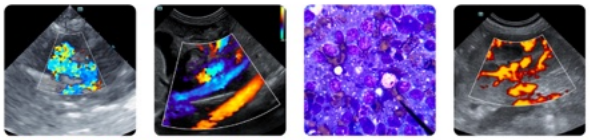

PATIENT

Ash Harrison

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

16 years

WEIGHT

8.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Oberer-Gerber

INVOICE

68950

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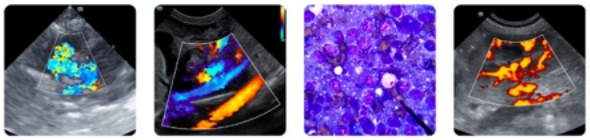
11/24/25

PRESENTING CLINICAL SIGNS

History: CKD -- managed on kidney diet and every other day SQF Hypertension -- managed w/ oral medications OA pain -- received 1st solensia inj 11/12/25 Not in interested in eating, picking at food this. She dribbles when urinating and has been having diarrhea. Last night & recent incidents of vomiting. Patient was seen 11/12/25 for pollakiuria; UA results entered below, started Patient on clavamox and fortiflroa. Patient was seen 10/31/25 for constipation and was RXed cerenia, miralax, and to give SQF daily for the next 3 days. CXR/AXR to IDX on 11/20/25 - CONCLUSIONS: No significant findings of the urinary tract. A cause of the clinical signs is not identified. Probable aerophagia and postprandial gastrointestinal tract. Gastroenteritis or underlying gastrointestinal disease (chronic enteropathy, neoplasia) is also considered. Decreased serosal detail may be artifact, steatitis, or small volume peritoneal effusion. Age-related pulmonary changes or feline asthma. Similar bilateral coxofemoral osteoarthrosis. Similar degenerative spinal changes and multifocal intervertebral disc disease.
Abnormal PE/Chem/CBC/UA Results: BAR . 2-3/6HM, with tachycardia (HR=208 bpm). Lungs clear bilaterally.. ~1/2 # unintentional weight loss since 10/12/25. Numerous missing teeth. P was tense for ABD palpation. 11/20/25 CBC: -RBC HCT stable = 30.4, new decrease MCV = 32.1, increase MCHC = 38.5, RDW = 32/3. New reticulocytosis = 52.1 -WBC all cell likes are WNL however astiricts on both, suspect nRBC -PLT NSF Chem: -BG NSF -KES stable since last measured -- SDMA = 16, Creat = 1.3, BUN = 27. -e-lytes new hypokalemia - 3.3 (ref 3.5-5.8) otherwise unremarkable e-lytes -proteins NSF -LES NSF PL NSF UA: no rods or cocci detected, RBC>50/hpf, WBC 6/HPF. No casts or crystals. Urine Culture = no growth T4 = NSF PT/PTT = NSF BP = 145mmHg

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Minor **tricuspid** insufficiency was noted. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.



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FELINE CARDIAC PARAMETERS	**BODY WEIGHT**	**HR** (BPM)	**IVSd** (cm)	**LVIDd** (cm)	**LVWd** (cm)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	8.8 lbs	180	0.45	0.5	1.4	45	
FELINE CARDIAC PARAMETERS	**LA/AO** (M-mode)	**LA/AO HEART BASE** (Sisson)	**LAD** LA MAX 4 Chamber		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.1		1.3		1.2	0.6	NM
Adapted from June Boon,Veterinary Echocardiography,1998 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was thickened in the cystourethral junction. There is a strong concern for urothelial carcinoma. The wall thickness measured up to 0.6 cm and extended 1.7 cm. Largely dorsal, cystourethral junction; however, it entered into the ventral wall as well. Areas of mineralization were noted.

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. Slight pyelectasia was noted in the right kidney. The left kidney measured 3.4 cm. The right kidney measured 3.3 cm.

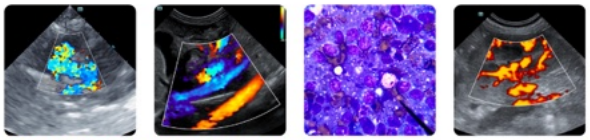
The iliac trifurcation was unremarkable.

