



PATIENT

Falla Bendavid

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

21.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Persson

INVOICE

68375

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: *Check in on kidney disease diagnosed two years ago *Kidney values have been improving, thyroid is normal *Falla is PU/PD *Eating a kidney diet *Previous ultrasound done elsewhere in May 2023 revealed a small left kidney with blunted caudal pole, irregular margins to the right kidney, hyperechoic liver, mild splenomegaly

Abnormal PE/Chem/CBC/UA Results: Current: BUN 28 Creatinine 1.5 SDMA 6.7 T4 1.6 Unable to collect urine May 2023 BUN 30 CR 2.8 SDMA 11 USG 1.021

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 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. Mild irregular contour was noted at the dorsal cortex of the left kidney likely owing to infarcts and remodeling. Echogenic renal pelvis was noted in the left kidney. The left kidney measured 3.9 cm and the right kidney measured 4.7 cm.

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 right adrenal gland measured 0.36 cm and the left adrenal gland measured 0.29 cm.

Spleen

The **spleen** was enlarged with mild scalloping contour. The spleen measured 1.9 cm. The spleen was folded upon itself caudally.

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

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. The ileocecal lymph nodes were minimally visible and considered normal.

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

- Mineralized kidneys with moderate degenerative changes.
- Enlarged spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic FNA is indicated. Subjectively the kidneys do not appear end stage. I am concerned about prerenal disease playing a role in this patient especially given the splenomegaly. FNA is indicated. 72-hour IV fluid protocol is warranted. The patient may be passing calculi periodically. Underlying occult infection may be an issue in the left kidney.





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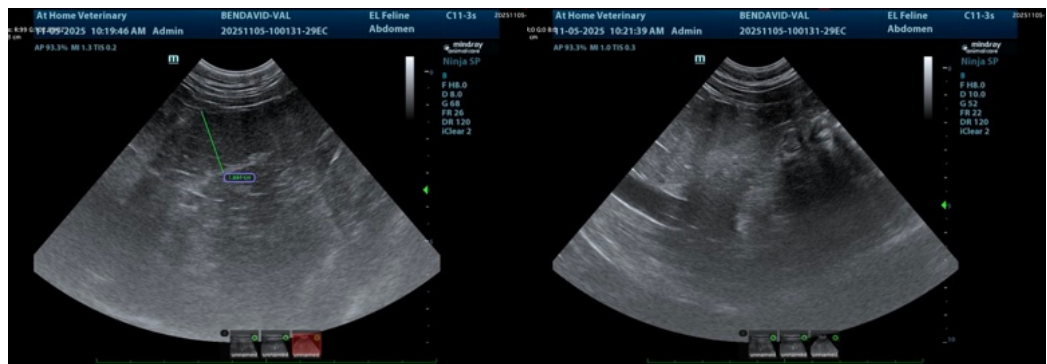
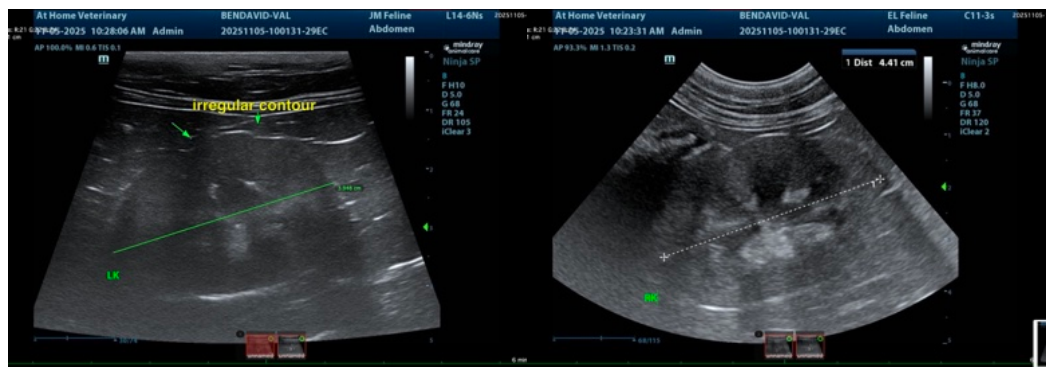
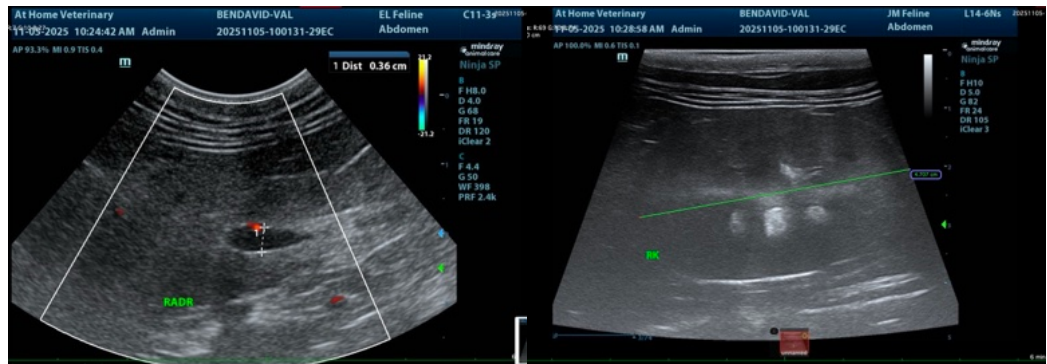
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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