



PATIENT

Skippy Renda

SPECIES

Feline

BREED

Mix

SEX

Neutered male

AGE

12 years

WEIGHT

13 lbs

PRESENTING CLINICAL SIGNS

History: BCS 4/9 - Inappropriate defecation for 2 weeks with abnormal consistency ranging from just liquid to very hard - Hyperthyroid - Early renal disease

Urea Nitrogen 28mg/dL (14 -36) Creatinine 1.2mg/dL (0.6-2.4) SDMA 16.3 (Mild Inc.)UG/dL (<15.0) Amylase 2065IU/L (100-1200) Total T4 5.7ug/dL (0.8- 4.0)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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 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 measured 3.1 cm. The right kidney measured 3.8 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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. The left adrenal gland measured 0.4 cm.

IMAGING PERFORMED BY

Kevin Moon, DVM

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.

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Herr

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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.

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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Fluid filled pylorus was noted in this patient. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The proximal colonic wall was mildly thickened and measured up to 0.4 cm. Normal stool consistency was noted in the distal colon. The colonic lymph nodes were slightly enlarged and rounded measuring 0.5 cm.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

13 lbs

Proximal colonic thickening.

Otherwise, unremarkable abdomen.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend ensuring that the patient is adequately hydrated. Colonoscopy may be appropriate along with parasite management and a recheck sonogram in 7-10 days of the colonic wall to assess for any progression or regression. Empirical management for colitis is indicated.

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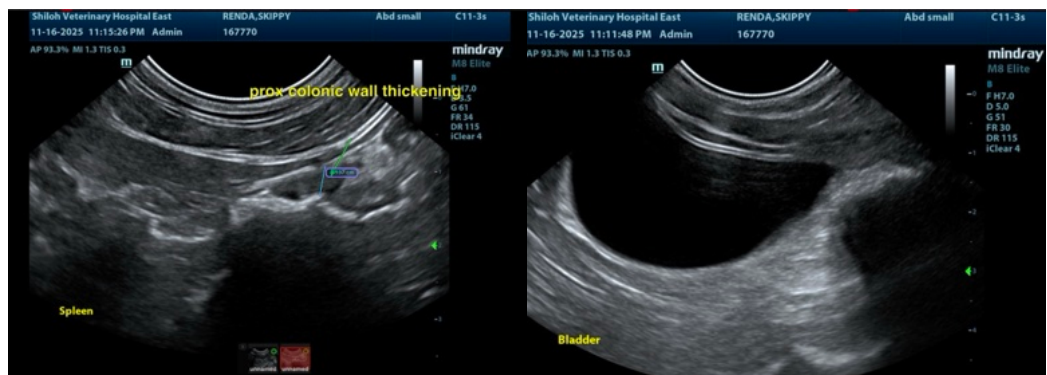
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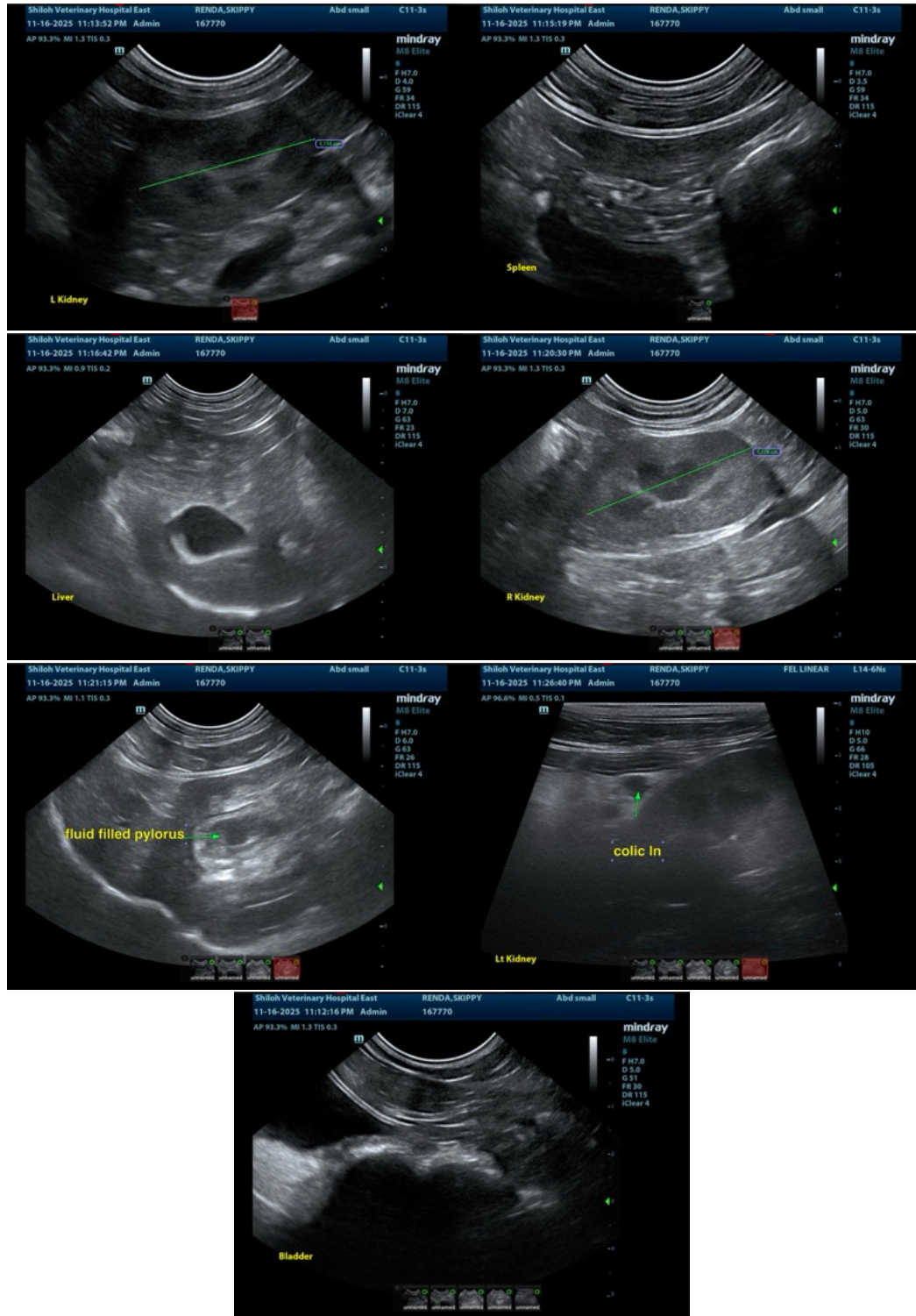
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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