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 and right adrenal gland measured 0.4 cm.

Spleen

The **spleen** was normal with occasional, hyperechoic lipid plaque.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Hyperechoic nodules were noted in the liver and measured up to 1.3 cm. This is likely biliary cystadenomas. This is not overtly pathological. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially 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

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 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.

ULTRASONOGRAPHIC FINDINGS

Essentially normal echocardiogram with minor tricuspid insufficiency.

Cystourethral junction thickening, strong concern for urothelial carcinoma.

Pyelonephritis or scarring of the renal pelvis.

Cyst adenomatous hepatic nodules.

Age related abdominal changes elsewhere.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am most concerned about the cystourethral junction in this patient. Surgical biopsies are necessary in this patient. BRAF testing could be considered or cytospin of free catch urine sample. The prognosis is guarded.

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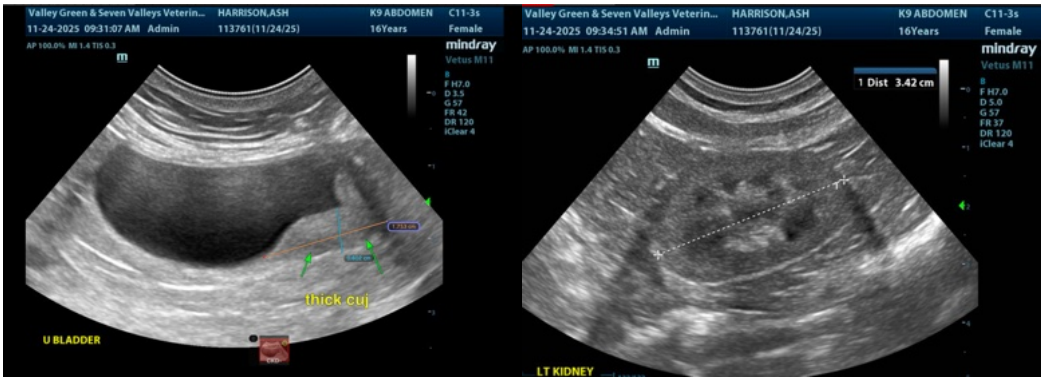

