



PATIENT

Luke Geraghty

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

5.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassandra Van
Nieuwal, DVM

HOSPITAL NAME

AEH Volusia

REFERRING VET

Cassandra Van
Nieuwal, DVM

INVOICE

35280

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: P presented for suspected constipation. O states P was seen at BP about 2w ago and put on Cisapride - O discontinued this as it was causing P to vomit and be anorexic. P still seems to be e/d and urinated, but is yowling in litterbox, unable to defecate. P has been getting Lactulose and a higher dosing of Miralax BID and neither seem to have helped this time. P has had 2 manual evacuations in the last year and at least 2 enemas. Lactulose generally works well for p but does seem to make him nauseous and sometimes vomit. He has been slowing down with defecation for probably 3 days, but noticeably decreased amounts in litter box in the last 2 days. P appetite was decreased but improved yesterday. O feeds GI biome or fiber response and K/D. History of elevated kidney values.

Abnormal PE/Chem/CBC/UA Results: all results attached

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 **left kidney** was subnormal in size and dystrophic with cortical fibrosis noted. The left kidney measured 1.9 cm. A pelvic calculus was noted. Chronic obstructive disease is likely.

The **right kidney** was mildly enlarged, likely compensatory hypertrophy. Some mild 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. The right kidney measured 4.8 cm. Trace pyelectasia was noted.

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 0.4 cm.

The region of the **left adrenal gland** revealed no evident pathology.

Spleen

The **spleen** was enlarged (1.4 cm) with subtle micronodular changes. Cranial folding of the spleen was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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 presented some dependent debris with essentially



PATIENT

Luke Geraghty

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

5.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassandra Van
Nieuwal, DVM

HOSPITAL NAME

AEH Volusia

REFERRING VET

Cassandra Van
Nieuwal, DVM

INVOICE

35280

DATE

1/8/26

normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable with empty lumen and normal mural thicknesses. The colon was dilated with fluid. The cecum was also dilated with fluid and gas.

Pancreas

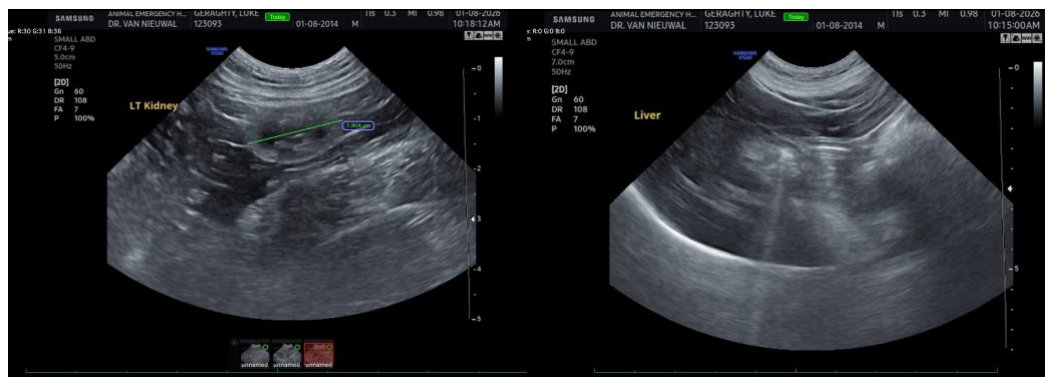
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly – FNA is indicated to assess for round cell neoplasia versus reactive spleen or splenitis.
- Dystrophic left kidney, not likely functional.
- Compensatory hypertrophy and enlargement of the right kidney.
- Fluid filled colon, colitis pattern- Intestinal dysbiosis should be considered.
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of obstructive disease. Full urinary work up, a fresh fecal smear and fecal floatation analysis, and maldigestion panel are all indicated.





