



PATIENT

Ella Caranto

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed female

AGE

13 years

WEIGHT

8.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Shannah Duffy

HOSPITAL NAME

Portland Veterinary
Wellness Center

REFERRING VET

Dr. Shannah Duffy

INVOICE

69522

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History: 12/05 seen for stranguria, hematuria. UTI and hyperthyroid on labs, started clavacillin, methimazole, gabapentin. UTI symptoms returned immediately after finishing abx. Began vomiting Friday night which persisted throughout weekend. Appetite has become less voracious. O discontinued methimazole on Friday d/t vomiting
12/05/25 CBC slight thrombocytosis suspect stress-related. Chem slight ALP elevation suspect secondary to hyperthyroidism v. open. T4 12.8. U/a 1.022 rare rods, 1+ protein, 2+ blood, 20-30 WBCs
12/22/25 U/a USG 1.020, 2+ protein, 3+ blood, >100 WBCs, 15-20 RBCs, marked rods Urine culture 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 was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. A slight cortical infarct was noted at the cranial pole and enhanced peri-serosal fat, this is suggestive for inflammation. The left kidney was slightly irregular in contour with slight pyelectasia noted. The right kidney revealed slight pyelectasia. The right kidney measured 3.4 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 left and right adrenal gland measured 0.4 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** revealed coarse architecture. Slight microcystic changes were noted in the left cranial liver. Subtle micronodular changes were noted in the liver. The gallbladder and common bile duct 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. The mesenteric lymph node was enlarged and measured up to 1.7 x 1.0 cm.

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

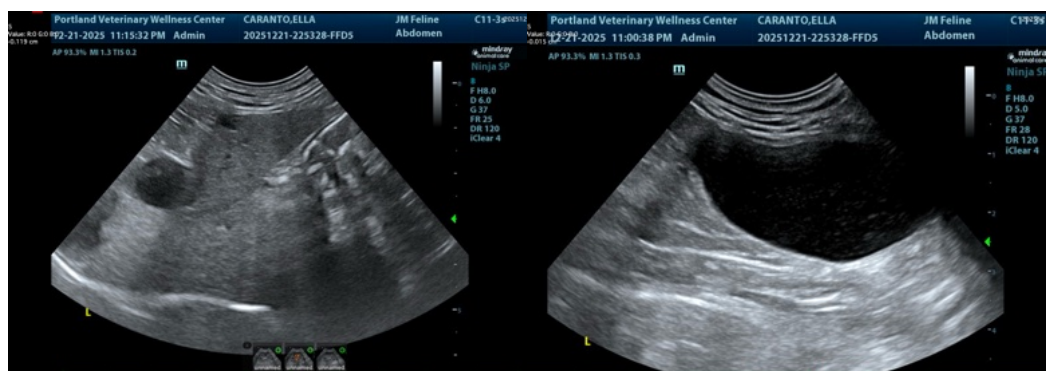
Hepatic remodeling and nodular hepatic changes.

Acute on chronic pyelonephritis renal pattern with infarcts.

Enlarged mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient likely has two separate pathologies. The pyelonephritis pattern and mesenteric lymphadenopathy with nodular hepatic changes may represent round cell neoplastic mass. FNA of the mesenteric lymph nodes, culture and sensitivity, 72-hour IV fluid protocol with injectable antibiotics are all indicated as well as FNA of the liver and lymph nodes to ensure underlying neoplasia is not an issue.





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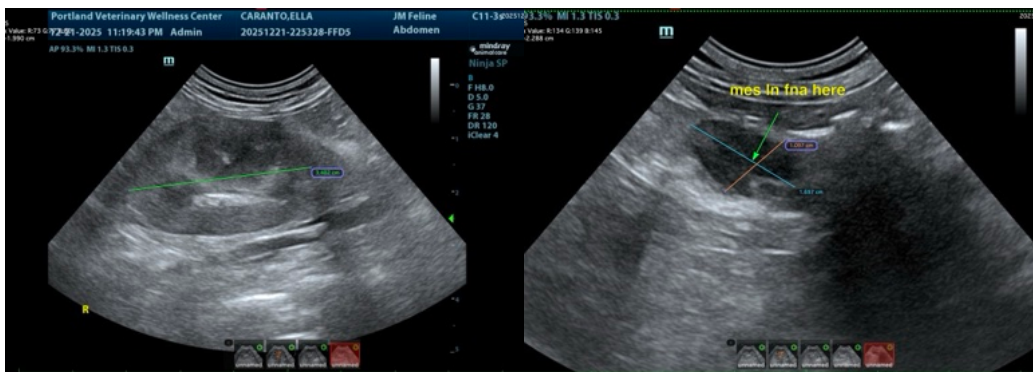
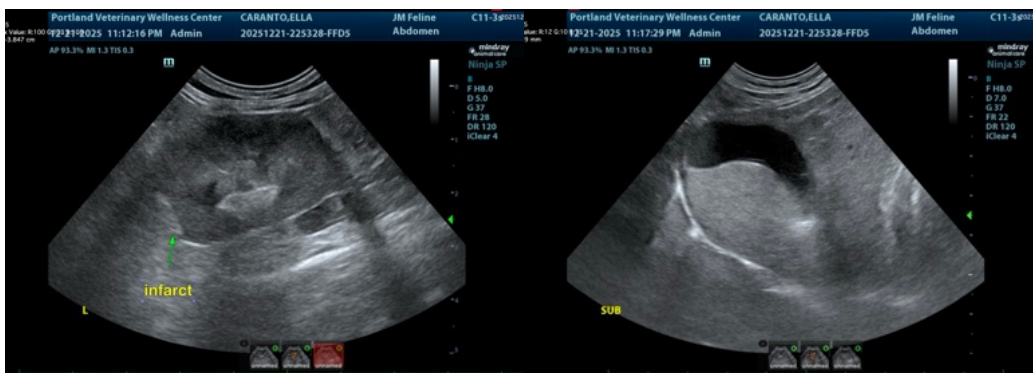
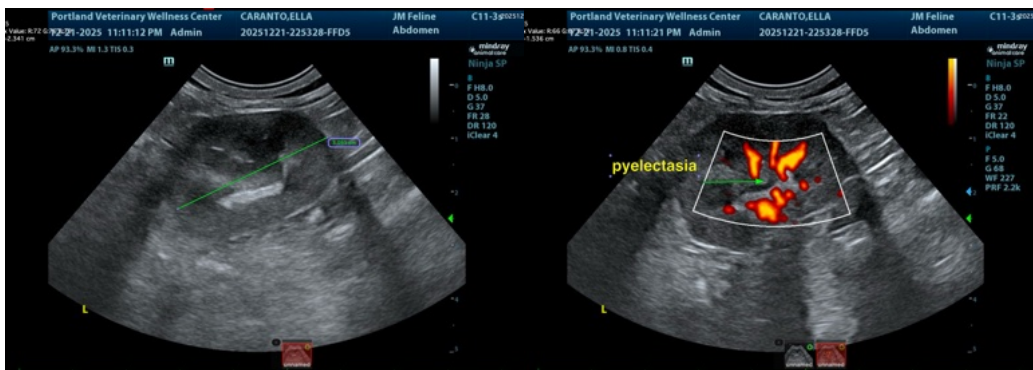
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com