



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Blacky Ketler  
**SPECIES** Feline  
 Patient was referred to us for hospitalization post lab results on Aug 11th 2022. Labs showed elevated ALT, Bun, and Creat. Patient also had an elevated glucose over 400. At intake glucose was 280. Patient was put on fluids 25 ml/hr and given Cerenia and pantoprazole. Abdominal ultrasound was performed. There is a concern for lymphoma post ultrasound.

**BREED** DSH  
 Abnormal PE/Chem/CBC/UA Results: 12/29/2020: BUN 32 (H), Creat normal, ALT normal, USG 1.042 8/10/22 (rDVM): ALT 197 (H), Tbil 1.3 (H), BUN 127 (H), Creat 3.1 (H), Glucose 486 (H), Mg 3.8 (H), K 4.9, cholest 264 (H), Psl 46 (H), WBC 13.8, HCT 30, Neutrophilia with bands (11730/414), T4 1.1, USG 1.031, Protein in urine 2+, no ketones. glucose 3+, no crystal or bacteria in urine 8/11/22: -BG: 275 -EPOC BUN 96 (H), Creat 2.55 (H), BG 293, pH 7.41, Ca 1.90 (L), K 3.8, Serum ketone negative

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX** Neutered Male  
**Urinary System**

The **urinary bladder** presented debris and a small amount of sand. The bladder was mildly overdistended. Urine production was present, visualized in ureteral jets. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

**AGE** 11 Years  
 The **right kidney** was enlarged at 5.15 cm. Loss of corticomedullary definition noted. Cortical infarcts noted. Pericapsular fluid present with moderate to severe pyelectasia.

**WEIGHT** 3.75 kg  
 The **left kidney** presented similar changes with infarcts and cortical collapse. Pinpoint mineralizations noted. Pyelectasia noted. Largest calculus measured 0.41 cm, non-obstructive at the time of the sonogram.

Blood flow to the kidneys appeared to be moderately subnormal.

**INTERPRETED BY** Eric Lindquist, DMV  
**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 right adrenal gland measured 0.40 cm. The left adrenal gland measured 0.38 cm.

**IMAGING PERFORMED BY** Dr. Emily Kalenius  
**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.

**HOSPITAL NAME** Wilvet Salem  
**Liver**

The **liver** was enlarged with dilated and echogenic. cystic duct and common bile duct. Post-hepatic congestion noted. Mild increased portal markings and hepatic swelling. No overt obstruction to the common bile duct noted. The common bile duct tapered to a width of 0.34 cm.

**INVOICE** 40343  
**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present.

**DATE** 8/11/22



**PATIENT**

Blacky Ketler

Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

**SPECIES**

Feline

**Pancreas**

The **pancreas** was hypoechoic and irregular in the left limb. Mildly enlarged, up to 1.2 cm. Enhanced surrounding mesentery noted.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered Male

- Obstructive nephrolithiasis in the right kidney
- Mild nephritis left kidney
- Small amount of bladder sand/calculi
- Cholangitis liver pattern with mild post-hepatic congestion
- IBD GI pattern
- Concurrent pancreatitis

**AGE**

11 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

3.75 kg

The patient likely passed a calculus recently, given the bladder sand. 72-hour IV fluid protocol and potential SUB placement in the right kidney may be necessary for decompression. The exact cause of pelvic dilation of the right kidney was not evident. However, underlying ureteral structure or non-visible calculus is possible. Prognosis is guarded. No evidence or suspicion of neoplasia. Full urinary workup, culture and sensitivity, hepatic FNA all indicated. Pain management recommended. Concurrent pancreatitis is likely an issue and contributing to the azotemia.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Emily Kalenius

