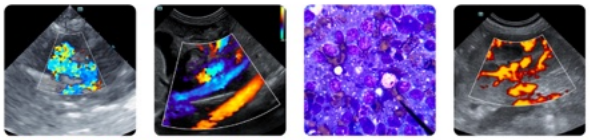


PATIENT

Eddie Schulz

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

12 years

WEIGHT

11.3 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Breanna Wokatsch

HOSPITAL NAME

Underdog Pet Rescue

REFERRING VET

Dr. Breanna Wokatsch

INVOICE

71558

DATE

2/12/26

PRESENTING CLINICAL SIGNS

- Patient presented on 1/7/26 for yearly wellness (no prior history available at this time, it was first time visit to our clinic). Patient clinically normal during visit. Yearly bloodwork showed hepatopathy - ALT 674 (RI: 27-158), AST 245 (RI: 16-67), ALP 96 (RI: 12-59).
- Owner started Denamarin 90mg SID until recheck.
- Bloodwork performed 2/12/26 showing elevated TP 9.3 (RI: 5.7-8.9), globulins 6.3 (RI: 2.8-5.1), ALT 801 (RI: 12-130), ALP 118 (RI: 14-111)
- Owner reports that throughout this time patient has been clinically normal - he is eating, drinking, urinating and defecating normally. No coughing, sneezing, vomiting or diarrhea.

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.

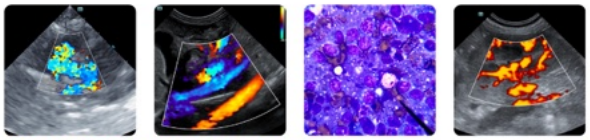
The **kidneys** presented mildly thickened cortices with pelvic calculus on the left. No obstructive disease was noted at the time of the sonogram. The left kidney measured 3.7 cm with a pelvic calculus measuring 0.74 cm. The right kidney measured 4.54 cm. Blood flow to the kidneys appeared to be mildly subnormal owing to degenerative changes.

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.



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Liver

The **liver** was slightly swollen and mildly irregular with empty and slightly thickened gallbladder. Slight increased portal markings were noted in the liver.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with 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 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

Nephrolithiasis with mild to moderate degenerative renal changes, non-obstructive.

Low-grade cholangiohepatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the liver enzyme elevations, ultrasound-guided FNA of the liver is indicated. Given the globulin elevation infectious screening such as Toxoplasmosis and Bartonella should be evaluated. Broad spectrum antibiotic trial such as Enrofloxacin, Clindamycin combination could be considered followed by reassessment of liver enzymes. Neoplasia is not suspected; however, FNA would allow for ruling out this potential. I am most concerned for nephrolithiasis in this patient.

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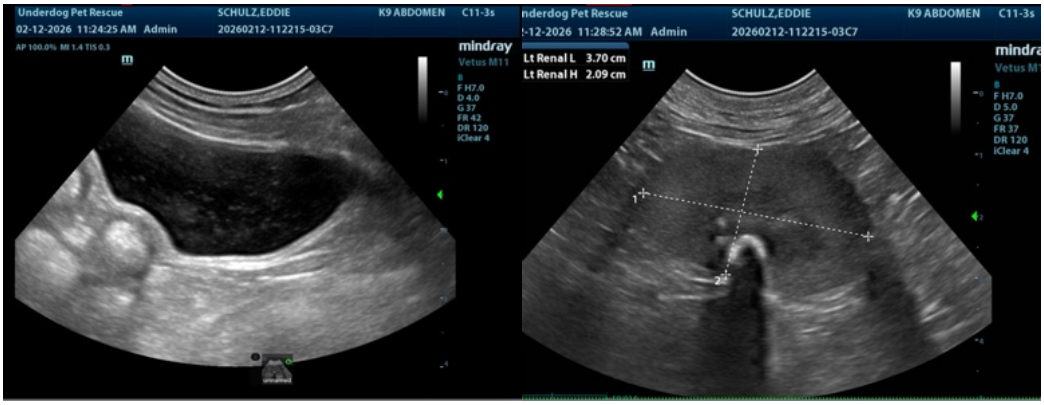

