



PATIENT

Blackberry Olufson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

4.44 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Beachy

HOSPITAL NAME

Linn VH

REFERRING VET

Dr. Cooper

INVOICE

69921

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: P came in 11/14/25 for an annual exam with the presenting concerns of weight loss and lack of appetite. P was 7.13 Lbs on 1/3/25 and is now down to 4.44 Lbs. P was 5.25 Lbs at 11/14/25. Has been on Solensia since 11/1/24.

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 30.3, Hgb 8.2, WBC 23.7, NTs 18.4, MOs 0.711, Chem: Alb 2.1, Alb: Glob 0.4, ALT 16, ALP 6 Urinalysis: USG 1.041, pH 7.0, UPC 0.5

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** were enlarged and irregular in contour. The right kidney revealed cortical infarcts. The kidneys were thickened and measured 4.5 cm on the left and 5.6 cm on the right.

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** 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.

Liver

The **liver** revealed slight, heterogenous parenchymal changes and uniform contour. There was no evidence of portosystemic shunting. 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. The stomach was over distended with chyme. 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.

Free Abdomen

Complete lack of body fat was noted.

ULTRASONOGRAPHIC FINDINGS

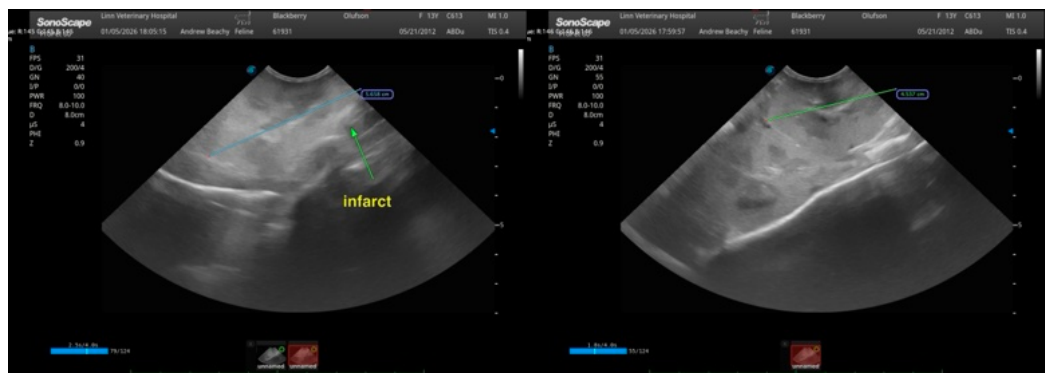
Bilateral renomegaly and wasting presentation.

Volume contracted spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for underlying renal lymphoma or FIP in this patient. Coagulation panel and 25-gauge FNA of the kidneys is indicated.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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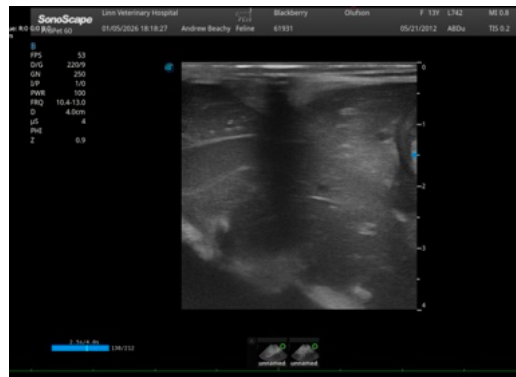
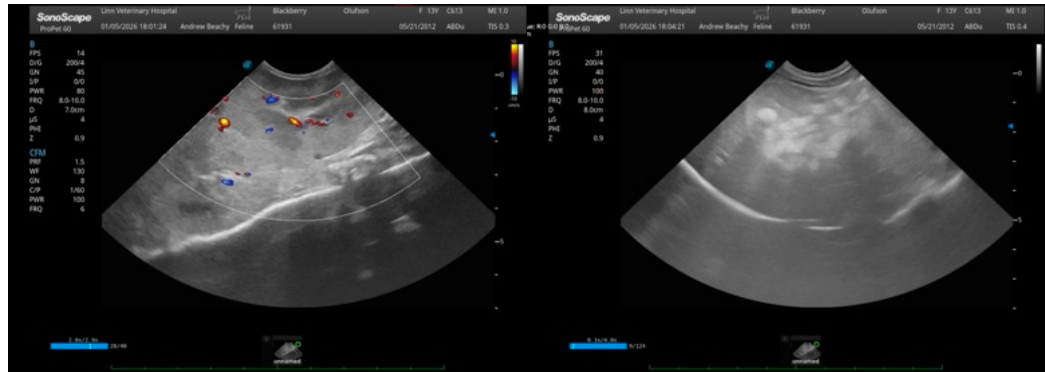
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com