

**PATIENT**

Bagel Nishiyama

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2013

**WEIGHT**

13.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert IVUSS

**IMAGING  
PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Brooklyn Heights VH

**REFERRING VET**

Dr. Thomson

**INVOICE**

92060

**DATE**

09/28/21

**PRESENTING CLINICAL SIGNS**

History: Lethargy, inappetence

History of collapsed kidney

**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.

The right **kidney** revealed persistent pelvic dilation with a 1.4 cm pelvic calculus. Loss of corticomedullary definition and pericapsular inflammation was noted. The right kidney measured 3.85 cm. Blood flow was subnormal owing to chronicity. Infarcts were also noted. The left kidney revealed slight pyelectasia with cortical cysts and minor pericapsular inflammation. Areas of cortical collapse were noted. The left kidney measured 3.8 cm.

**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 0.32 cm. The left adrenal gland measured 0.25 cm in width.

**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.

**Liver**

The **liver** revealed coarse architecture and increased portal markings. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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**Pancreas**

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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.

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**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Persistent renal pelvic dilation in the right kidney and infarcts. Chronic active nephritis with pelvic calculus.

DSH

Left renal cortical infarcts, mild inflammatory pattern was noted. Slight pyelectasia.

**SEX**

Smoldering chronic active disease present in both kidneys, particularly in the right.

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

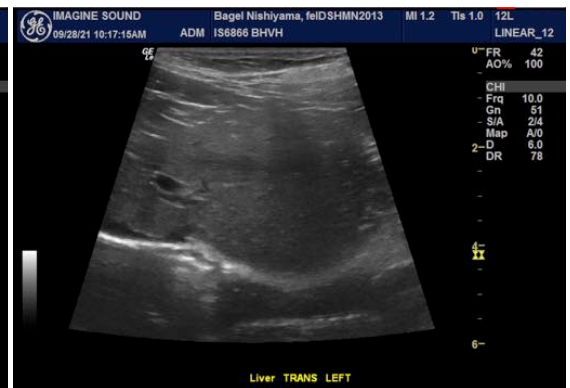
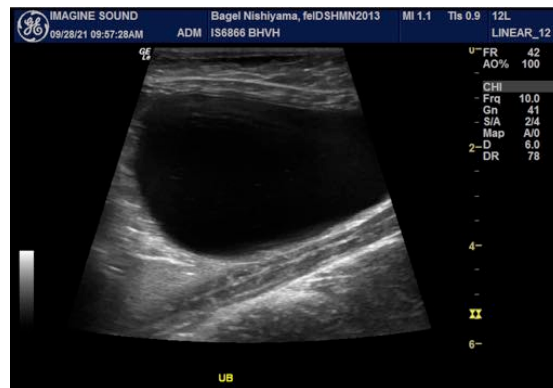
**AGE**

Pelvic nephrotomy in this patient could be considered as well as culture and sensitivity. However, the prognosis is guarded.

