



PATIENT

Oatmeal Drew

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

4.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Nicole Goldstein

HOSPITAL NAME

Hudson AH

REFERRING VET

Dr. Goldstein

INVOICE

69038

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: Chronic gradual weight loss (roughly 1 lb over a year) with inappetence responsive to mirtazapine. Symptoms unresponsive to hydrolyzed diet trial. Plain abdominal and thoracic films revealed cystolithiasis (history CaOx urolithiasis managed with c/d), mild coxofemoral OA, otherwise normal. Concurrent IRIS stage 2/4 CKD, grade 3/4 periodontal disease. Consideration for dentistry; abdominal ultrasound indicated to rule out other cause for inappetence unrelated to oral pain. Abnormal PE/Chem/CBC/UA Results: 6/28/25 USG 1.027, pH 6, trace protein, CaOx crystals present, RBC present likely from cystocentesis. Chemistry, all WNL but creatinine 1.9 CBC thrombocytopenia (66k/uL) presumed secondary to clumping, otherwise WNL. T4 normal 2.1

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. Bladder stone was noted and measured 0.64 cm and was non-obstructive. Other smaller calculi were noted as well as a trace amount of sand. 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. Hyperechoic medullary rim sign was noted. This is idiopathic. Slight mineralization was noted in the left kidney. Slight, subcapsular fluid was noted in the cranial pole of the left kidney. This is consistent with emerging pseudocyst and is not overtly pathological. There was no evidence of inflammation. The left kidney measured 3.24 cm. The right kidney measured 3.34 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 adrenal gland measured 0.3 cm. The right adrenal gland measured 0.5 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.



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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. 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 **pancreas** revealed hyperechoic changes consistent with remodeling.

ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen.

Mild to moderate degenerative renal changes.

Non-obstructive bladder calculi.

