



## PATIENT

Scout Amber

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

11.25

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jill Rumachik

## HOSPITAL NAME

Clarity Imaging LLC

## REFERRING VET

Dr Eric Howlett

## INVOICE

72395

## DATE

12/5/25

## PRESENTING CLINICAL SIGNS

Slight ataxia/trembling noted at home - mild polydipsia; mild inappetence but resolved with mirtazapine. Known early kidney dz. Hx of MCTs (surgically removed). Applied CGM today - results pending.

Abnormal PE/Chem/CBC/UA Results: Chemistry panel: BUN 34, creatinine 2.1, phosphorus low, glucose almost 300 - Urinalysis: dilute urine, glucose present, white blood cells present - CBC: WBC, RBC, and platelet counts within normal limits - Fructosamine 213 (normal 200 - 360) -fPLI = negative

## 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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 3.6 cm. Right kidney measured 3.38 cm. Degenerative changes were moderate. Blood flow to the kidneys was unremarkable on power doppler assessment.

### 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. Increased portal markings noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was unremarkable and empty. The cystic and common bile ducts were normal.

### Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and



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large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted.

An epigastric lymph node was slightly enlarged (4.0 mm) with normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

**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**

- History of cholangitis/cholangiohepatitis likely.
- Age related renal changes.
- Partially full stomach, reactive epigastric lymph node.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Geriatric abdomen, non-specific presentation. The kidneys present only mild degenerative changes. IV fluid support and urine culture recommended. Supportive care should prove effective in this patient. No evidence of metastatic disease.

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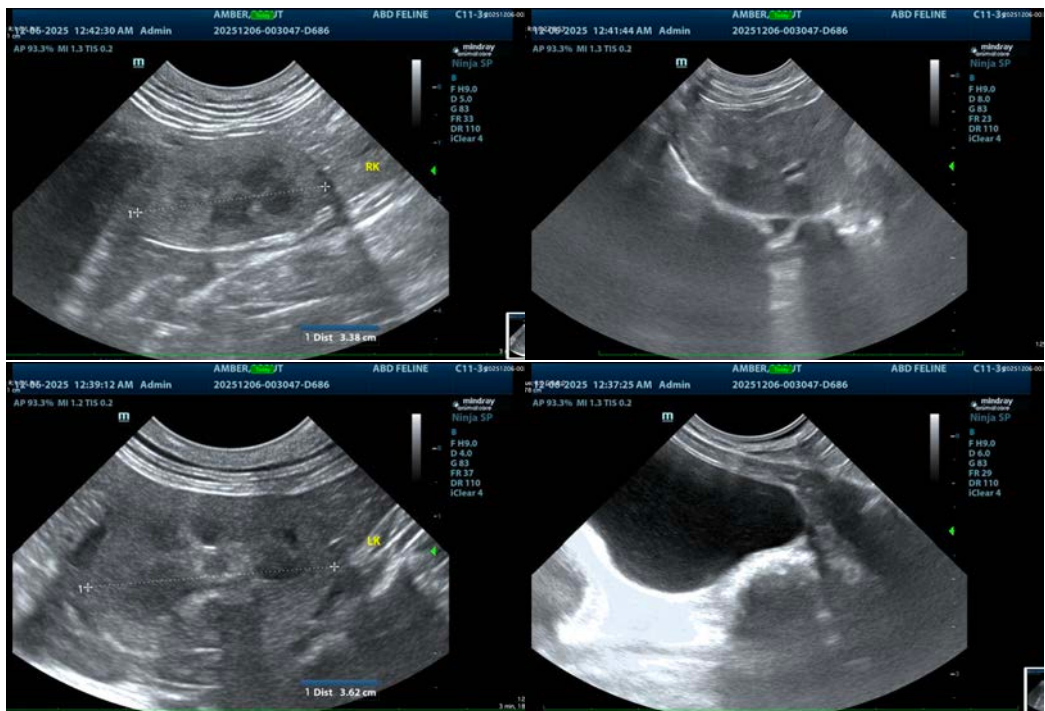
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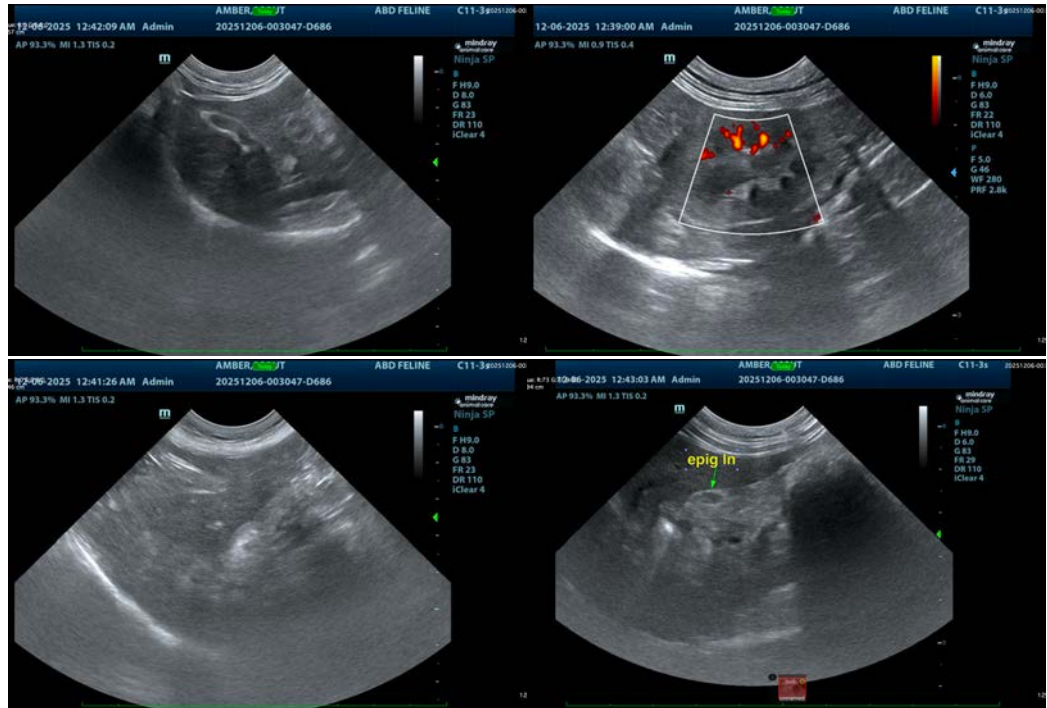
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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