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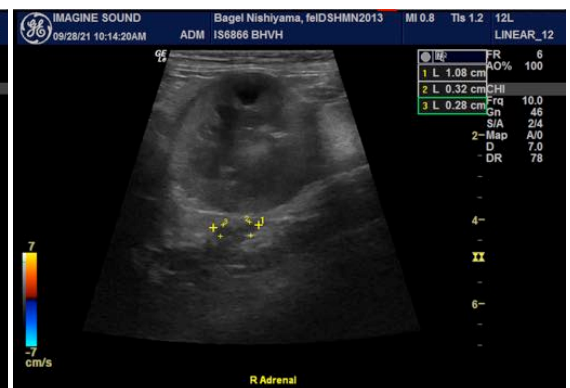
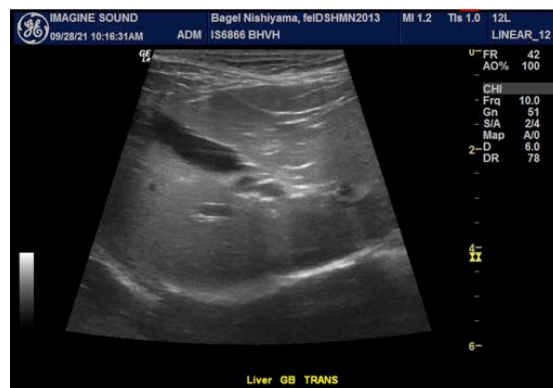
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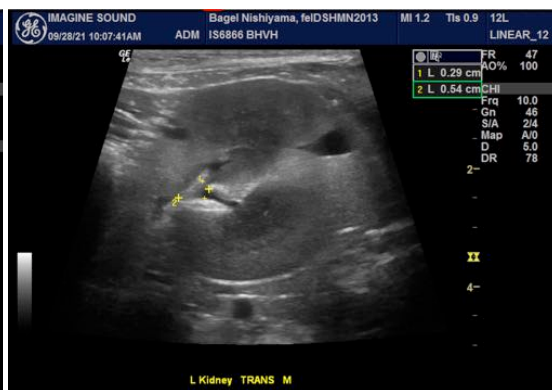
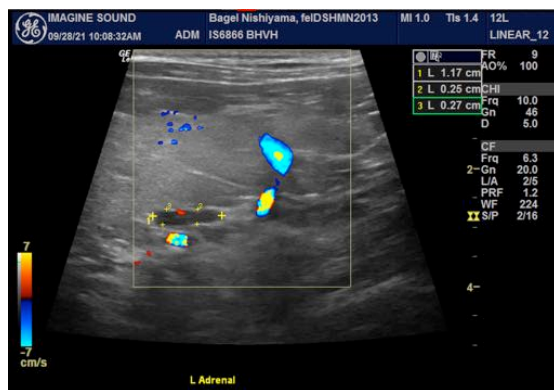
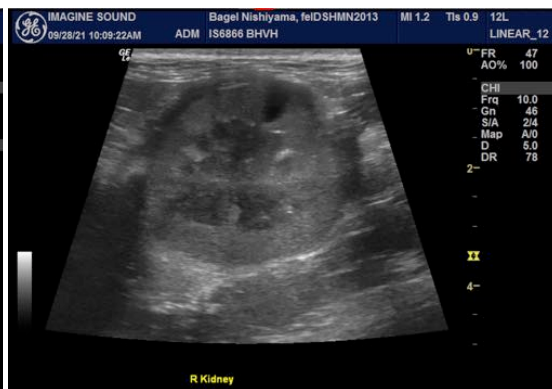
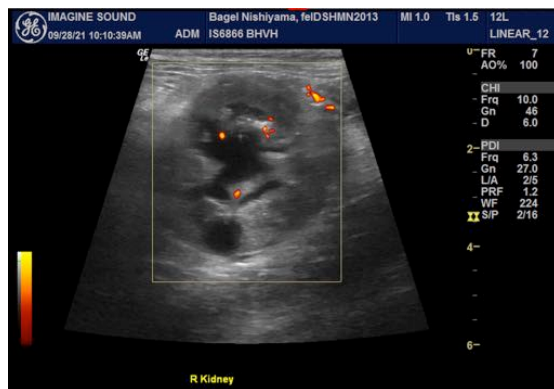
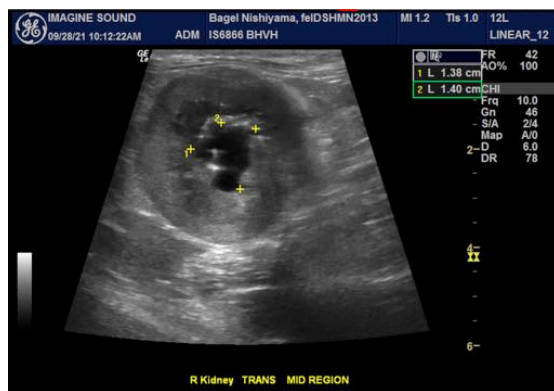
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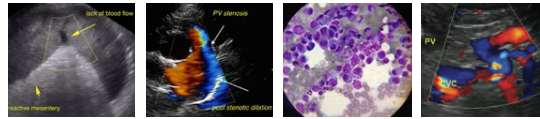
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
 Eric.Lindquist@SonoPath.com