



PATIENT

Autumn Rawls

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

17 years

WEIGHT

6.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Cassidey Stone

HOSPITAL NAME

Petrolglyph AH

REFERRING VET

Dr. Stone

INVOICE

69923

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Weight loss with vomiting, increased thirst and hunger
Abnormal PE/Chem/CBC/UA Results: Nonregenerative anemia 20% Elevated SDMA and BUN, Elevated lipase

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 **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. The largest calculus in the right kidney measured 0.57 cm. Multi-focal infarcts and calculi were noted. The left kidney was subnormal in size and measured 2.5 cm. Multi-focal, cortical collapse was noted at the caudal pole and dorsal cortex. The right kidney measured 3.4 cm with the largest calculus in the right kidney measuring 0.57 cm. Blood flow was mildly suppressed in both kidneys on color flow Doppler assessment.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left and right adrenal gland measured 0.6 cm.

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. The spleen measured 0.94 cm.

Liver

The **liver** revealed a cystadenomatous type nodule and a large, cyst measuring 5.0 cm. The hyperechoic nodule was adjacent to the gallbladder. 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 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.

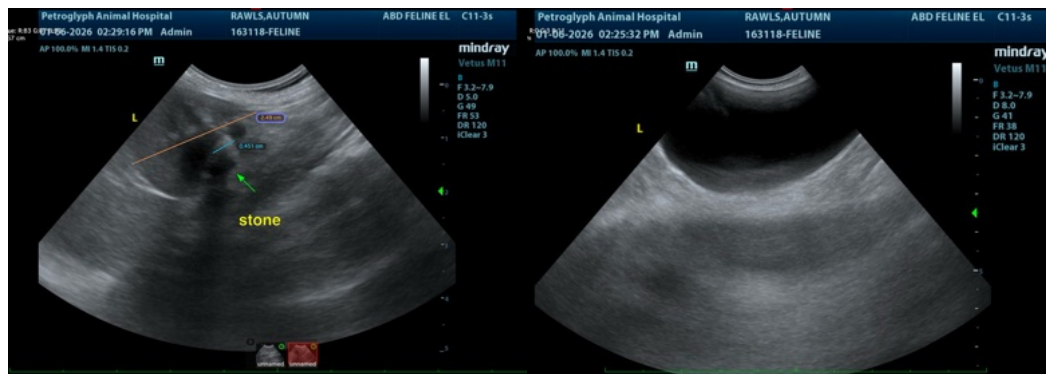
ULTRASONOGRAPHIC FINDINGS

Hepatic cyst and cystadenomatous nodule, subjectively benign.

Moderate degenerative renal changes on the left and mild to moderate on the right with infarcts and calculi.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing calculi periodically. The lesion in the liver appear to be benign. I am most concerned about renal viability long term.





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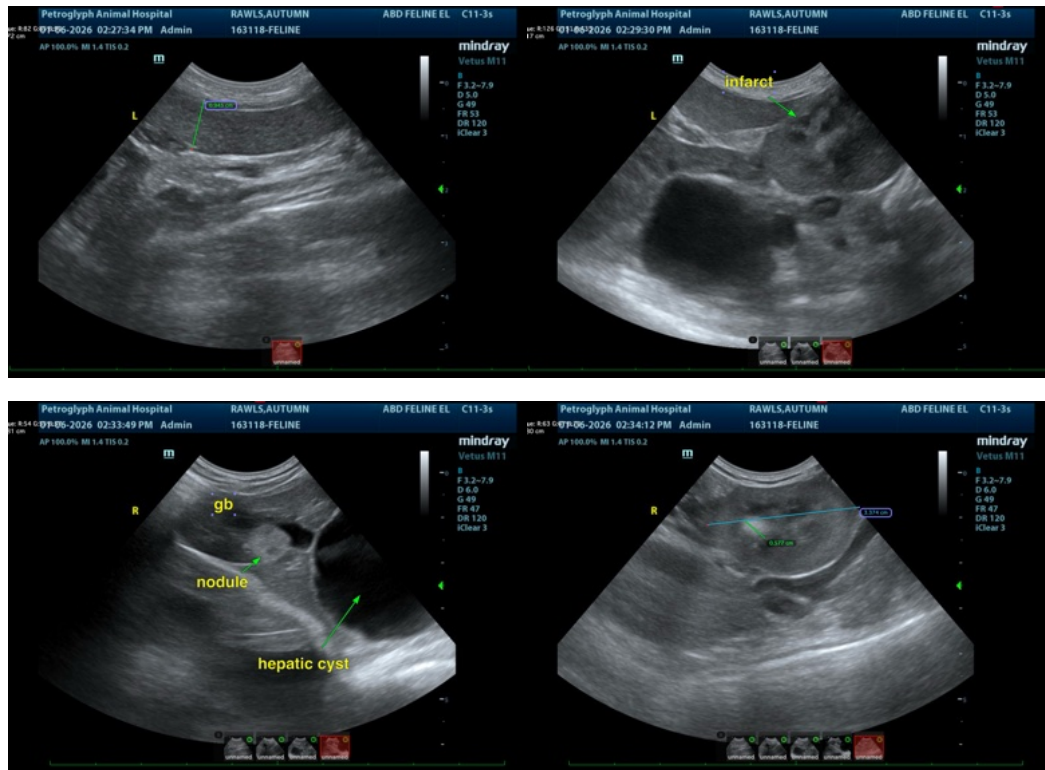
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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