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Emily Kalenius

**INVOICE**

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**DATE**

8/11/22





**PATIENT**

Blacky Ketler

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**SEX**

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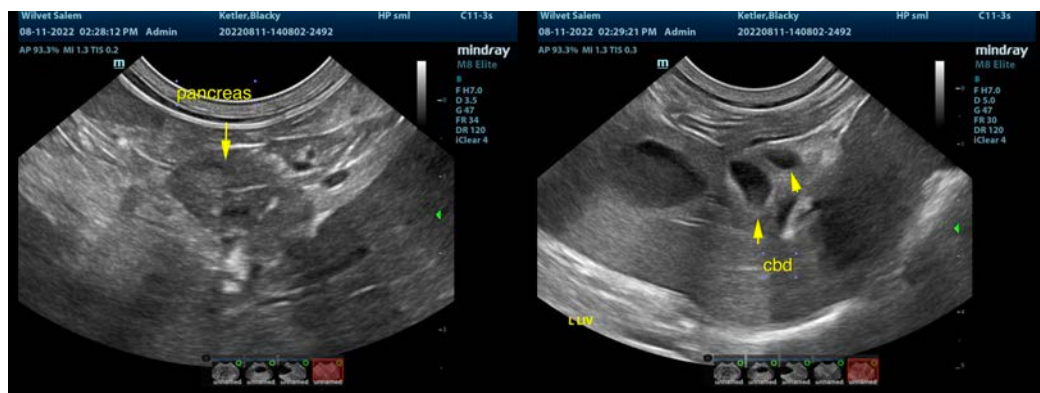
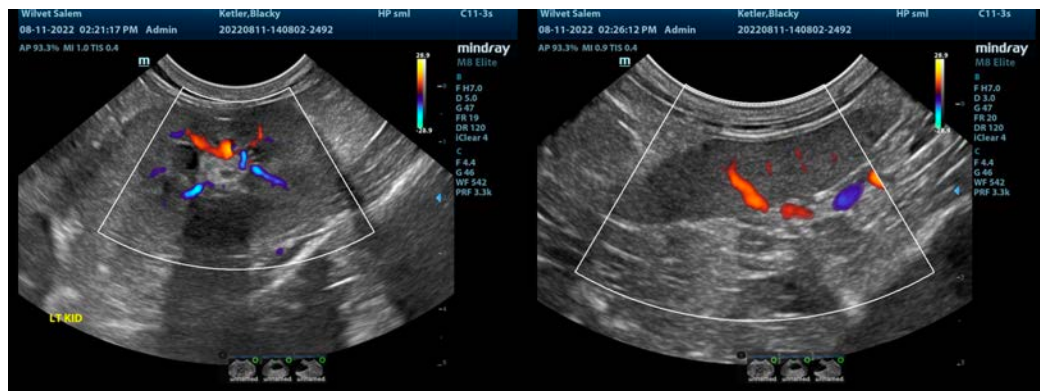
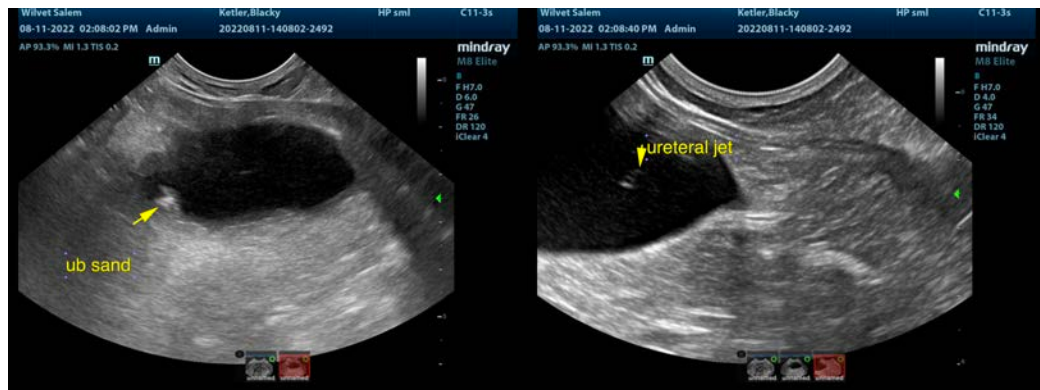
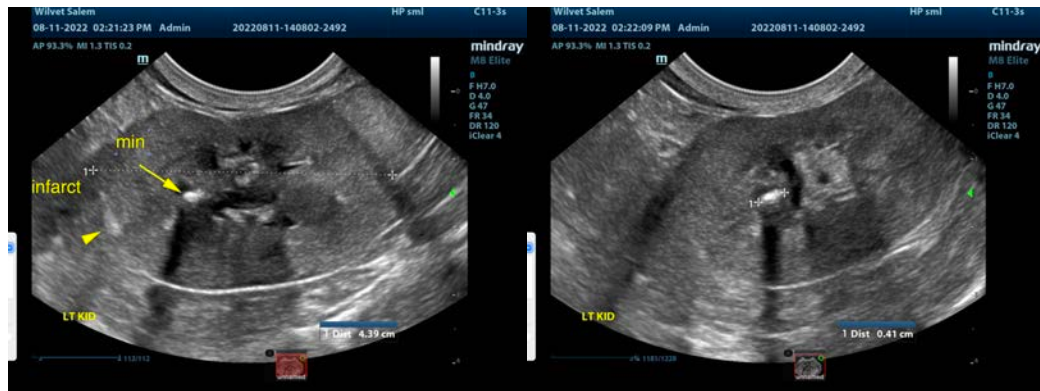
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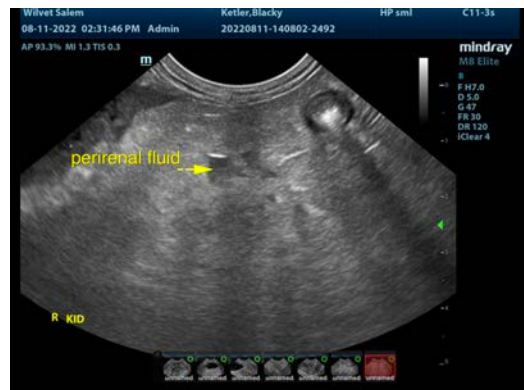
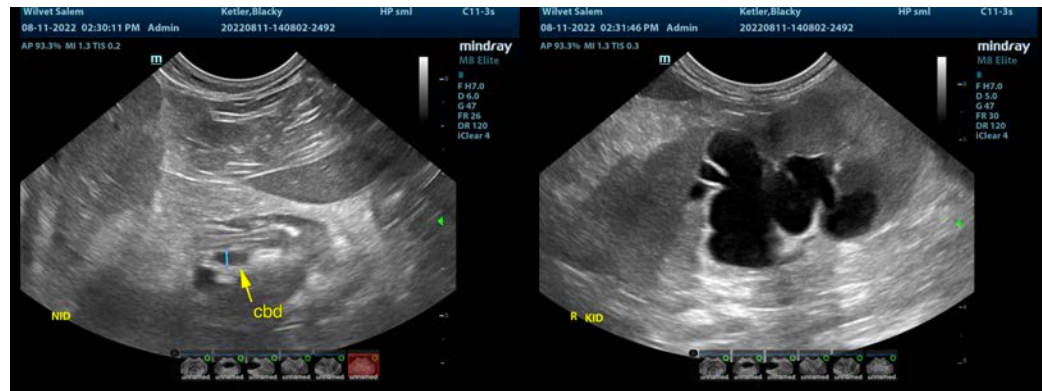
Neutered Male

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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, Cert. IVUSS, CEO of SonoPath.com

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