



## PATIENT

Ronin Springfield

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

8 Years

## WEIGHT

19.4 pounds

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Dr. Agnes Rupley DVM

## HOSPITAL NAME

All Pets Medical  
Center

## REFERRING VET

Dr. Agnes Rupley DVM

## INVOICE

13282

## DATE

01/20/26

## PRESENTING CLINICAL SIGNS

- PRESENTED FOR: Re-check for coughing, which has resolved.
- REPORTED SYMPTOM: Lethargic since 1/18. not eating like he normally does. He is eating little amounts but not excited to eat like he normally does. Vommitted 1/19am brown liquid before he ate his breakfast. Not moving around as much as he normally does
- VITALS: 19.4 pounds
- Temperature: 102.5 (normal range is 100.0 F- 102.5 F)
- Heart Rate: 176 bpm (normal is 145-200)
- Respiratory Rate: 28 bpm (normal is 15-25)
- Mucous Membrane Color: pink
- Capillary Refill Time: <2
- CURRENT MEDICATIONS: Bravecto Plus, Gabapentin 100mg 1/2 tablet PO SID( last given 1/19pm)) increased to 2/3 tablet
- EXAM FINDINGS: Obese with body score 8/9. Dental disease.
- LAB RESULTS: CBC results reveal a lymphopenia. ProBNP is normal at <50. Chemistry revealed elevated glucose at 169.65, elevated TP at 9.3, elevated gloulins at 5.6, elevated GGT at 14, elevated triglycerides at 543, and elevated total cholesterol at 224. Urinalysis results reveal protein 30, red blood cells (movement on sample collection), pH 6.0, and Specific Gravity: >1.050. The fPLI is elevated at 6.1. SAA normal at <5.00.
- ASSESSMENT AND PLAN: Abdominal ultrasound due to symptoms and lab abnormalities.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 were noted. Ureteral papillae were normal.

The **kidneys** revealed slight enlargement and normal structure with minor increased corticomedullary definition and normal ratio (cortex 1/3 of medulla) were present with some moderate 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 and no evidence of pelvic dilation was present. The left kidney measured 4.47 cm in length. The right kidney measured 5.0 cm in length.

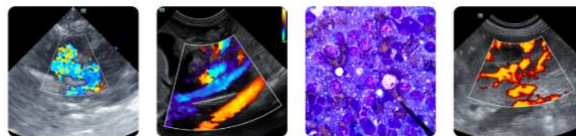
### Adrenal Glands

The **left adrenal gland** was 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 0.46 cm width.

The **right adrenal gland** was not visualized.

### 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



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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 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.

## 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

- Structurally normal abdomen with moderate age-related renal changes.
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral disease. Other causes of lethargy such as orthopedic pain or CNS or thoracic disease should be considered. Supportive care for GI upset is warranted in the meantime until further evaluation can occur.





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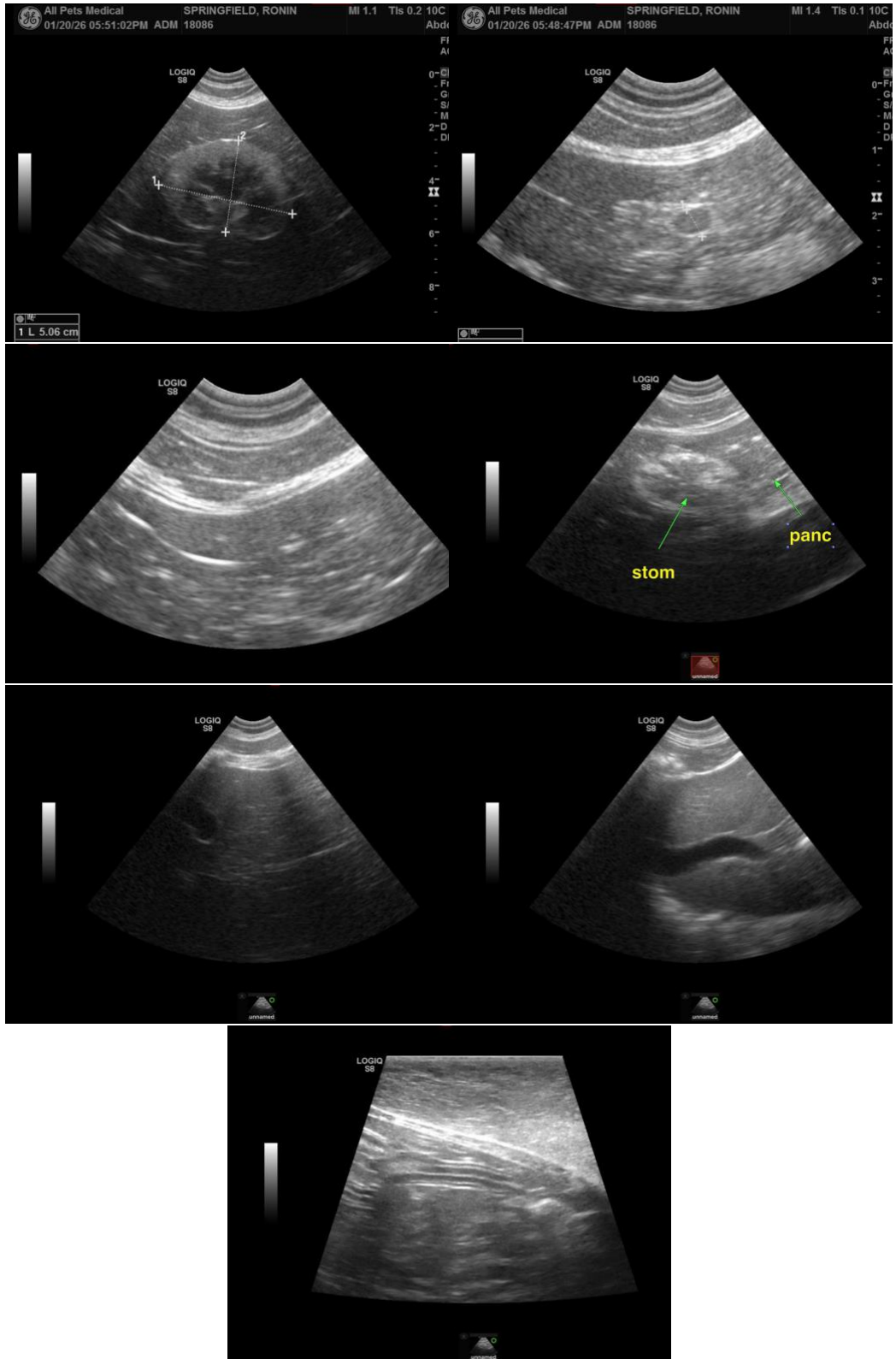
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

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