



## PATIENT

Lilly Huguenin

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

15 years

## WEIGHT

2.88 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Kari Wilson, DVM

## HOSPITAL NAME

Animal Emergency  
Hospital Deland

## REFERRING VET

Dr. Wilson

## INVOICE

70059

## DATE

1/13/26

## PRESENTING CLINICAL SIGNS

History: Lilly is a 15 YO FS DSH who was transferred for hospitalization for possible pyelonephritis. O took p to rDVM today for lethargy and vomiting. P has lost about 1.5 lbs since November. Her bloodwork showed WBC 34K and azotemia (BUN 73, Crea 3.9). P has history of limping one week ago and rDVM noted bruising on the medial aspect of the left hindlimb. P was tested negative for FeLV/FIV and normal for proBNP in November. QOL and hospitalization was discussed with rDVM and O wanted to try hospitalization with supportive care first.

Abnormal PE/Chem/CBC/UA Results: Possible pyelonephritis vs other Azotemia Leukocytosis

## 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. A minor amount of suspended debris was noted with normal. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Echogenic cortical remodeling was noted. Slight mineralization was noted. The left kidney measured 3.2 cm. The right kidney measured 3.5 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.

### 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.



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## Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. The bowel was fluid filled. There was no evidence of obstructive pattern.

Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was 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.

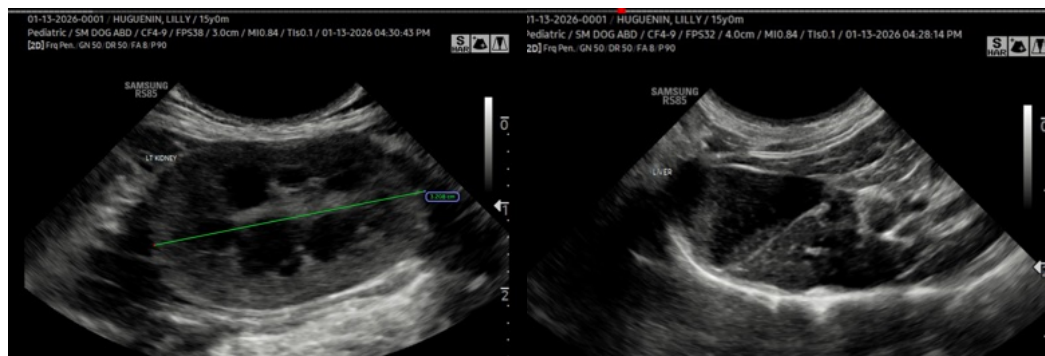
## ULTRASONOGRAPHIC FINDINGS

Mild, degenerative renal cortical changes, normal size and contour.

Non-specific gastroenteritis with mild degenerative renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for the reported UTI, IV fluid support, broad spectrum antibiotics and blood pressure measurements are all indicated with reassessment of the clinical profile.





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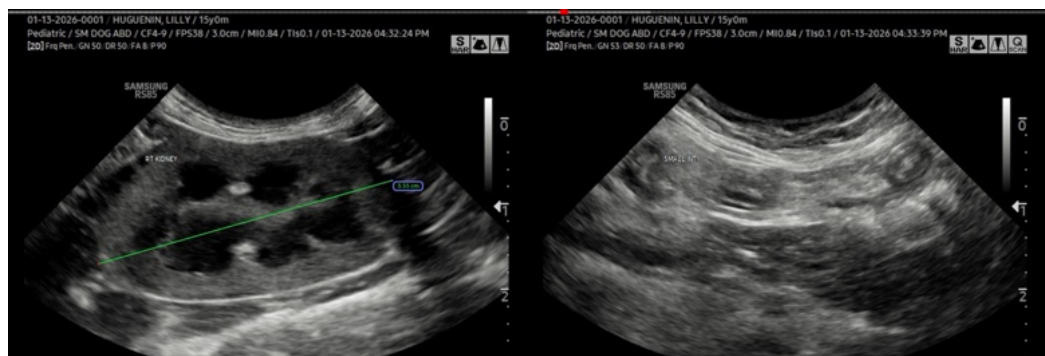
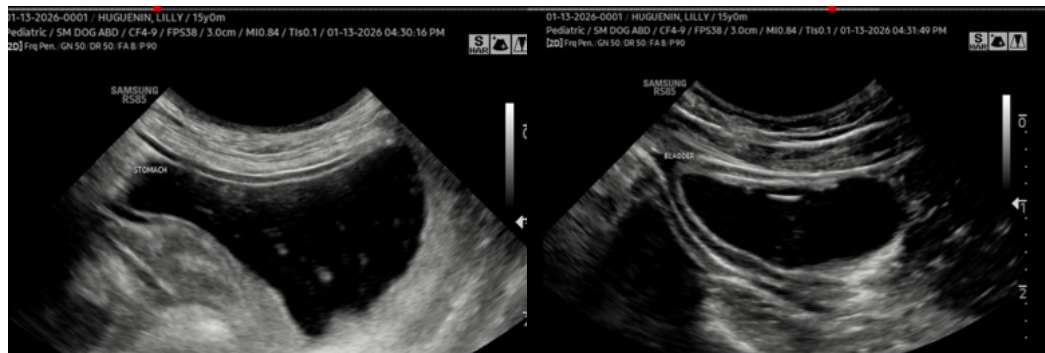
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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