PATIENT

Luke Geraghty

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

5.2 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Cassandra Van
Nieuwal, DVM

HOSPITAL NAME

AEH Volusia

REFERRING VET

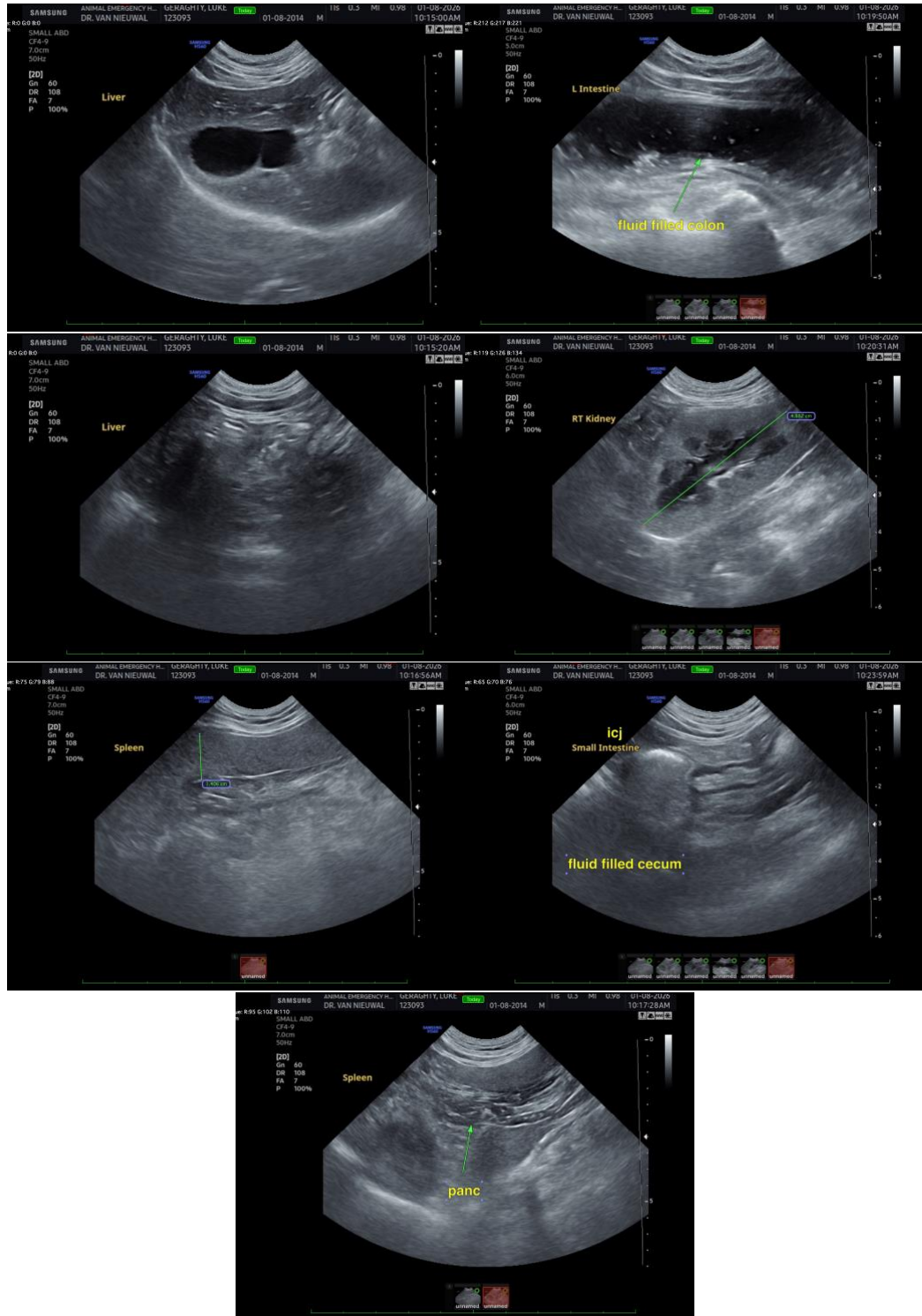
Cassandra Van
Nieuwal, DVM

INVOICE

35280

DATE

1/8/26



The information and recommendations provided are based on the images presented by the



PATIENT

Luke Geraghty

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

5.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassandra Van
Nieuwal, DVM

HOSPITAL NAME

AEH Volusia

REFERRING VET

Cassandra Van
Nieuwal, DVM

INVOICE

35280

DATE

1/8/26

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
info@SonoPath.com