



PATIENT

Mama Baby Eck

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed female

AGE

7.5 years

WEIGHT

11.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Laux

HOSPITAL NAME

Rondout Valley VA

REFERRING VET

Dr. Hartelius

INVOICE

71496

DATE

2/11/26

PRESENTING CLINICAL SIGNS

- Presented for not eating well. Concern for free fluid on PE and looking for a cause
- Mild monocytosis and neutrophilia creat 2.8, BUN 40

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **left kidney** measured 3.54 cm with an irregular, pericapsular inflammatory pattern and loss of corticomedullary definition. Regional infarcts were noted. The **right kidney** was also irregular measuring 3.5 cm with thickened irregular cortices, irregular pericapsular inflammatory pattern, loss of corticomedullary definition, cortical infarcts and regional inflammation. Slight pyelectasia was noted in the right kidney. Slight retroperitoneal fluid accumulation was noted. Minor microcystic cortical changes were noted in the kidneys.

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 adrenal gland measured 0.35 cm. The right adrenal gland measured 0.22 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.

Liver

The **liver** was mildly hypoechoic and swollen with slight, irregular contour. The gallbladder and common bile duct were unremarkable.



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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

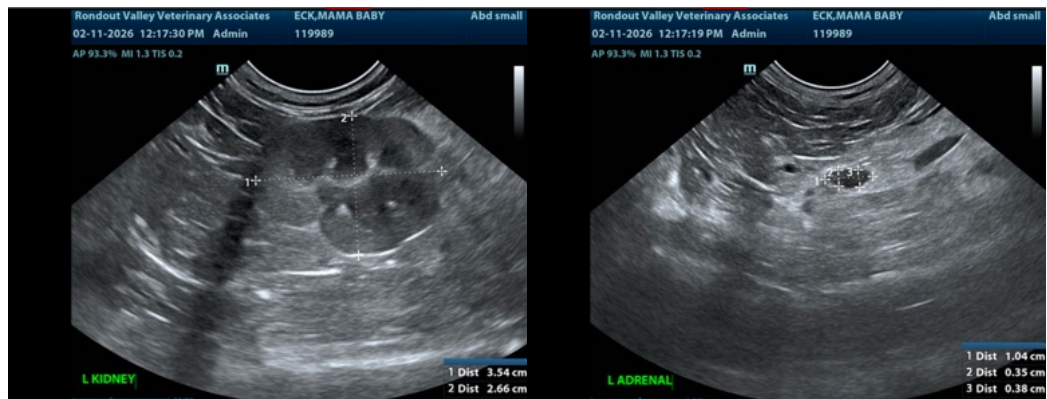
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Nephritis with infarcts and regional inflammation. Acute on chronic nephritis versus emerging round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the right kidney would be warranted to ensure that an emerging renal neoplasia such as lymphoma is not playing a role. Coagulation panel, urine culture, blood pressure measurements, IV fluid support and 25-gauge FNA of the renal cortices are recommended, particularly that of the right kidney. FNA of the liver is also indicated given the irregular swelling to assess for emerging round cell neoplasia versus nephritis and benign hepatopathy. Prognosis is guarded.





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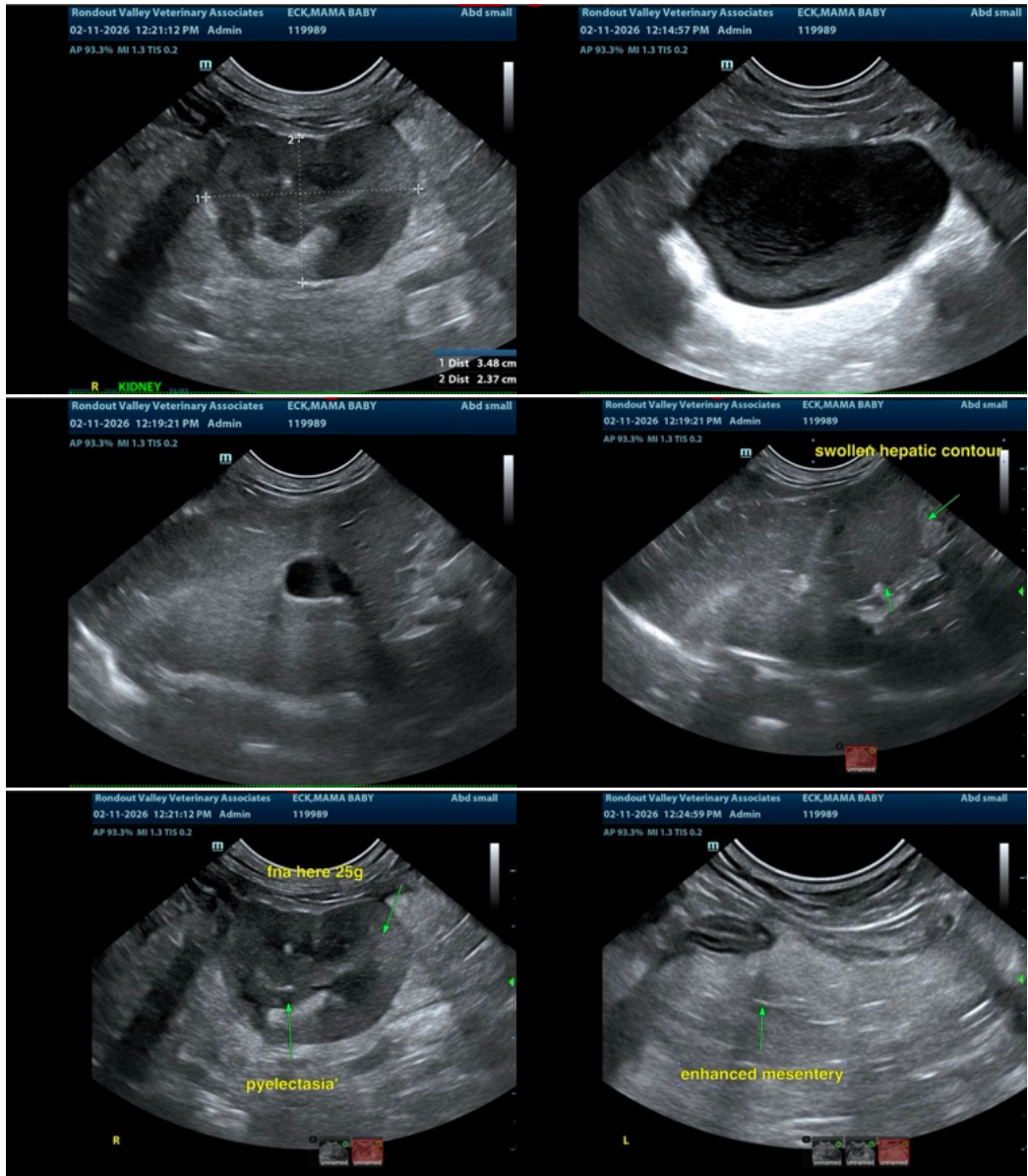
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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