



PATIENT

Stewie Murphy

SPECIES

Feline

BREED

Persian

SEX

Neutered male

AGE

17 years

WEIGHT

12 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Todd

INVOICE

68768

DATE

11/18/25

PRESENTING CLINICAL SIGNS

History: Stewie is a seventeen year old, MN, Persian cat with CKD and grade III/VI heart murmur. His last AUS was on 1/3/25 and read by Dr. Lindquist. His last echo was 1/3/25 and read by Dr. Machen-Lamy. Stewie was presented yesterday for mild hind limb ataxia, Patient is walking with arched back, falling towards left side, having difficulty jumping up on furniture. Other symptoms include sleeping with head tilted up, mouth slightly open (unusual for patient), and increased sleeping noted on Saturday. Patient ate very little yesterday but has urinated and defecated. Blood pressure readings at home showed elevation from previous values.- Blood pressure: 180/132 (11/15), 195/132 (11/16) Current medications include: gabapentin 50mg BID, Renacare tablet BID, Epakitin 1 scoop BID, Cerenia 12mg (1/2 tablet of 24 mg) SID, Azodyl 1 tablet BID, mirtazapine 1/4 tablet q3days, and telmisartan (20 mg/ml) 0.5 ml SID.

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. Multi-focal cortical cysts were noted. The largest cyst in the right kidney measured 1.5 cm. This is consistent with polycystic kidney disease. The left kidney measured 4.3 cm. Mineralization was noted in the right kidney and was non-obstructive. The right kidney measured 4.09 cm. Blood flow to the kidneys was subnormal on power Doppler assessment.

Adrenal Glands

The right **adrenal gland** was enlarged, hypoechoic and swollen measuring up to 1.5 cm with areas of mineralization. Early vena cava invasion was noted up to 1.0 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 0.63 cm.



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Liver

The **liver** revealed polycystic parenchymal changes creating cystic masses measuring up to 4.0 cm. These are likely polycystic changes. Biliary adenoma is possible as well as biliary carcinoma, not overtly pathological; however, lobes of the liver are at risk for torsion. 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** also presented polycystic changes.

ULTRASONOGRAPHIC FINDINGS

Right adrenal mass.

Polycystic kidneys.

Polycystic liver.

Polycystic pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary issue in this patient is the right adrenal gland mass as it is mineralizing and invading the vena cava. This is strongly suggestive for carcinoma. If the sodium potassium ratios are altered then aldosterone levels and blood pressure measurements are indicated. Right adrenalectomy is recommended. Debulking of the hepatic changes may also be appropriate. Hypertension is likely related to the right adrenal gland, but also RAAS system effect owing to the polycystic kidney disease may also be playing a role.



