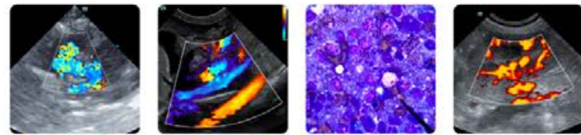


PATIENT
Onyx Solon

SPECIES
Feline

BREED
Siberian

SEX
Spayed Female

AGE
4 Years 4 Months

WEIGHT
6.8 lbs

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

IMAGING PERFORMED BY
Rebecca Hamilton

HOSPITAL NAME
Hamptonburgh Animal Hospital

REFERRING VET
Dr. Madaan

INVOICE
75735

DATE
6/5/26

PRESENTING CLINICAL SIGNS

Chronic diarrhea, renal values high, underweight. Meds: Metronidazole, Prednisolone
Abnormal PE/Chem/CBC/UA Results: BUN 53, Creat 4.0, SDMA 39.2

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 3.0 cm beyond the cystourethral junction.

The **kidneys** bilaterally revealed renomegaly with significant polycystic cortical changes, pyelectasia, and disrupted architecture, consistent with primary polycystic kidney disease and secondary degenerative changes. The right kidney measured 7.0 cm. The left kidney measured 6.5 cm. Some echogenic debris noted within the renal cysts, which may represent infection. Color flow assessment of the kidneys revealed minimal blood flow, indicative of end stage disease.

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. Left measured 0.35 cm. Right measured 0.64 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

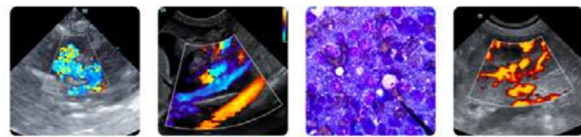
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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.

Gastrointestinal

The **stomach** was filled with progressively shadowing luminal material, consistent with ingesta and or hair accumulation. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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.



PATIENT

Onyx Solon

SPECIES

Feline

BREED

Siberian

SEX

Spayed Female

AGE

4 Years 4 Months

WEIGHT

6.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Hamptonburgh Animal Hospital

