

## PATIENT

Willow O'Leary

## SPECIES

Feline

## BREED

DLH

## SEX

Spayed Female

## AGE

7 Years

## WEIGHT

5.35 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Michelle DeMelo RVT

## HOSPITAL NAME

Woodstock Veterinary  
Hospital

## REFERRING VET

Dr. Rob DeVries

## INVOICE

13439

## DATE

01/29/26

## PRESENTING CLINICAL SIGNS

- She initially presented on January 6th for signs of a urinary tract infection, including frequent urination, licking her vulva, and having red-tinged urine. A urinalysis at that time showed a significant number of white and red blood cells, as well as some struvite crystals. The urine was collected at home, so the significance of the crystals was uncertain. She was treated with Clavaseptin, and while the owner noted improvement in urinary signs, they had difficulty administering the full course of medication, vet that saw Willow used a higher dose (19.5 mg/kg) of Clavaseptin so that we could do 1/2 tablet instead 1.5 BID.
- A recheck urinalysis was recommended 7 days post AB+, Owner brought a sample on January 28th, which showed bacteria (cocci and possible rods on dry mount). The owner then reported that Willow had started acting unwell, with signs including lethargy, poor appetite, grumpiness, and curling up in unusual places. She was brought in for an examination today, January 29th.
- The cat is strictly indoors with no known exposure to toxins. The owner is very careful, and the only plants in the house are cacti and succulents with no likely exposure.
- Patient stable. Possible reaction to palpation of kidneys, Heart and lungs sounded okay, no obvious other concerns

Abnormal PE/Chem/CBC/UA Results: Chemistry: evidence of acute kidney injury with extremely elevated urea (181.1), creatinine (476), and phosphorus (4.25). Protein and amylase levels also elevated. Glucose is mildly elevated. - Electrolytes: Abnormalities include low sodium, low chloride, and high potassium 8.4 (3.5-5.8) - Complete Blood Count (CBC): There is no evidence of an inflammatory response - Urinalysis (from sample on Jan 28): - 1+ glucose was present. Lots of WBC and RBC, no crystals noted. - Sediment: 2+ cocci and possible rods were seen on the dry mount sample. - Rads: - Two stones are visible within the urinary bladder. - There are no obvious stones in the ureters. - There are some questionable differences in the density of the kidneys, but this may be an artifact

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** revealed a distinctly shadowing calculus measuring 1.1 cm and nonobstructive at the time of the sonogram. The bladder wall appeared largely unremarkable as well as the cystourethral junction. The proximal urethra was normal in structure and tone to a depth of 1.0 cm.

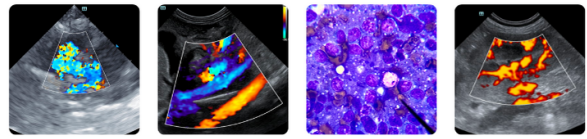
The iliac trifurcation was unremarkable.

The **right kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities.

The **left kidney** was mildly swollen with slight irregular contour. The left kidney measured 4.5 cm in length. Slight pericapsular enhanced fat which may represent inflammation.

### Adrenal Glands

The **right 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 right adrenal gland measured 0.50 cm width.



## PATIENT

The region of the **left adrenal gland** was imaged with no evident pathology.

Willow O'Leary

## *Spleen*

## SPECIES

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Feline

## *Liver*

## BREED

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*

## AGE

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.

7 Years

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## *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.

## INTERPRETED BY

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

## ULTRASONOGRAPHIC FINDINGS

- Bladder calculus.
- Unremarkable kidneys with mild potential for nephritis pattern of the left kidney.

## IMAGING PERFORMED BY

Michelle DeMelo RVT

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient may have passed calculus recently without overt obstructive disease at the time of the sonogram. Management for acute renal injury is warranted. Urine culture and sensitivity with stone analysis at cystotomy is recommended.