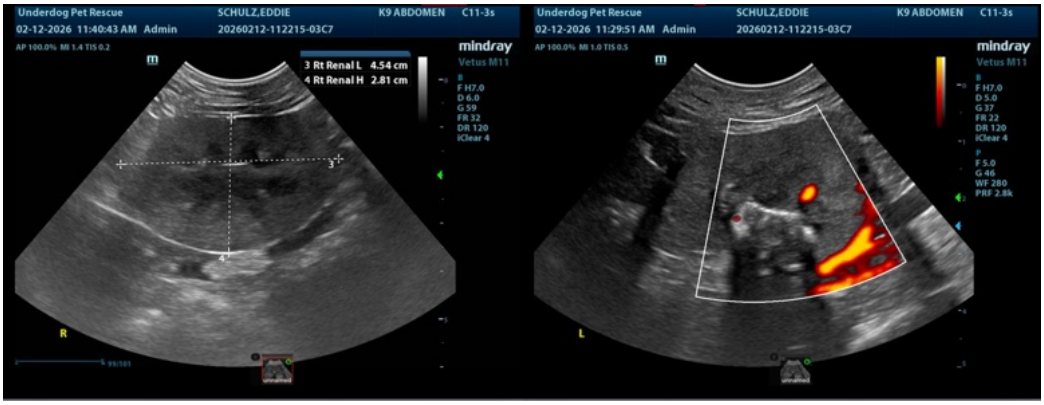

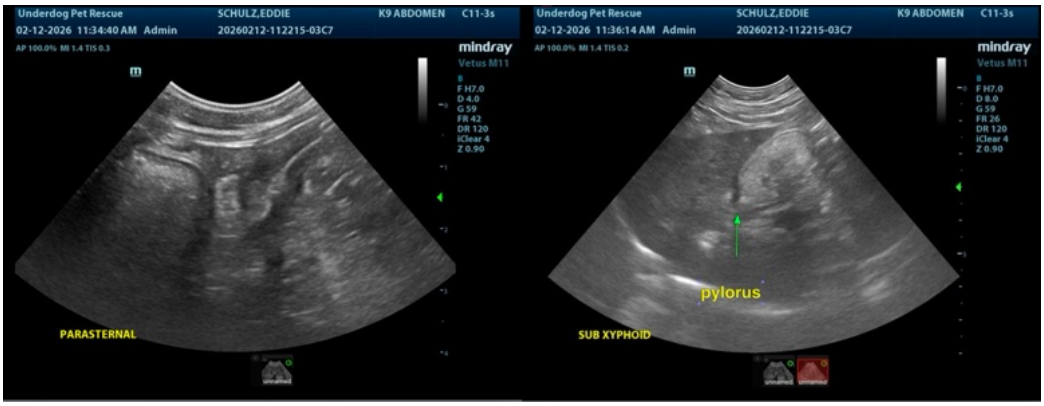

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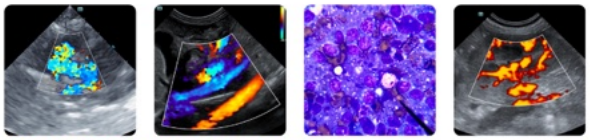

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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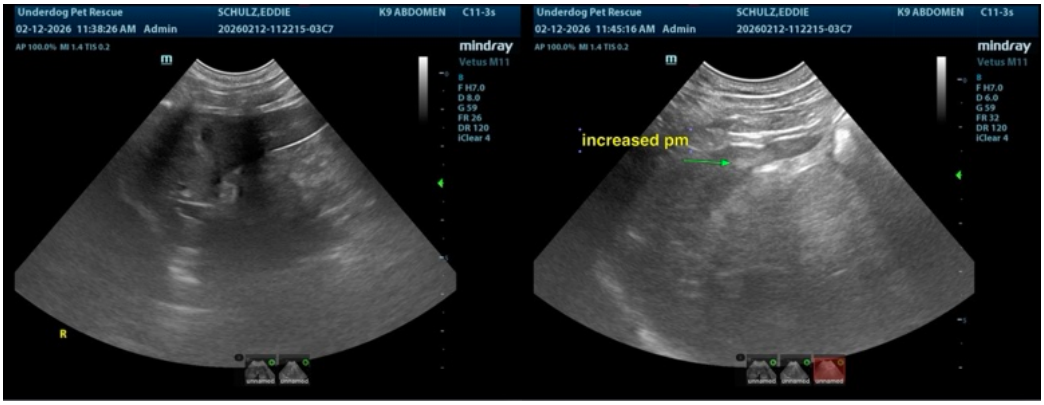

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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