



## PATIENT

Link Hurley

## SPECIES

Feline

## BREED

DLH

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

17.3 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kym/Kristin Evans

## HOSPITAL NAME

Emergency Animal  
Hospital of Crystal  
Falls

## REFERRING VET

Dr. Scott Sabelhaus  
DMV

## INVOICE

16280

## DATE

06/03/26

## PRESENTING CLINICAL SIGNS

Patient has been diabetic for 4+ yrs. On Novolin N 7 U SQ q 12 hrs. Last has been to the vet in Oct 2023. Per O patients diabetes signs have been well controlled (No PU/PD, eating well, and no longer has plantigrade stance that he did when he was diagnosed). Yesterday at 3 am started vomiting profusely and hypersalivating. Per O went to urgent care yesterday afternoon, they checked a BG, gave SQ fluids and Cerenia and sent home. Per O patient has not improved. Continued to hypersalivate and not eat. Very lethargic.

Abnormal PE/Chem/CBC/UA Results: Pso2 53.9, Osat 88.9, pH 7.4, K 2.4, Ca 1.1, BUN 14, Glu 340, Hct 18

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** revealed over distention with suspended debris and regional enhanced mesentery.

The **right kidney** was swollen with pyelectasia and enhanced surrounding mesentery along with increased cortical echogenicity, measuring 5.3 cm in length. The right kidney appears more swollen than the left kidney.

The **left kidney** was swollen with slight pyelectasia and mildly increased cortical echogenicity measuring 3.5 cm in length, consistent with obstructive nephropathy.

### Adrenal Glands

Both **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 were noted.

### Liver

The **liver** presented mildly enlarged with uniform parenchyma. The gallbladder and common bile duct were unremarkable.

### Gastrointestinal

The **gastric wall** was mildly thickened with no loss of structural detail. No evidence of foreign bodies. The small intestine and colon were unremarkable.

### Pancreas

The **pancreas** presented hypoechoic with undulating contour and enhanced surrounding mesentery.

### Free Abdomen

Enhanced mesentery was noted throughout the mid abdomen consistent with inflammation, obscuring



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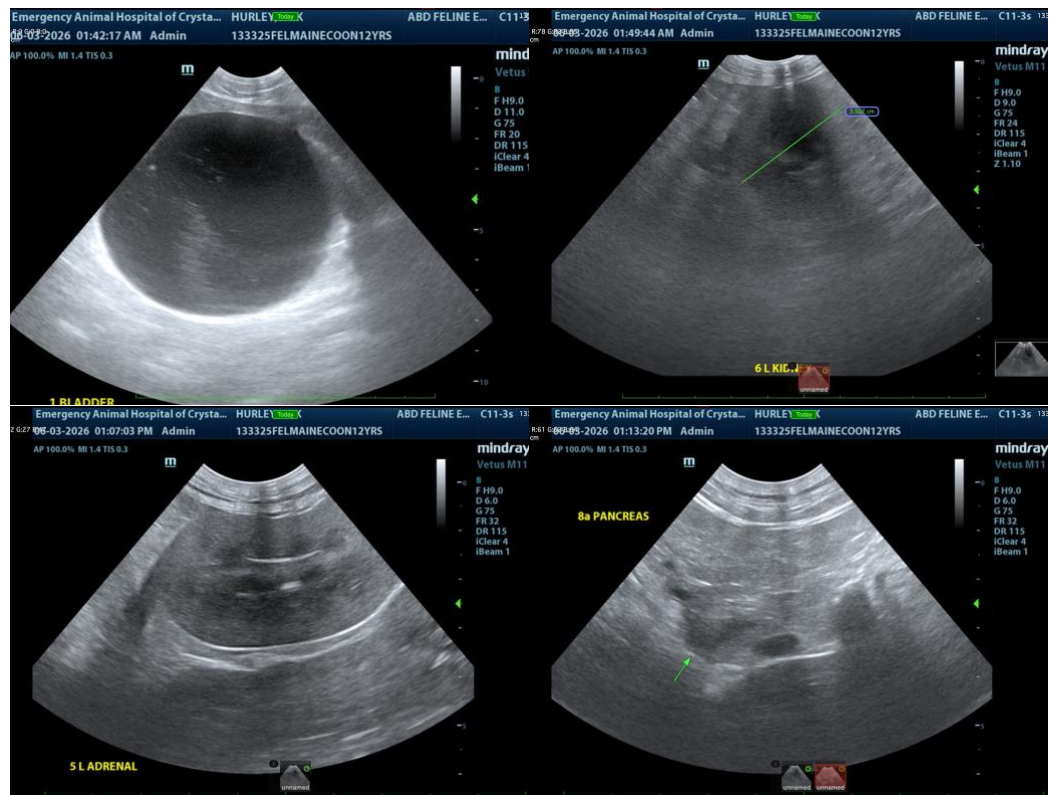
some visibility of abdominal detail. Images, pre- and post-obstruction were imaged in this patient revealing slight free fluid and mesentery likely owing to bladder over distention.

## ULTRASONOGRAPHIC FINDINGS

- Obstructive nephropathy- possible pyelonephritis, diabetic nephropathy.
- Urinary bladder over distention.
- Hypoechoic pancreas.
- Hepatic enlargement.
- Free fluid with enhanced mesentery.
- Gastric wall thickening.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying infection/UTI is suspected primarily in the right kidney. Regional pancreatitis is likely. IV fluid support, catheterization, plasma expanders are all indicated. Concurrent gastritis is likely. Supportive care should prove effective with recheck sonogram in 48-72 hours to ensure adequate resolution.





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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,**

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