



PATIENT

Mangy Lewandowski

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

10 Years

WEIGHT

3.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Lauren Kuzimski, DVM

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Lauren Kuzimski, DVM

INVOICE

72189

DATE

11/29/25

PRESENTING CLINICAL SIGNS

Patient is a history diabetic but started not to feel well. bloodwork was performed at rDVM and found to have renal issues as well.

Abnormal PE/Chem/CBC/UA Results: Heart: Grade 2/6 systolic parasternal heart murmur. Pulses strong and synchronous. CBC. performed by rDVM, attached recc. Chemistry. performed by rDVM, attached recc. EPOC. iCa 0.97, lactate 4.64, glucose 217, HCT 21%, BE -14.1, pH 7.196, bicarb 14

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 polycystic changes with mineralization, subjectively near end stage, with cortical hyperechogenicity. The right kidney measured 5.4 cm. The left kidney 4.7 cm. Largest cyst measured 2.4 cm. Calculi were corticomedullary and pelvic, non-obstructive.

Adrenal Glands

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

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 were noted.

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

The **stomach** was unremarkable. The ileocecal junction presented prominent muscularis. No loss of mural detail. Minor amount of fluid-filled cecum noted. Portion of small intestine presented muscularis hypertrophy with 1:1 muscularis to mucosal ratio. Lumen was empty. No overt neoplastic criteria. Some enhanced mesentery noted around portions of the intestine.



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Pancreas

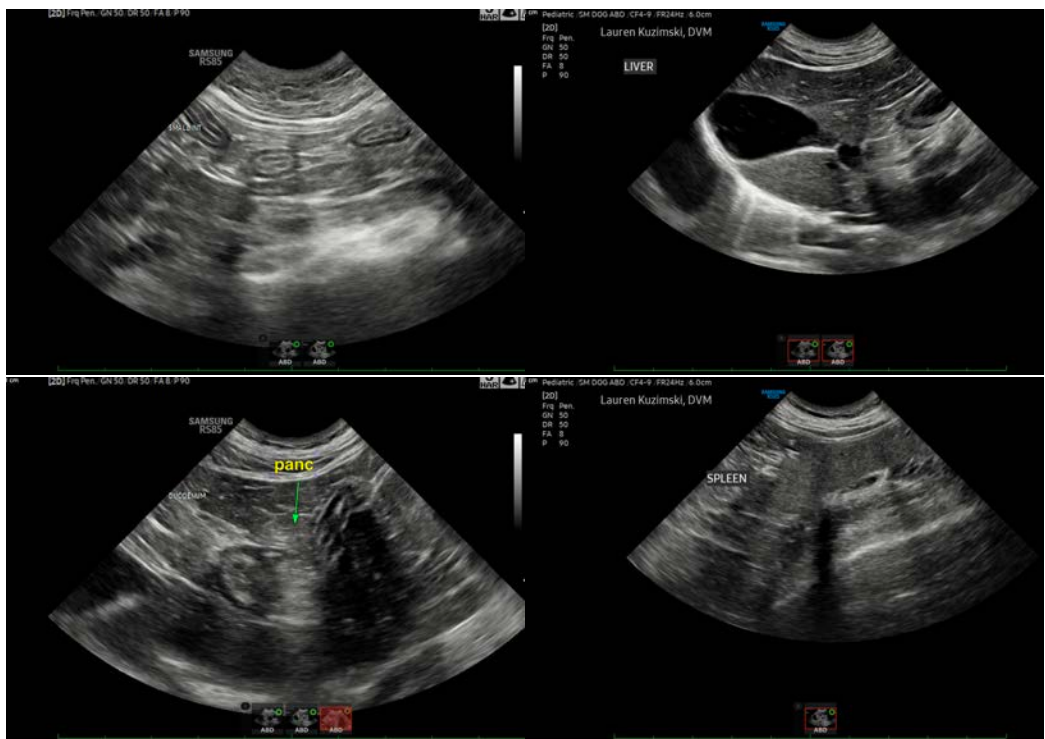
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Variable intestinal thickening.
- Subjectively near end stage polycystic renal disease with calculi.
- Age related hepatic and pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup warranted. Some level of enteritis is likely playing a role. The exact cause of anemia is unclear. I'm concerned about long-term viability of the kidneys. No evidence of neoplasia.





