



## PATIENT

Mulder O'Brien

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

12 years

## WEIGHT

10.14 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Pfannenstiel

## HOSPITAL NAME

Mill Brook Animal  
Clinic VBF

## REFERRING VET

Dr. Pfannenstiel

## INVOICE

69337

## DATE

12/4/25

## PRESENTING CLINICAL SIGNS

History: Hx of FLUTD, hypertension, worried about IBD or other; New murmur had come in for a bicavitary because of a new murmur. However after amlodipine tx hypertension remains, increasing dose and will do echo when I have a normal BP; on c/d and kidney food  
Mild monocytosis: 570 /u All other CBC values are within normal limit Chemistry: Mild hyperkalemia: Potassium 5.4 mmol/L (reference range 3.7 - 5.2 mmol/L). Low Na:K ratio: 28 (reference range 29 - 42). Mildly elevated TCO2 (Bicarbonate): 23 mmol/L (reference range 12 - 22 mmol/L). Significantly elevated Cardiopet proBNP: 397 pmol/L (reference range 0 - 100 pmol/L). SDMA: 14 ug/dL (reference range 0 - 14 ug/dL). All other chemistry values are within normal limits. Urinalysis (collected via cystocentesis): Urine Specific Gravity: 1.036. pH: 7.5. Protein: 1+. Urine Protein:Creatinine Ratio (UPC): 0.2 (borderline proteinuric). Sediment: Occasional ammonium magnesium phosphate (struvite) crystals noted.

## 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 2.0 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 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.9 cm. The left kidney measured 3.6 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.

### 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. The spleen measured 0.82 cm.



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## 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.

## Gastrointestinal

The **stomach** was over distended with chyme. Dilated upper gastrointestinal tract was noted followed by empty small intestine. This created a partial obstructive pattern. The exact cause is unclear. The colon was unremarkable with normal curvilinear mural patterns and content.

## 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.

## Heart

Rapid view of the heart revealed no evidence of volume overload or pressure overload.

## ULTRASONOGRAPHIC FINDINGS

Over distended stomach. Dilated upper gastrointestinal tract followed by empty small intestine, creating an obstructive pattern, yet the cause is unclear.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was not n.p.o. at the time of the sonogram then I recommend a repeat sonogram at n.p.o. status to assess any causes of delayed outflow. Regional intestinal dysfunction is possible especially if dehydrated. However, an occult neoplastic event or mass is possible, just not visible sonographically owing to acoustic interference by GI artifact.

Even though the radiograph report suggests cardiomegaly, there is no subjective evidence of cardiomegaly from a sonographic perspective.



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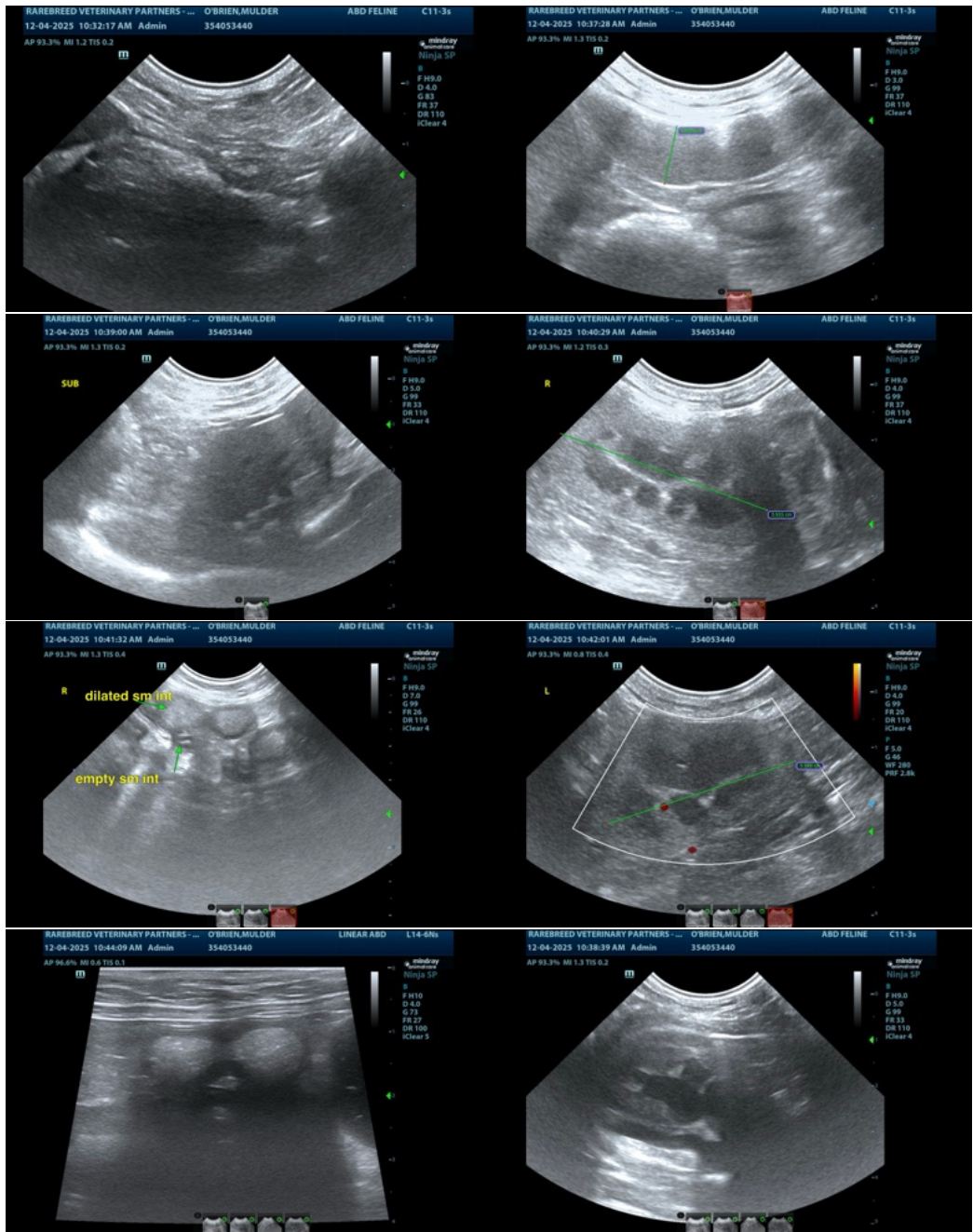
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com, [info@SonoPath.com](mailto:info@SonoPath.com)