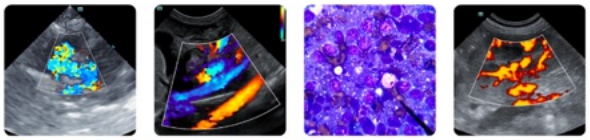


PATIENT

Vin Wolf

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

6.18 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Emily Akin

HOSPITAL NAME

Boise Cat Clinic

REFERRING VET

Dr. Layna Irwin

INVOICE

71710

DATE

2/18/26

PRESENTING CLINICAL SIGNS

- Vin has chronic conditions including chronic kidney disease (CKD), hypertension, feline immunodeficiency virus (FIV) positive status, chronic rhinitis, seizure disorder, and inflammatory bowel disease (IBD).
- Hx of hyperCa. Labs from 2/10/26: CBC - nsf: mild eosinopenia (0.08k - hx), hct wnl. Chem - no azotemia, mild hypercalcemia (12.4 - hx/recurrent), low ALT.

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. A minor amount of suspended debris, coalesced sand and mucous was noted measuring 0.84 cm without acoustic shadowing. This is not a definitive calculus; however, likely a precursor to calculus formation. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 2.8 cm. The right kidney measured 3.3 cm.

Adrenal Glands

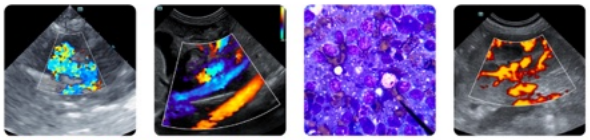
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.4 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.26 cm in width.

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



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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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A minor amount of fluid filled gastric lumen was noted, yet structurally the GI tract was unremarkable. 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

Mild splenomegaly.

Bladder sand and debris.

Age related kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was sedated for the sonogram then the enlarged spleen may be a response to anesthesia. However, if any weight loss is an issue then 25-gauge FNA is indicated.

Medical management of the bladder sand and debris is indicated.

The kidneys do not appear to have significant degenerative changes. Prerenal and factors affecting the kidneys such as passage of calculi, toxin exposure, infectious agents or immune mediated disease should all be considered as the kidneys appear to only have minor degenerative changes.

I am most concerned with the splenic enlargement in this patient from a sonographic perspective.

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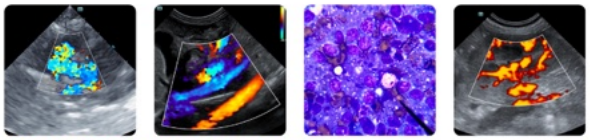

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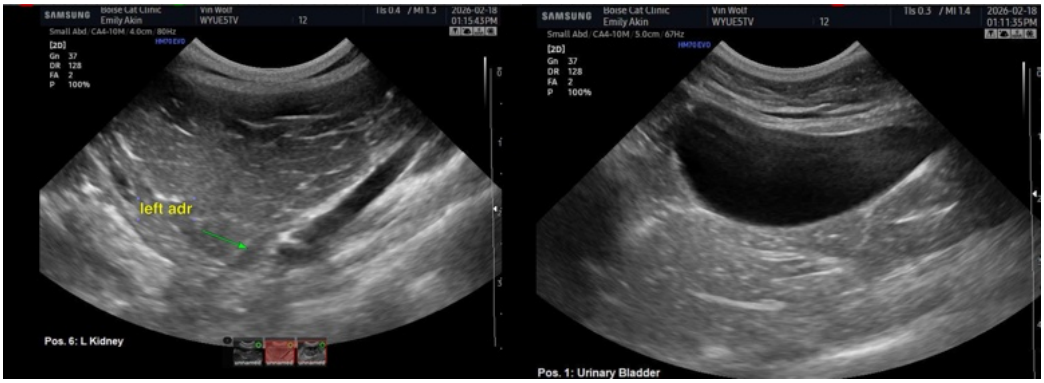