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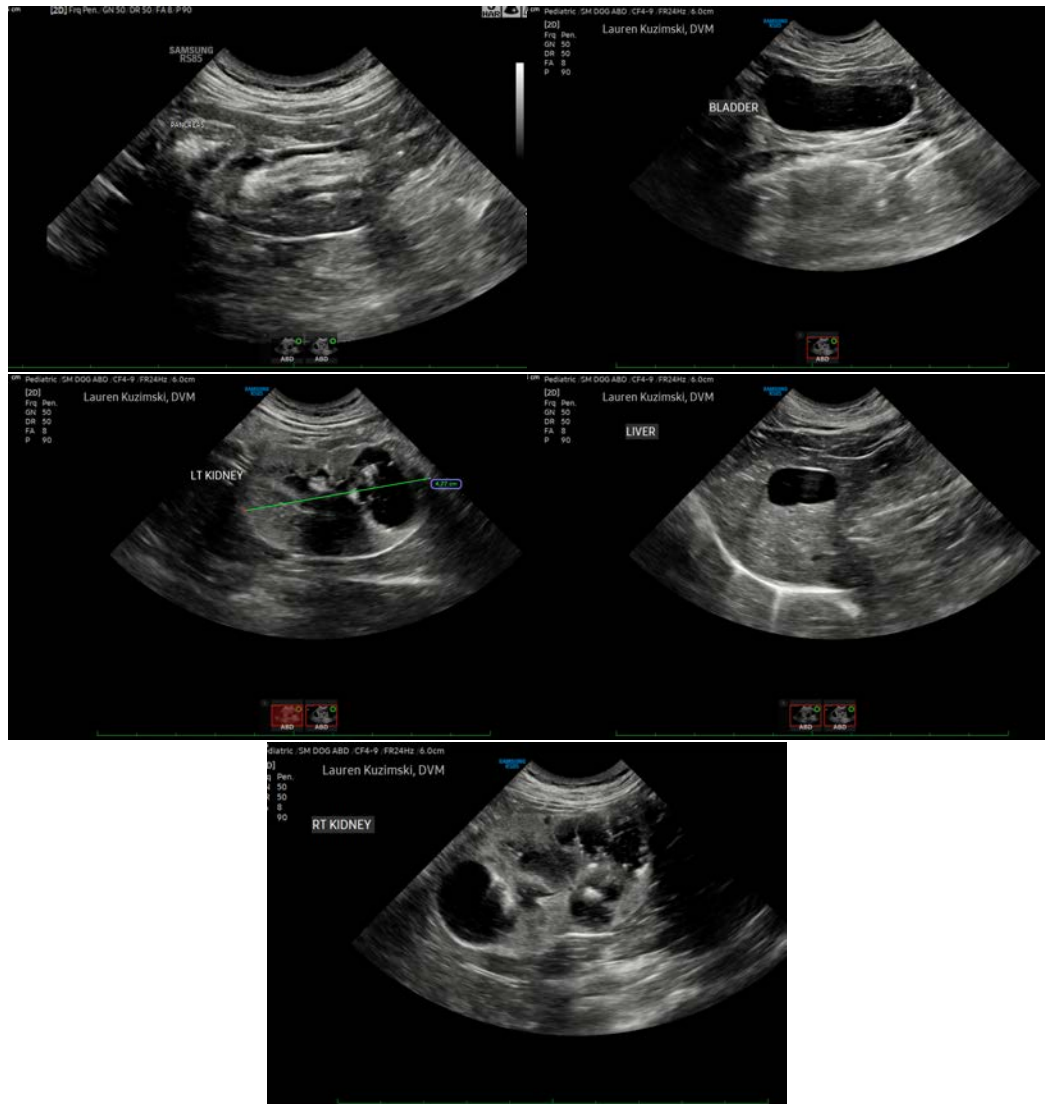
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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