REFERRING VET

Dr. Madaan

INVOICE

75735

DATE

6/5/26

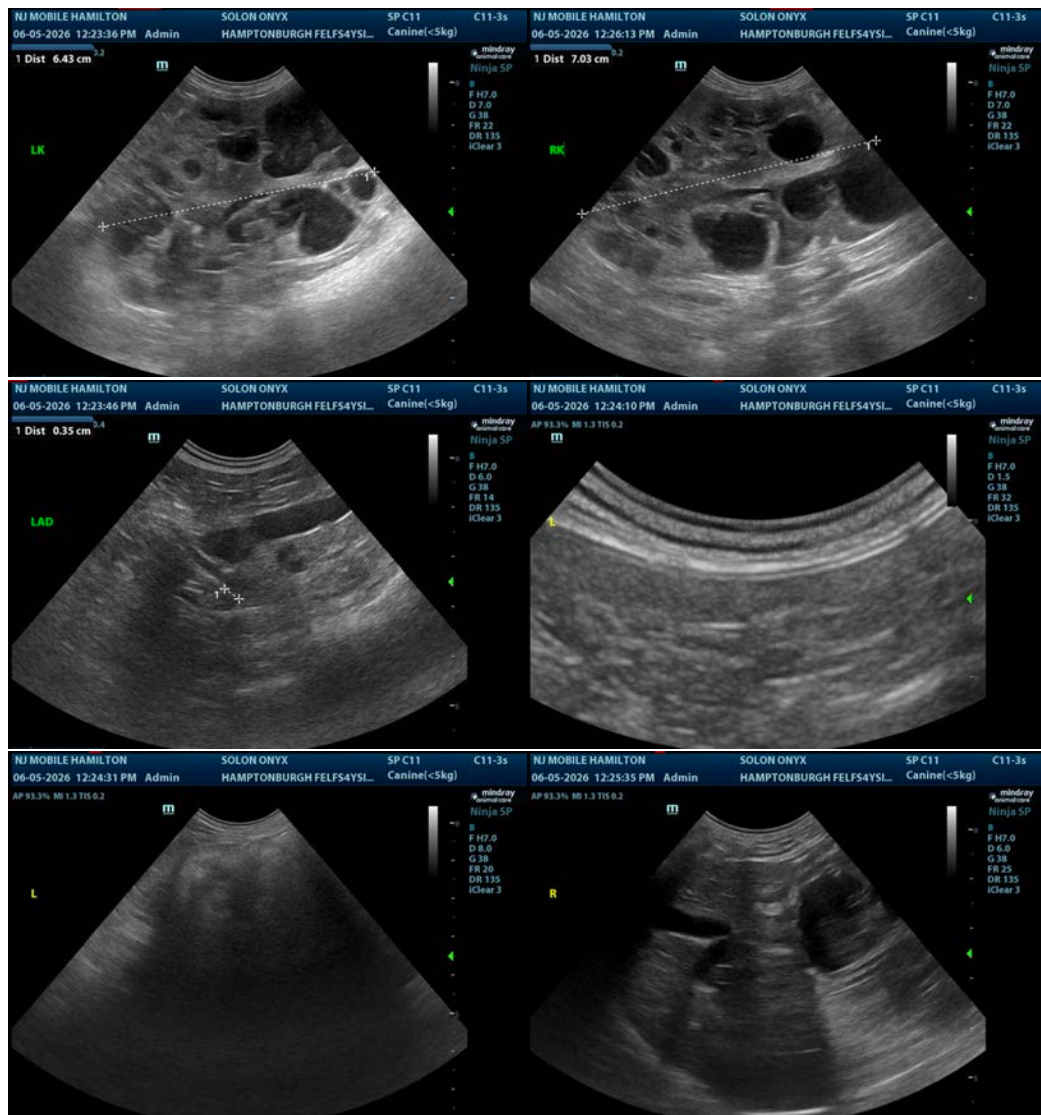
ULTRASONOGRAPHIC FINDINGS

- Severe polycystic kidney disease, subjectively end stage.
- Volume contracted spleen.
- Gastric ingesta or hair accumulation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV fluid protocol and reassessment of the azotemia could be considered. However, prognosis long-term is poor.

The breeding line should be evaluated for PKD.



PATIENT

Onyx Solon

SPECIES

Feline

BREED

Siberian

SEX

Spayed Female

AGE

4 Years 4 Months

WEIGHT

6.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Hamptonburgh Animal Hospital

REFERRING VET

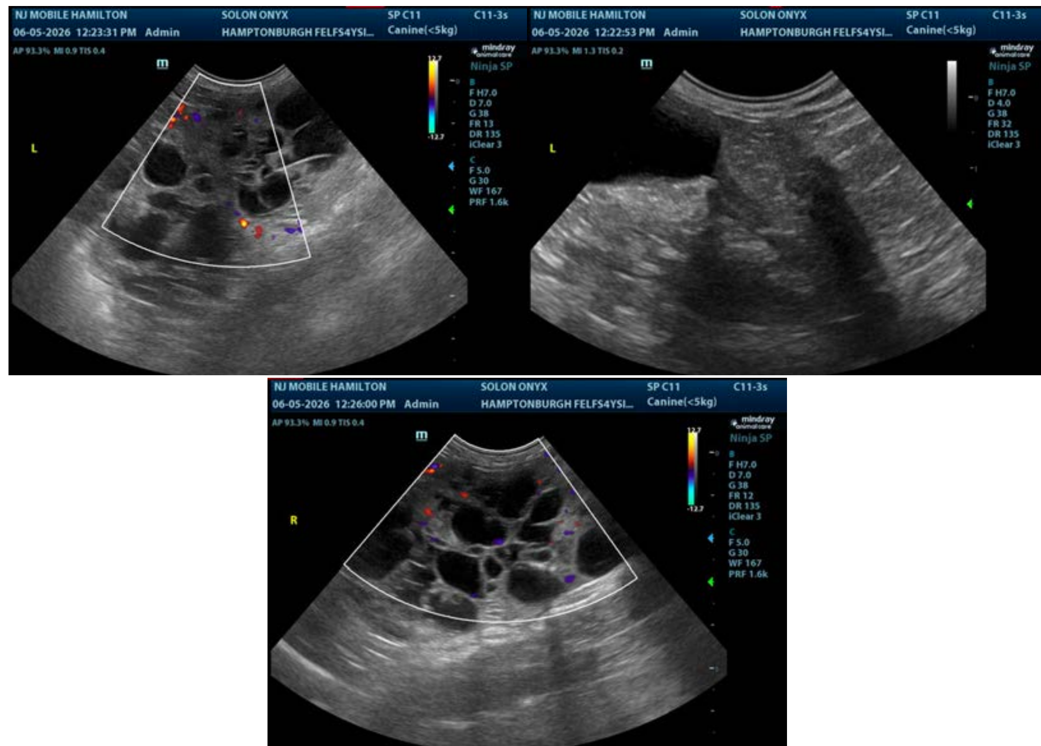
Dr. Madaan

INVOICE

75735

DATE

6/5/26



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