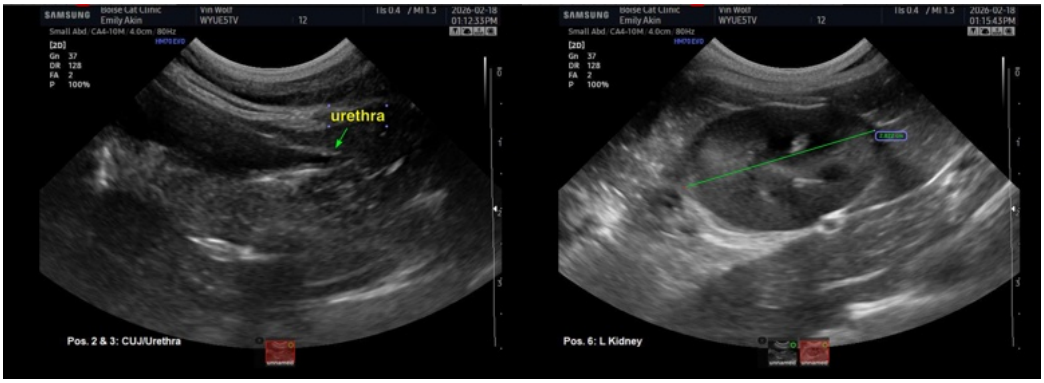

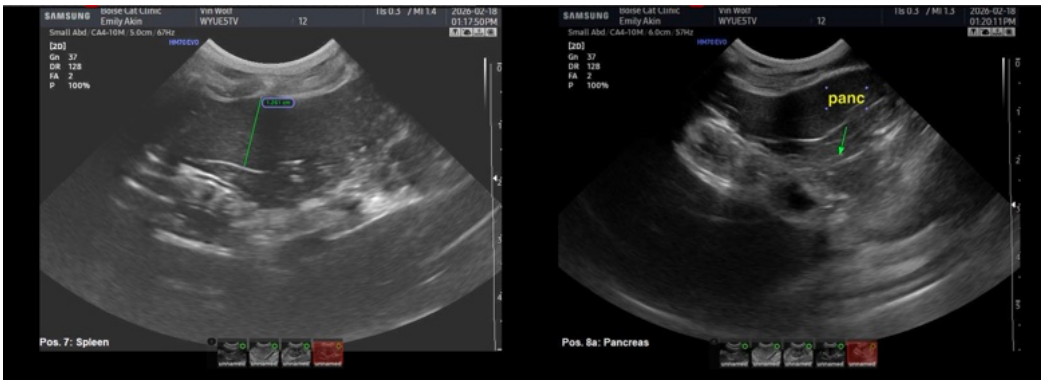

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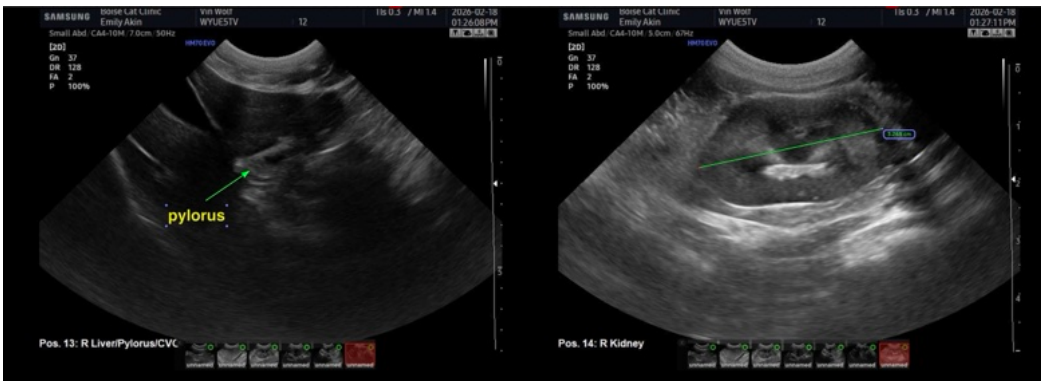

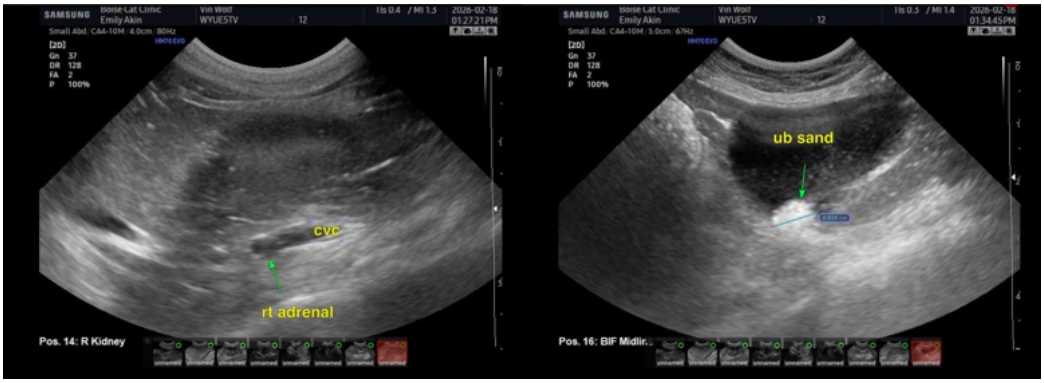

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com