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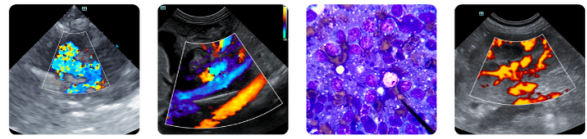
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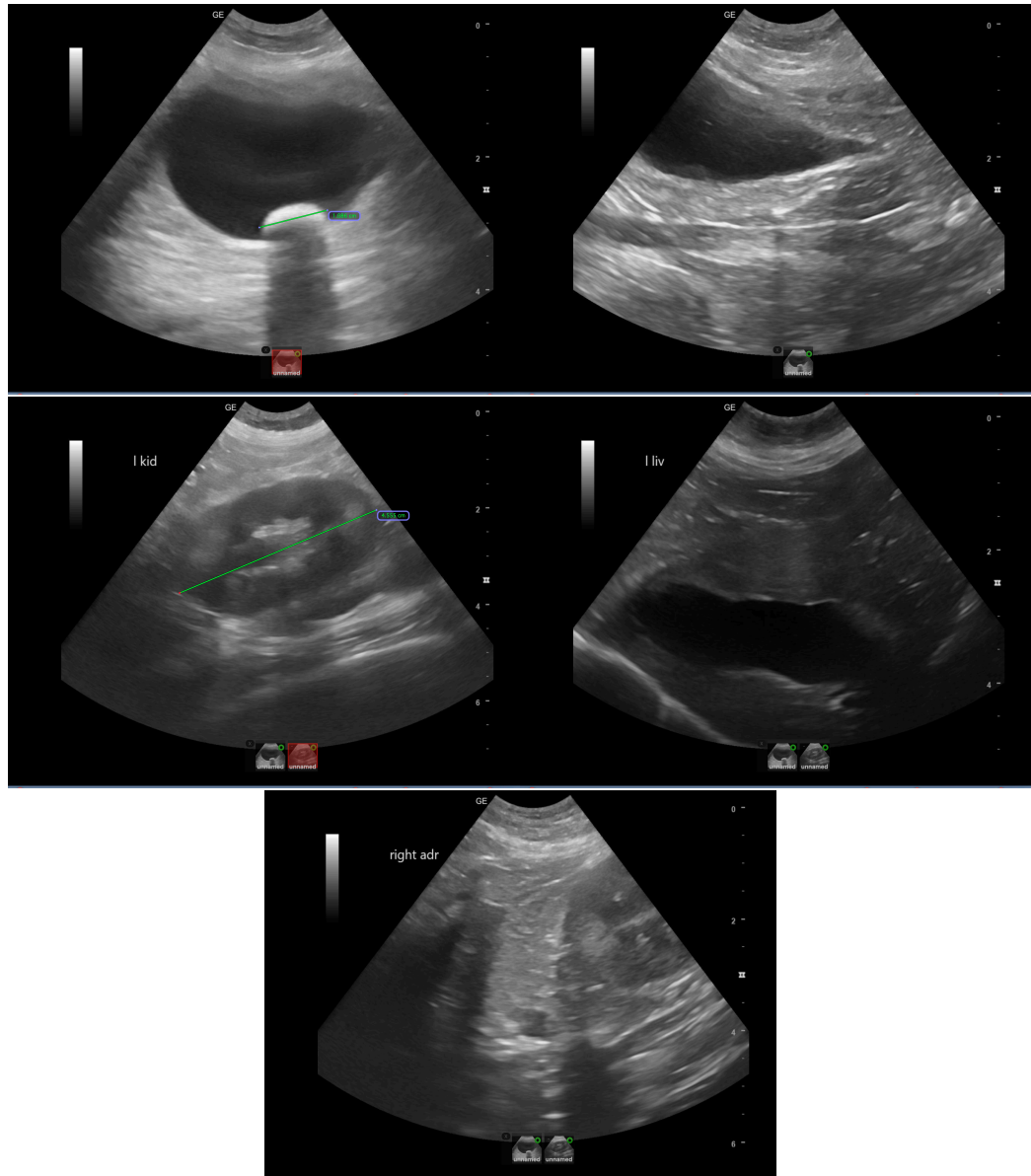
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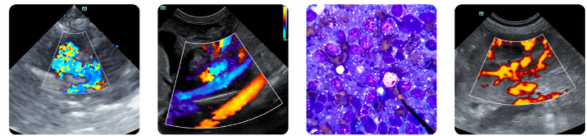
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

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