



## PATIENT

Kato Hilley

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

9

## WEIGHT

14

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Schiess

## INVOICE

71878

## DATE

11/17/25

## PRESENTING CLINICAL SIGNS

Lethargy vocalizing when picked up Hx of FIV.

## 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 were noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Cortical infarcts noted. The right kidney measured 3.41 cm. The left kidney measured 4.1 cm. Blood flow to the kidneys appeared mildly subnormal on power doppler assessment.

### Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

### Spleen

The **spleen** was slightly enlarged with minor hyperechoic lipid plaques noted. The spleen measured 1.27 cm in width.

### 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 **pancreas** was hypoechoic and irregular with undulating contour.

## ULTRASONOGRAPHIC FINDINGS

- Moderate chronic degenerative renal changes.
- Prominent, irregular pancreas.



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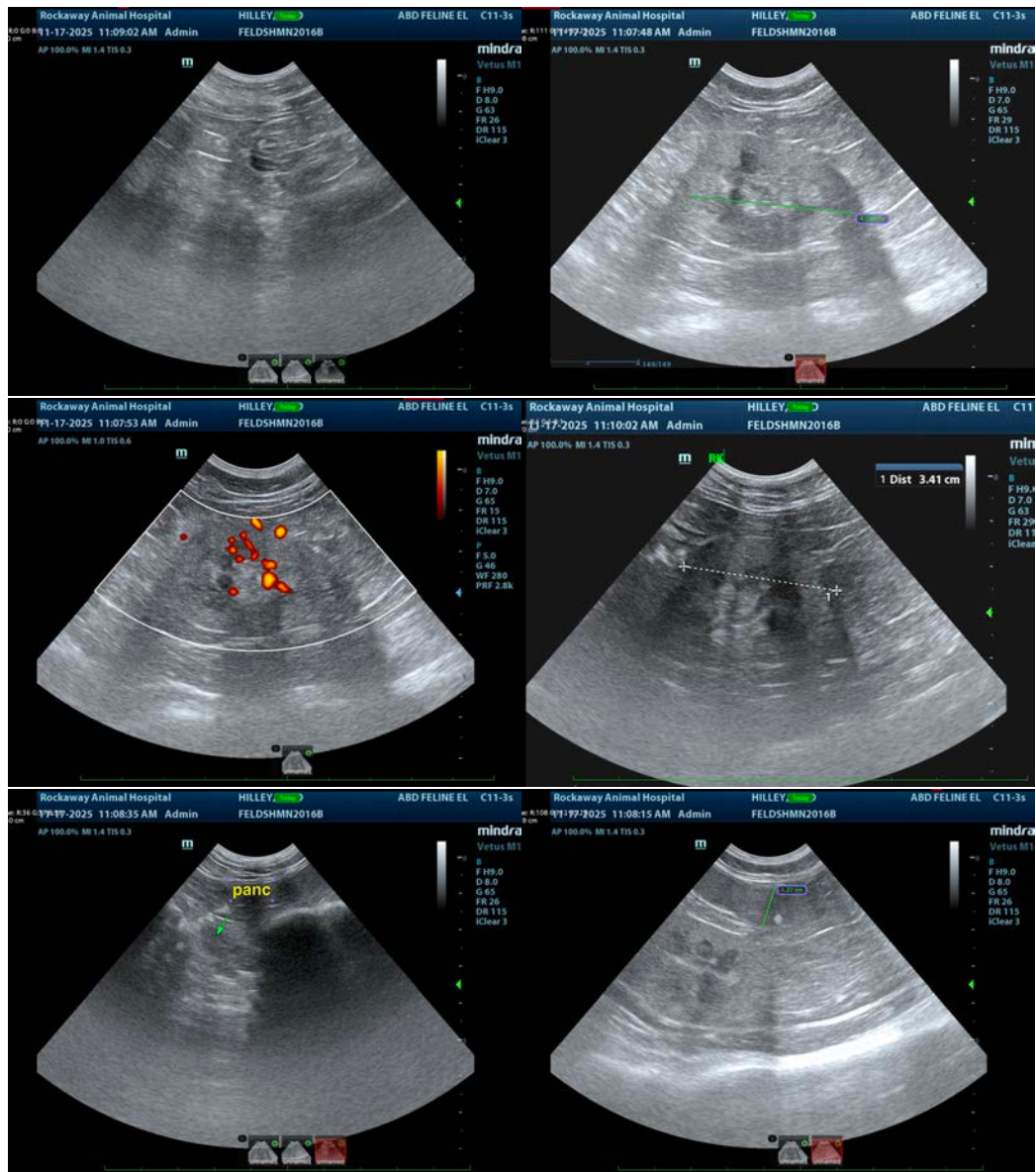
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- Mild splenic enlargement.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Splenic FNA indicated. Infectious agents should be ruled out such as toxoplasmosis and bartonella. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Management for pancreatitis indicated with IV fluid support, pain management, broad-spectrum antibiotics and diet change.





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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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