



PATIENT

Franny Frobes

SPECIES

Feline

BREED

Bermese Mix

SEX

Spayed female

AGE

17 years

WEIGHT

4.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Woodside

HOSPITAL NAME

Cat and Dog Hospital
of Portland

REFERRING VET

Dr. Woodside

INVOICE

70339

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- History of hypertension managed with Amlodipine
- History of Hypercalcemia (idiopathic) managed with Alendronate
- History of Hyperthyroidism managed with Y/D diet
- New finding of elevated liver enzymes on blood work in November 2025, correlating in timing with mild weight loss. Below, comparison given with results from April 2025.
- Screening liver enzymes today
- Mild mydriasis OU, mild dental calculus, bilateral coxofemoral arthritis, discomfort with palpation of lumbar epaxial muscles (resolves when receives Solensia injections regularly), mild to moderate decreased in muscle mass, severely matted hair coat SDMA 15 (0 - 14 µg/dL) Creatinine 1.6 (0.9 - 2.3 mg/dL) ALT 161 (27 - 158 U/L), 81 in April AST 97 (16 - 67 U/L), 25 in April ALP 24 (12 - 59 U/L), 16 in April GGT <1 (0-6 U/L), <1 in April USG 1.105 pH 5.5 No crystals, blood or bacteria found on UA

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. Sand and small calculi accumulation was noted and measured up to 0.9 cm. 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. A slight cortical infarct was noted at the dorsal cortex of the right kidney. The right kidney measured 3.15 cm. The left kidney measured 3.0 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 0.4 cm. The left adrenal gland measured 0.5 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured up to 1.26 cm.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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 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.

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

Bladder sand.

Age related kidneys with mineralization.

Splenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenomegaly may be owing to sedation employed in this patient prior to the sonogram. However, if any weight loss is an issue then 25-gauge FNA of the spleen is indicated. Dissolution protocol is warranted based on urinalysis results. No direct relationship of the abdominal presentation with hypertension unless potential round cell neoplasia is found on splenic FNA.



