



PATIENT

Edward Simon

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Northvale Veterinary
Clinic

REFERRING VET

Dr. Simon

INVOICE

72217

DATE

12/1/25

PRESENTING CLINICAL SIGNS

Persistent pyrexia x 3 days (T=106f), lethargic, vomited a few times, decreased appetite (temp now normal). Rad report VHS 8.3, +/- enlarged kidneys. Prev AUS from 10/10/25 (attached). Hx of asthma; IVS thickening-borderline (echo (done elsewhere)). Current Medications: Clavamox; Doxy; Onsior (fri/sat/sun); SQF; inhaler PRN. Did well on Zenequin (finished solid 2 week course 1 wk ago). Treatment plan pending report and pending BW- Concern for fluids and steroid therapy.

Abnormal PE/Chem/CBC/UA Results: BW 11/28/25-Glucose 215 (stress?). UA: 11/29/25: Free catch, PH 8.5; 2+ bld; 1+ protein; trace glucose; USG 1.013; UPC 0.6. *Repeat bw today pending*

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 **right kidney** appears stable compared to the prior sonogram with infarcts and mild degenerative changes. Right kidney measured 4.03 cm. Slight areas of mineralization noted.

The **left kidney** presented persistent pyelectasia, irregular contour, and infarcts. Slight mineralization noted. The left kidney measured 4.55 cm. Regional inflammatory pattern noted.

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. Right adrenal gland measured 0.40 cm. Left adrenal gland measured 0.36 cm.

Spleen

The **spleen** measured 0.90 cm. It 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 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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

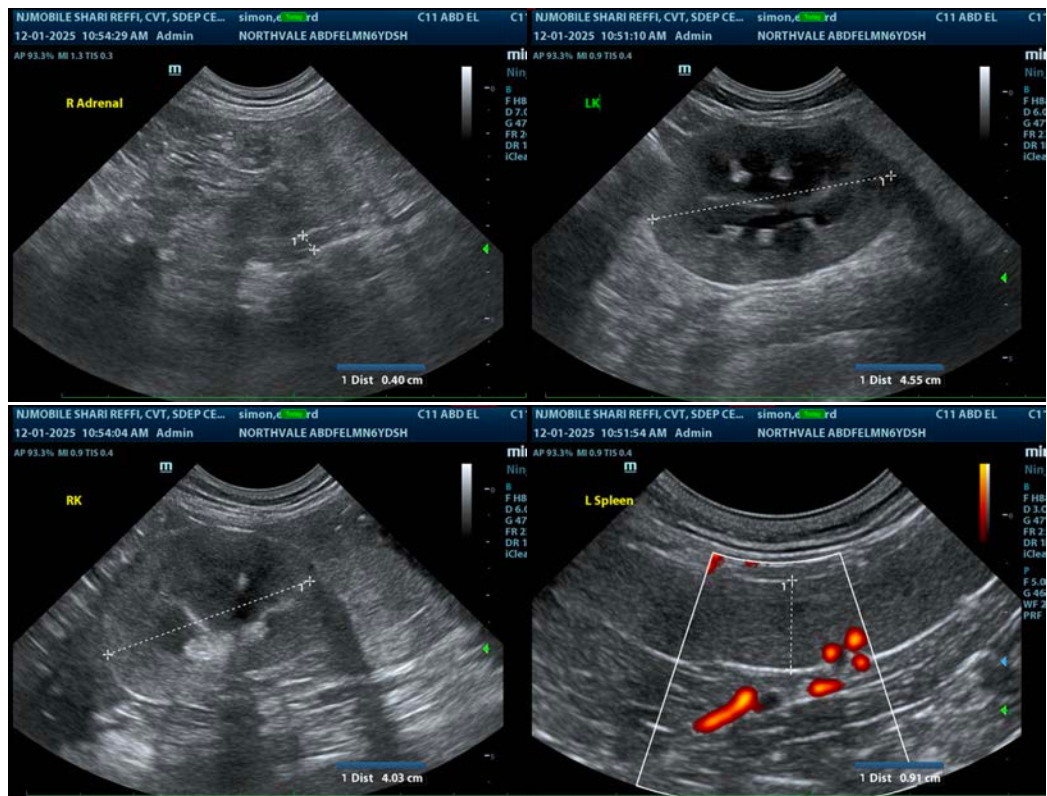
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic nephritis pattern left kidney, mild degenerative right kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the left kidney +/- pyelocentesis and culture would be indicated. Updated urine culture could be considered. Neoplasia is unlikely. However, minimal improvement has occurred from the prior sonogram. Resistant infection suspected. Surgical removal of the left kidney could be considered if it continues to be an issue.





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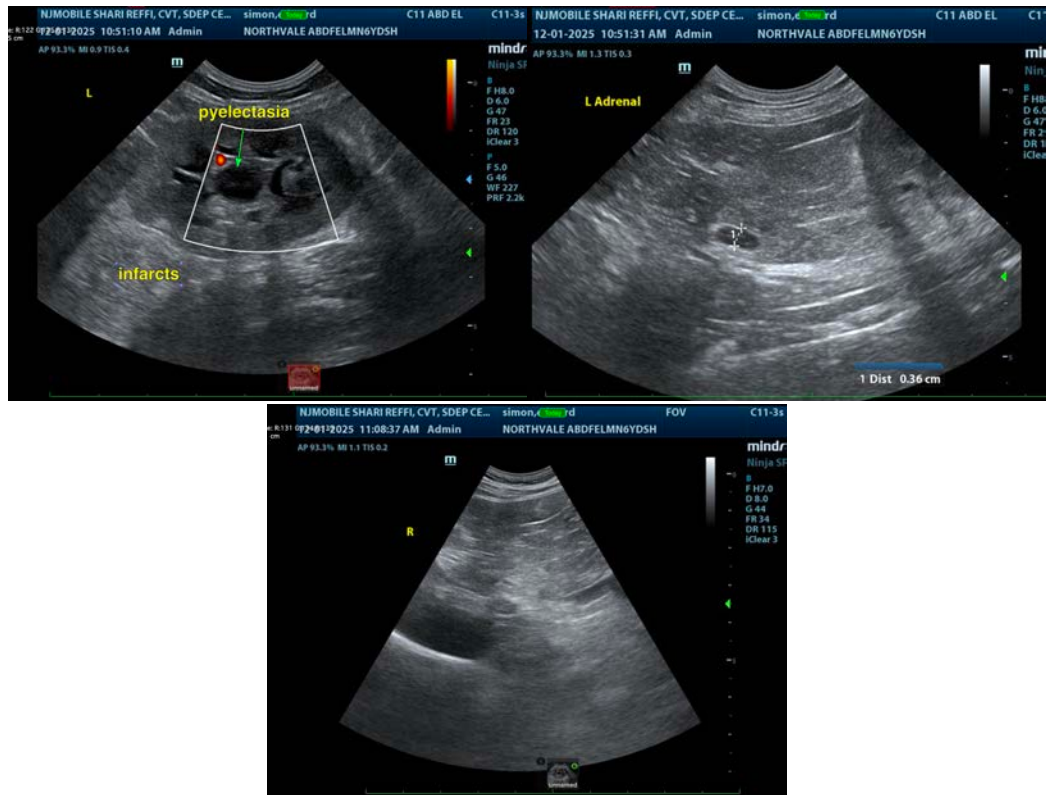
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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