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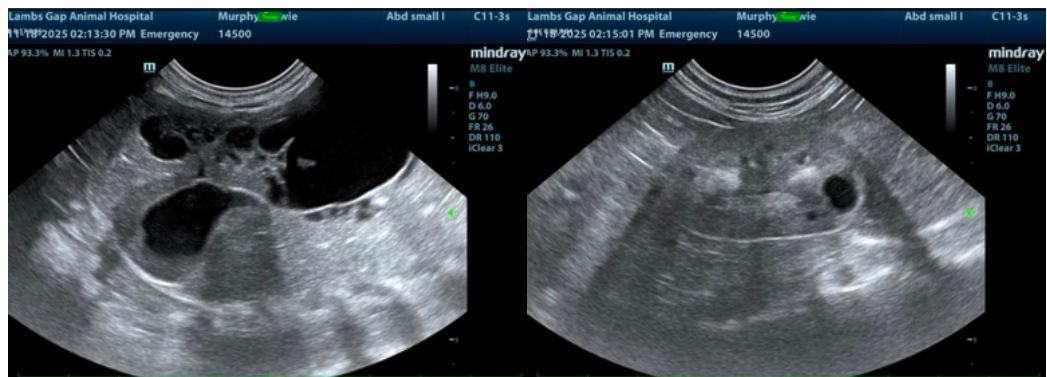
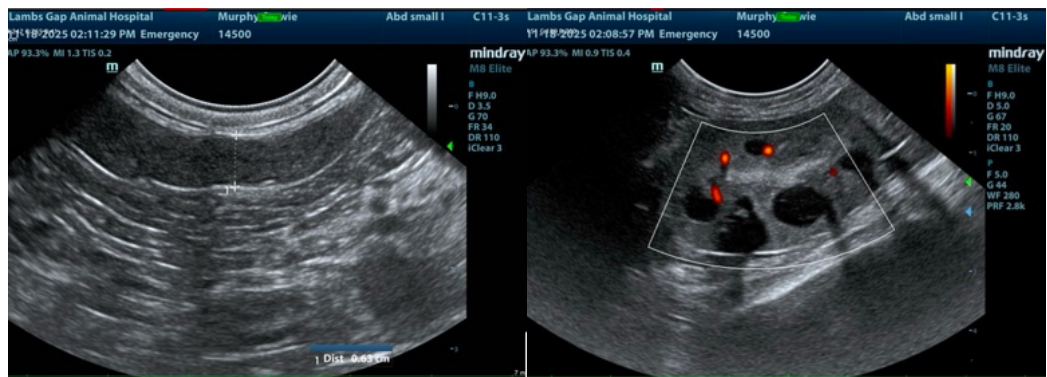
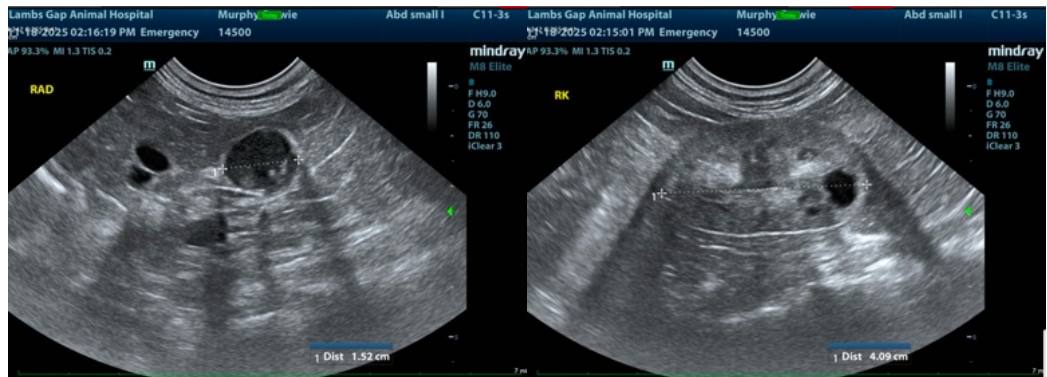
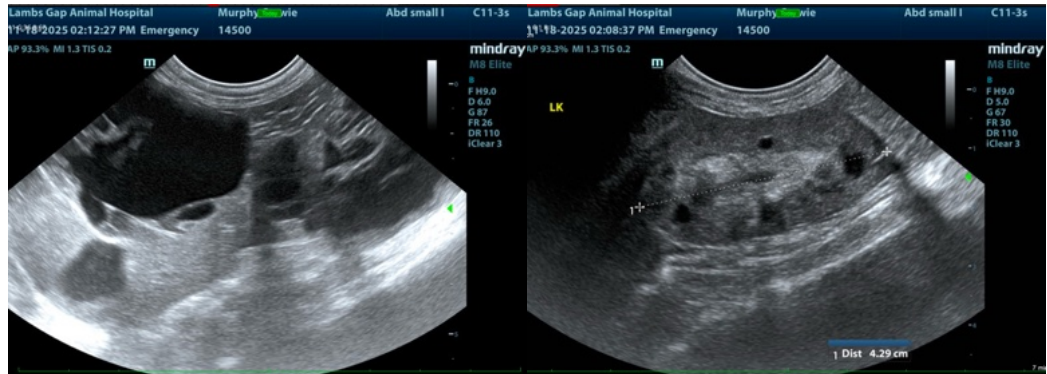
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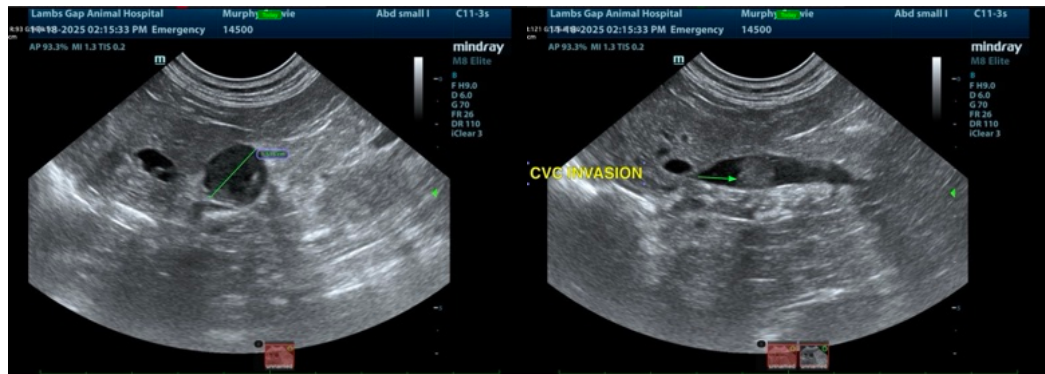
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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