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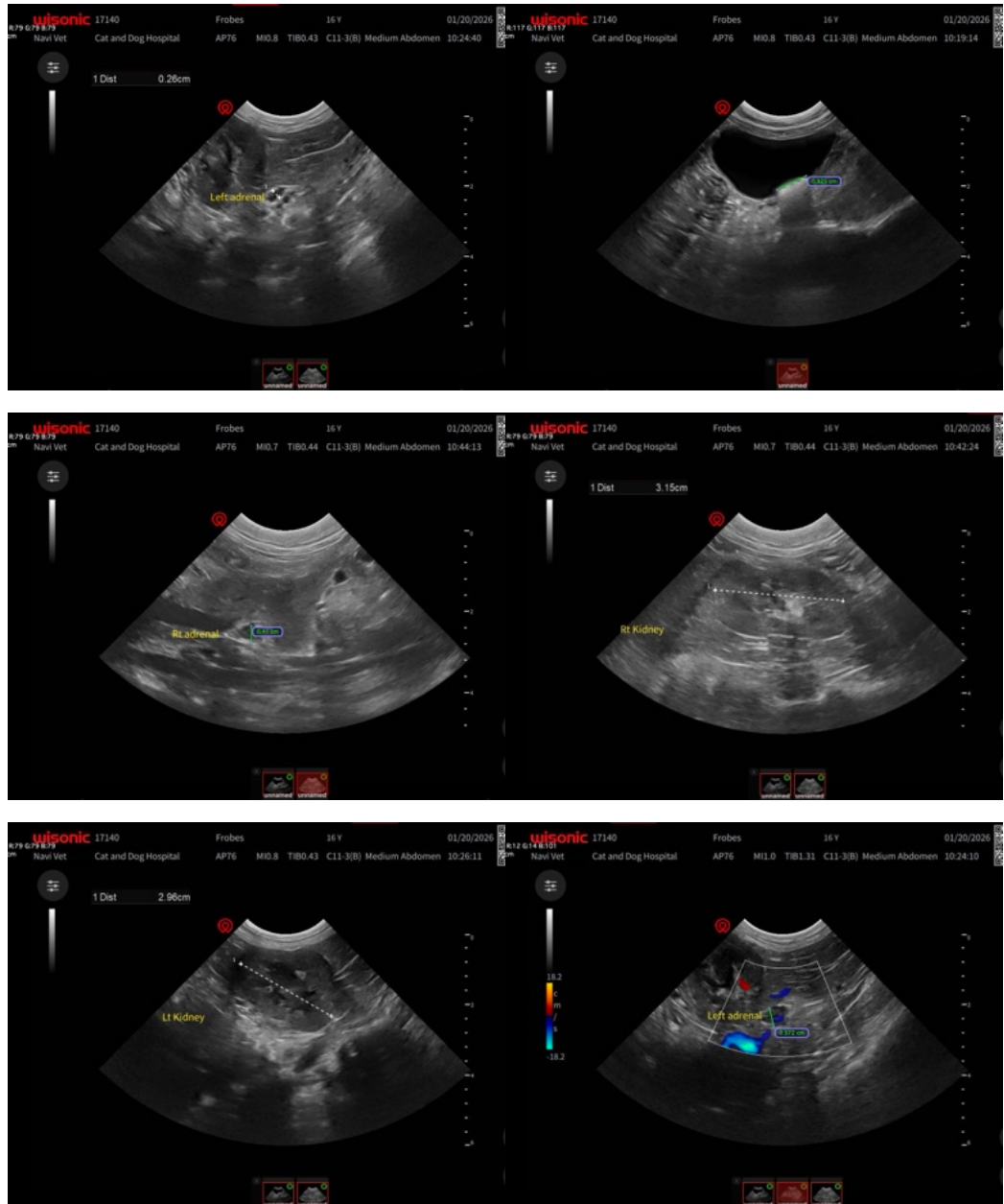
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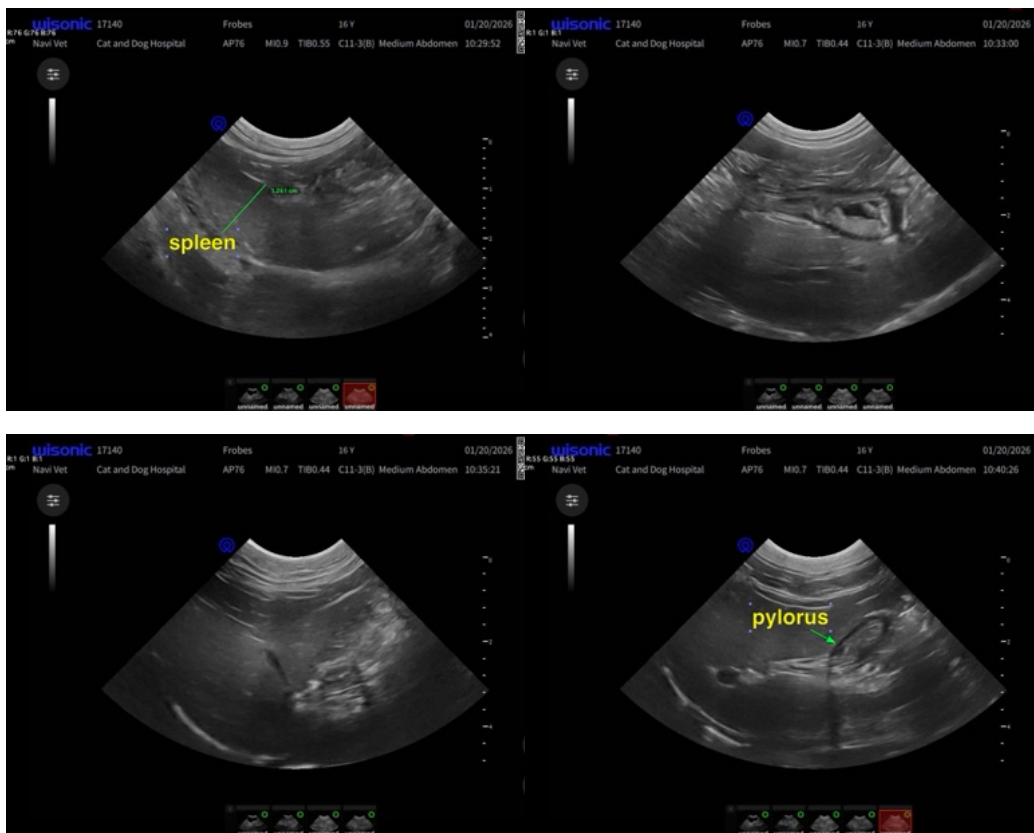
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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