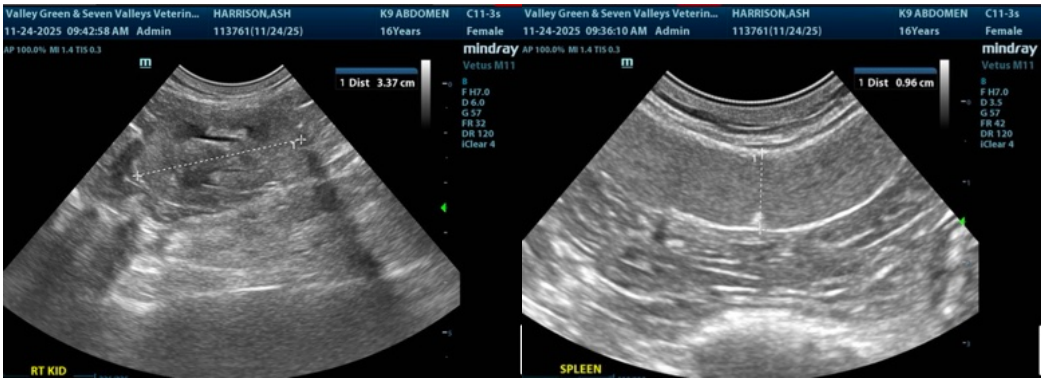

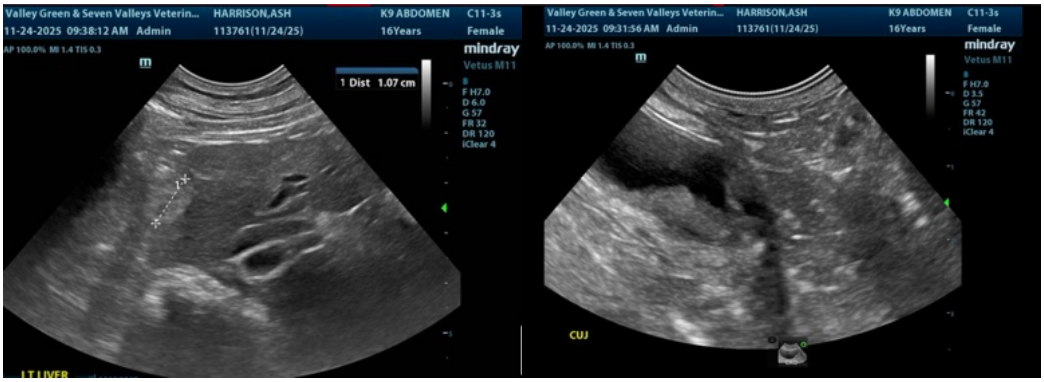

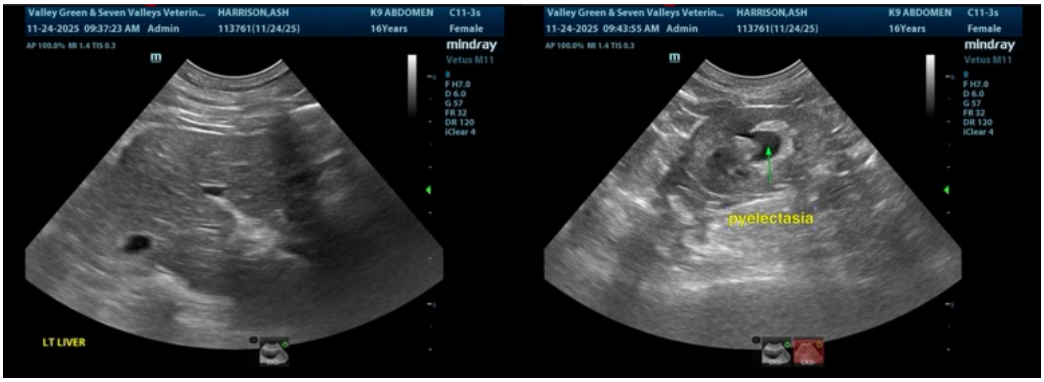

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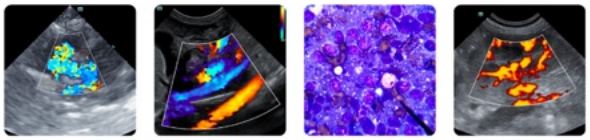

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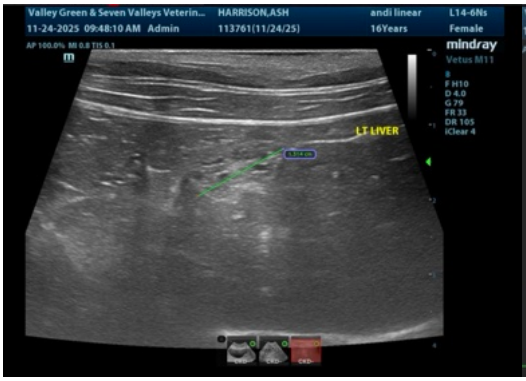

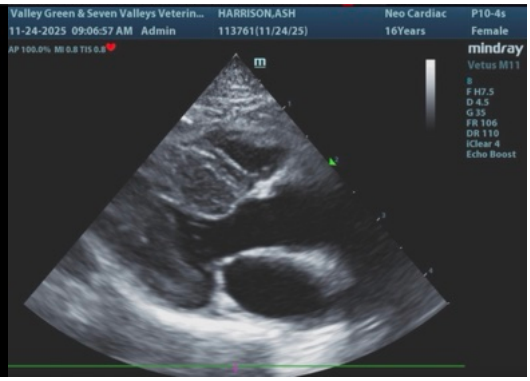

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com