Age related GI changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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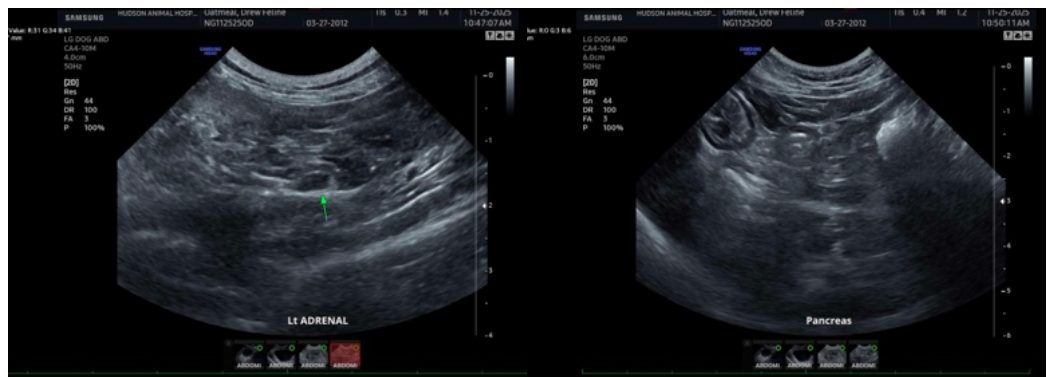
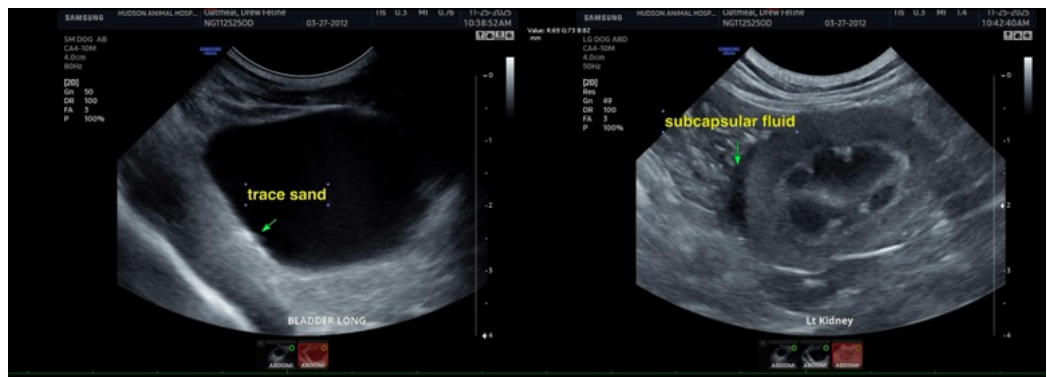
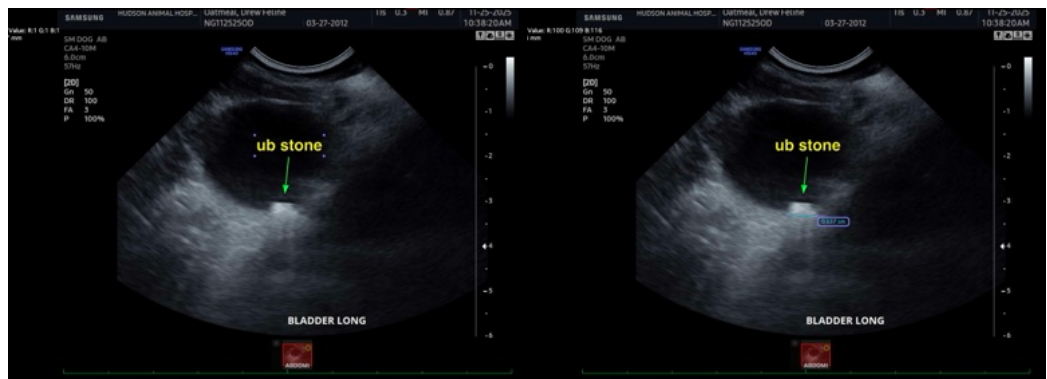
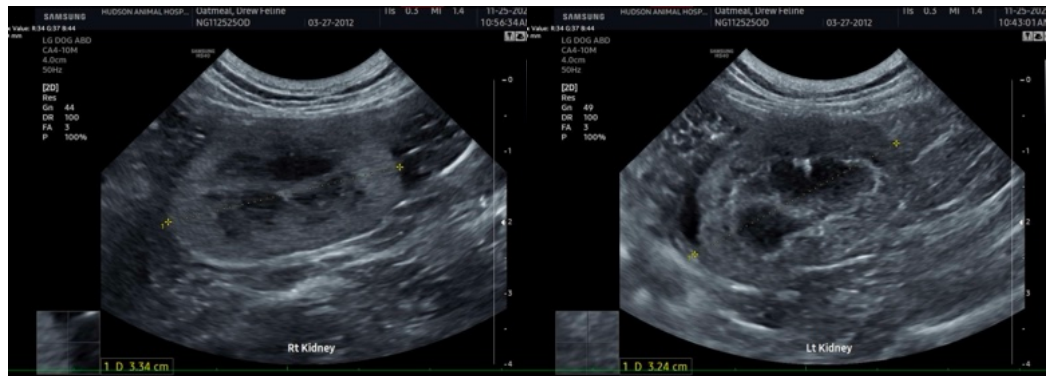
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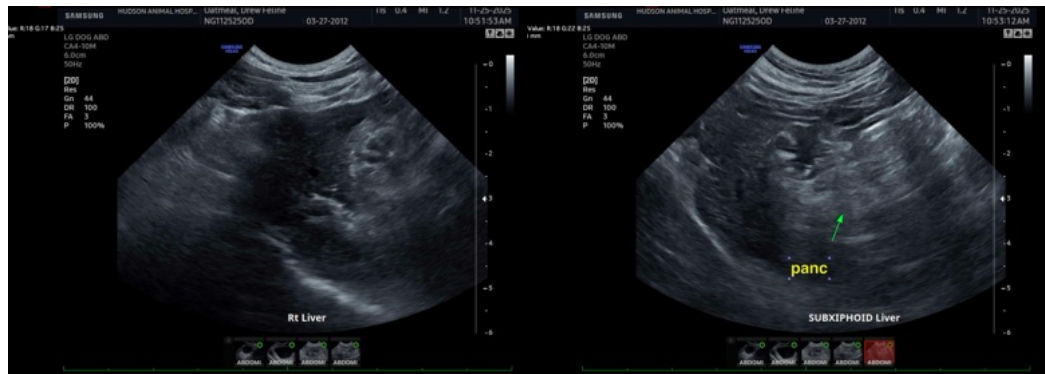
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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