



**PATIENT**

Smokey Allen

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

8.3 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

The Gentle Vet

**REFERRING VET**

Dr. Dulude

**INVOICE**

23898

**DATE**

8/11/23

**PRESENTING CLINICAL SIGNS**

History: Acute azotemia. Anemia. Left Kidney palpably large. Hx UTI. Current meds: Baytril, cyproheptadine

Abnormal PE/Chem/CBC/UA Results: US: C+S -E. Coli

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** wall was mildly thickened. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. No evidence of calculi or obstruction at the time of the sonogram.

The **kidneys** revealed largely normal structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Corticomedullary and pelvic calculi were noted, nonobstructive. The left ureter revealed a calculus, measuring 0.21 cm with enhanced surrounding mesentery and ureteral thickening. The left kidney measured 3.89 cm with pyelectasia and echogenic debris. The left kidney was swollen with pericapsular inflammatory pattern.

**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 0.27 cm. The right adrenal gland measured 0.38 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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.

**Gastrointestinal**



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The **stomach** revealed progressively shadowing material, hairball type density, unless the patient was postprandial. The small intestine and colon were unremarkable.

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**Pancreas**

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The **pancreas** was hypoechoic and irregular with undulating contour and dilated duct. This change is consistent with pancreatitis. Enhanced surrounding mesentery was noted.

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

- Left ureteritis and obstructive left ureterolith with pyelonephritis of the left kidney.
- Moderate degenerative renal changes with nephrolithiasis, nonobstructive (at the time of the sonogram).
- Mild bladder thickening
- Concurrent pancreatitis
- Shadowing material in the stomach- hairball type density
- Age-related hepatic changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

8 Years

72hr IV fluid push is warranted with a full urinary work up and blood pressures. Pain management, broad spectrum antibiotics are all indicated with recheck sonogram in 48-72hr to assess the status of the pancreas and ureterolith.

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The calculus in the left ureter appears small enough to potentially pass, however, I'm concerned about left ureteral dysfunction given the thickening of the ureter. Contractility was persistent with a trace amount of fluid noted around the left ureter, likely owing to inflammation.

**INTERPRETED BY**

**Chronic UTI Protocol**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

I recommend **Enrofloxacin** (5-10 mg/kg SID PO) (In patients > 1 year of age) in late pm after urination to maximize urinary concentrations overnight. This assumes that culture supports this use. Repeat **culture** at 3-4 weeks and continue treatment at least 7-10 days post negative urinary sediment and negative culture. *Note: Negative culture does not necessarily mean lack of UTI.* Other favorite antibiotics for chronic UTI include third generation Cefa (Ceftiafur or similar s.i.d. injectable) or Clavamox. If suspicion of occult urinary incontinence is present then **phenylpropanolamine (PPA)** (1-2 mg/kg BID) can be employed long term to enhance urethral tone.

