.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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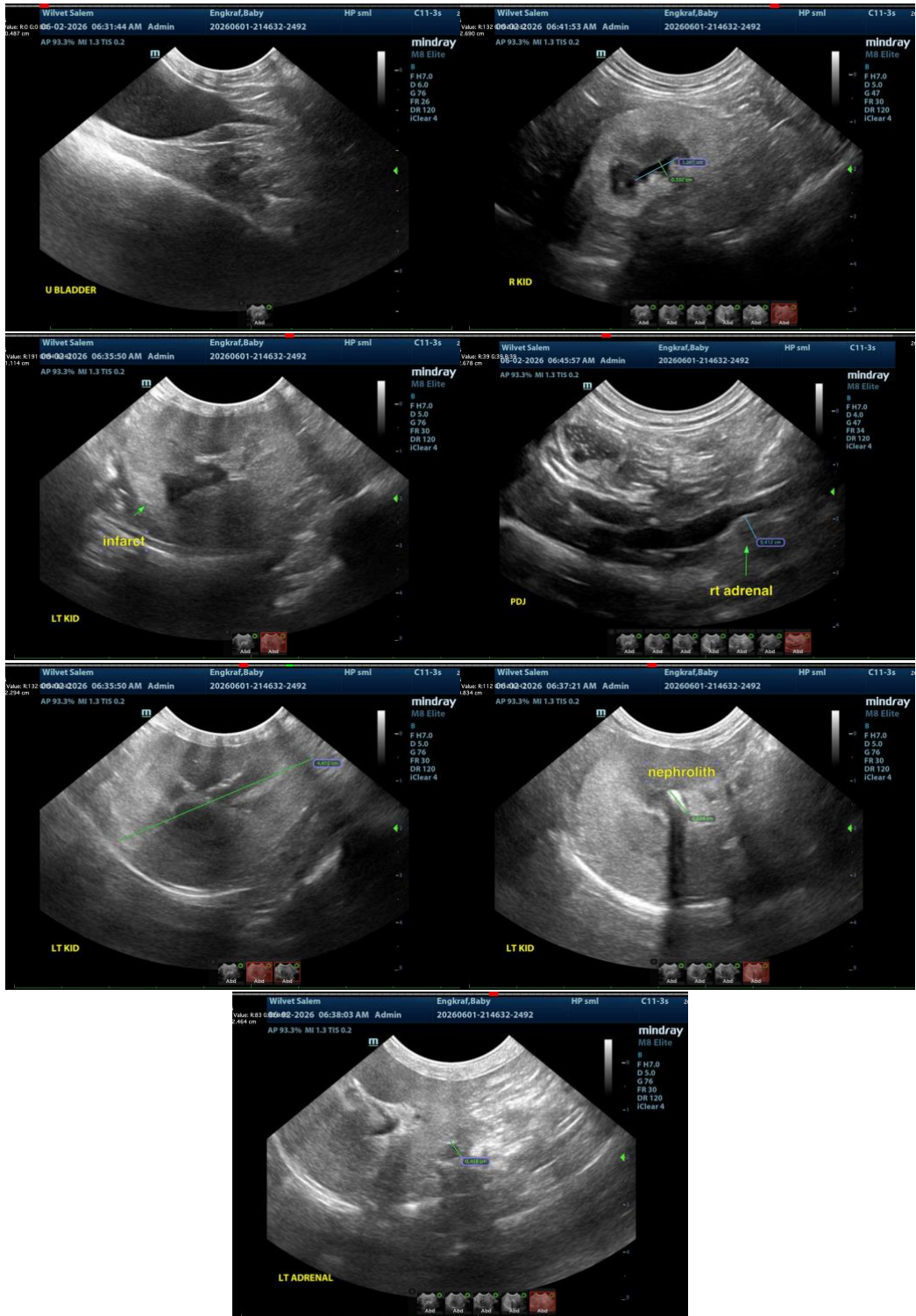
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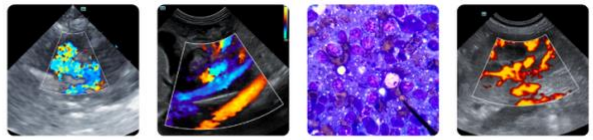
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)