

**DATE**

6/30/22

**PRESENTING CLINICAL SIGNS**

History of hypercalcemia managed with Prednisolone. Recently in the past 7-10 days pt has had increasingly lower appetite even with appetite stimulant. On presentation 6/24/22 left kidney palpated as enlarged and radiographs verified increased size. Concerned for hydronephrosis vs renal tumor.

**PATIENT**

JC Erven

Current Medications: Prednisolone.

Lab Results: See attached.

Radiographs: Enlarged left kidney. Calcifications in both kidneys.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**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 was noted. Ureteral papillae were normal.

**SEX**

Domestic Shorthair

The **kidneys** revealed multiple infarcts, cortical collapse, corticomedullary calculi and dystrophic changes. The largest calculus in the right kidney measured 0.24 cm. The right kidney measured 2.22 cm. The left kidney revealed minor pyelectasia that measured 0.26 cm and calculus measured 0.24 cm. The left kidney measured 3.82 cm. The right kidney measured approximately 60% compromised and the left kidney was approximately 40% compromised.

**AGE**

7/24/08

**WEIGHT**

9.5 lbs

**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 0.42 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 was noted.

**HOSPITAL NAME**

Bayside Animal  
Medical Center

**REFERRING VET**

Dr. Sims

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**INVOICE**

31381

**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation

of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

### **Pancreas**

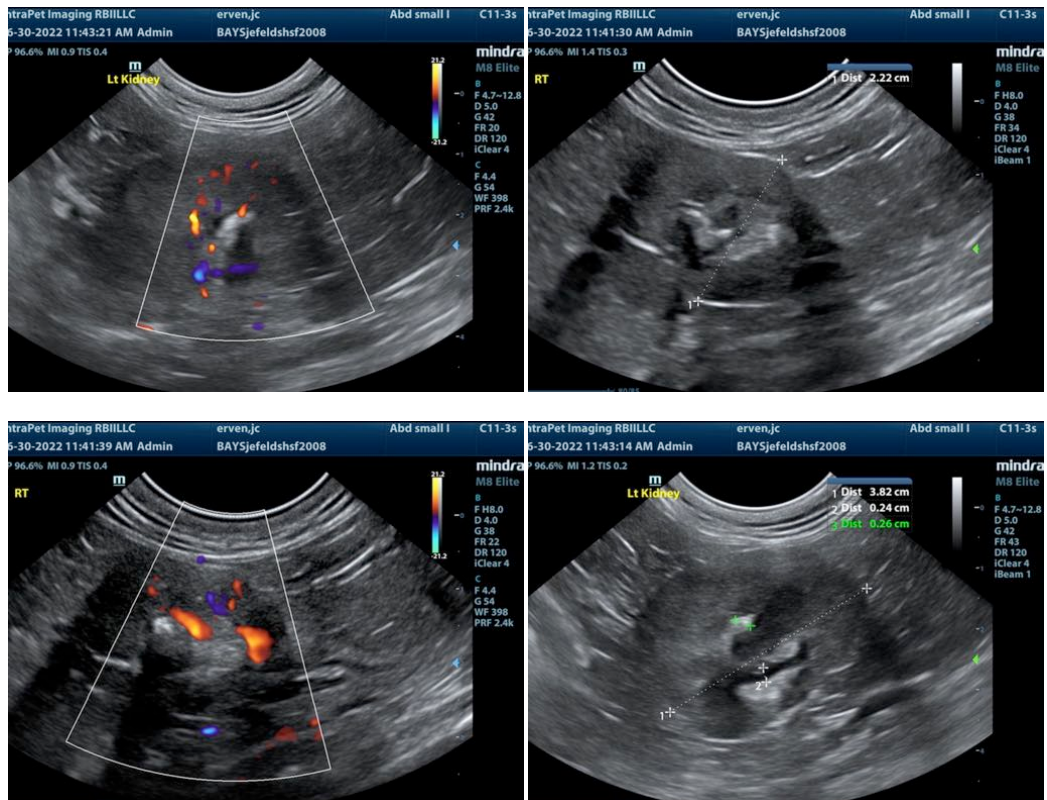
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

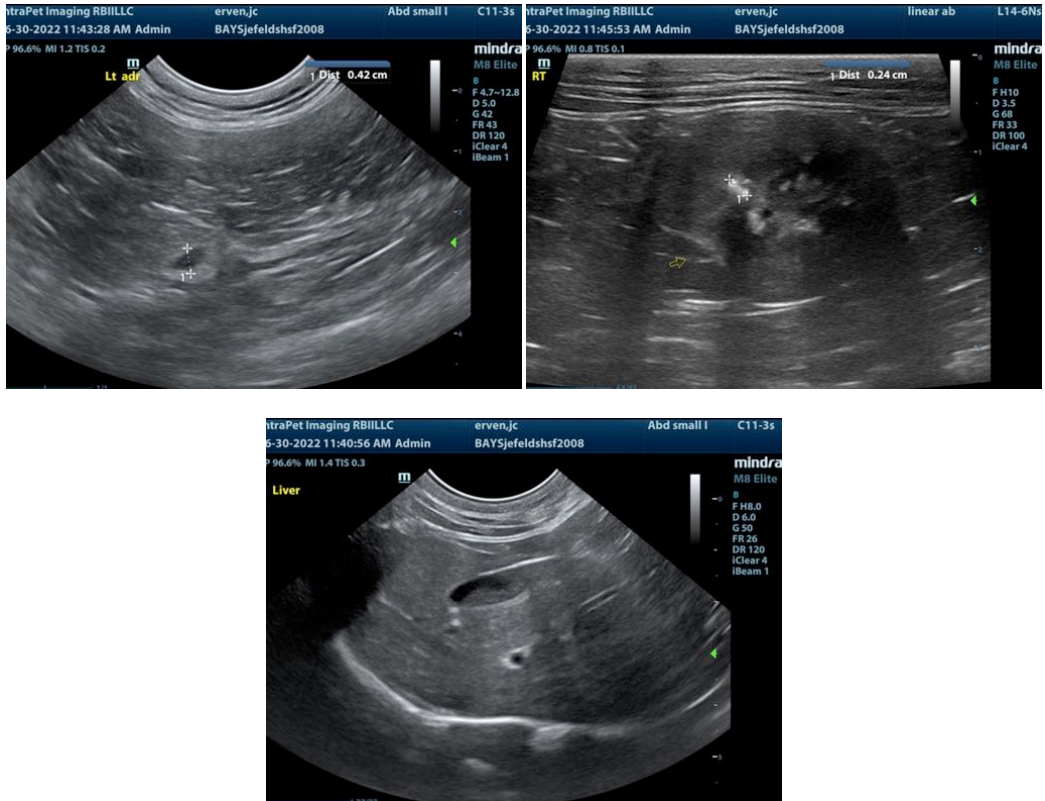
### **ULTRASONOGRAPHIC FINDINGS**

Renal dystrophy and calculi with infarcts and remodeling.  
Subjectively near end stage renal disease.

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

72-hour IV fluid protocol, blood pressure measurements and urine culture are all indicated. The prognosis long term is guarded. Blood flow was subjectively subnormal on color flow assessment of the kidneys. Periodic passage of calculi, embedded infection, hypertension and prerenal disease are all factors to be monitored and addressed.





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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