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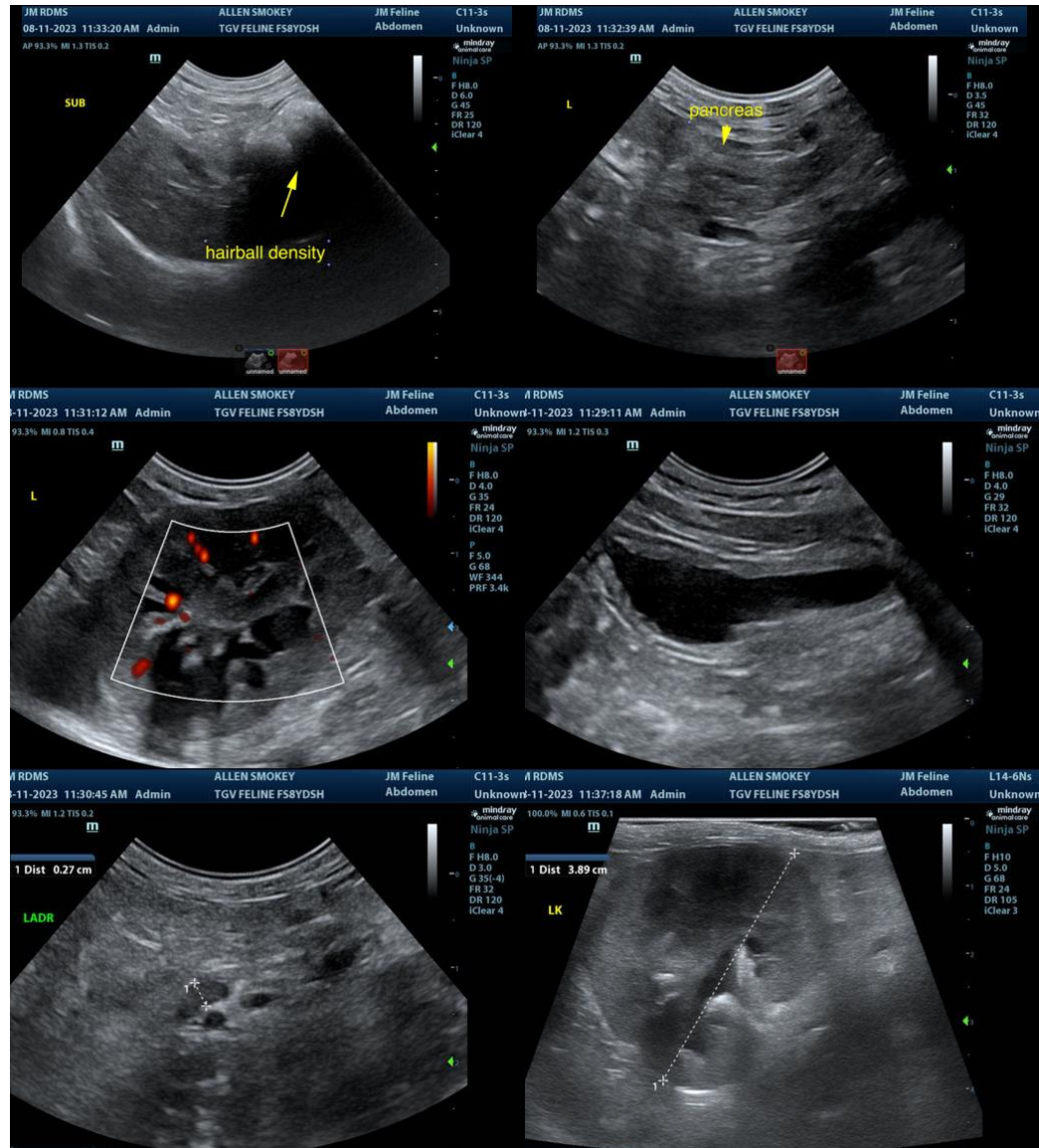
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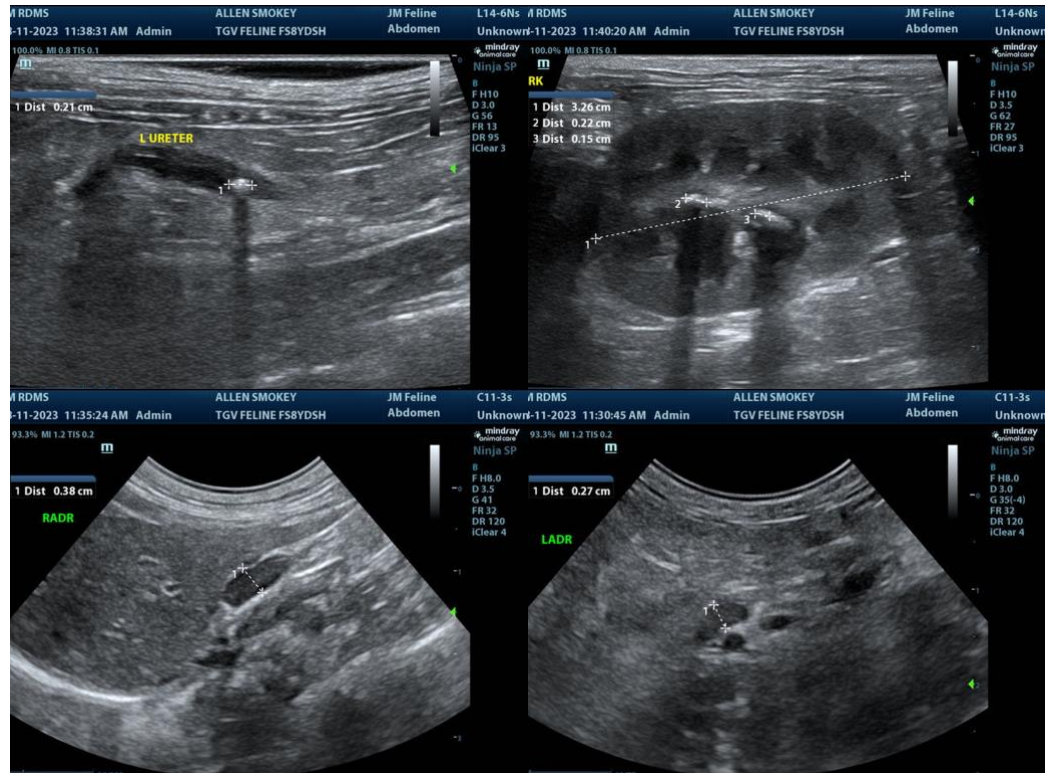
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com