



## PATIENT

Francine Barton

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

17 Years

## WEIGHT

5.56 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Layna Irwin, DVM

## HOSPITAL NAME

Boise Cat Clinic

## REFERRING VET

Layna Irwin, DVM

## INVOICE

35886

## DATE

2/19/26

## PRESENTING CLINICAL SIGNS

- Present for recent agitation and general discomfort.
- History of chronic kidney disease (CKD) stage 2-3/4 (hx of E. coli pyelonephritis in 2/2025), anemia (non-regenerative), intermittent arrhythmia, and chronic upper respiratory infections (due to nasal FB/pellet).
- Abnormal PE/Chem/CBC/UA Results: 1/27/2026: CBC - low hct (24.6%) (hx), wbc (19.4k) (high normal), neutrophils (15.7k) (high normal), high monocytes (1.1k), high platelets (500k) Chem - high crea (3.5) (hx), high SDMA (29) (hx), high BUN (142) (hx), high Phos (7.2), high Ca (12.7), high Na (169) (hx), high Cl (127), liver enzymes wnl - Spec fPL - high (11.6) - Cardiopet - proBNP high (131) (hx) UA - USG (1.018), pH (6.0), - UPC - high (0.7) (hx).

## 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. Iliac trifurcation was unremarkable.

The **right kidney** revealed chronic interstitial nephrosis pattern with pyelectasia (0.5 cm) and corticomedullary mineralization (nonobstructive). A pelvic calculus in the right kidney measured 0.5 cm.

The **left kidney** revealed dystrophic changes with interstitial nephrosis pattern. pyelectasia, cortical infarcts, and remodeling. The left kidney was subnormal in size, measuring 2.0 cm. Pelvic calculus was noted, measuring 0.48 cm.

Blood flow to the kidneys appeared to be subnormal on color flow assessment.

### Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

### 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 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



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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

### *Gastrointestinal*

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. This is a minor change.

### *Pancreas*

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

### *Free Abdomen*

The mesenteric **lymph nodes** (up to 1.5 cm x 0.5 cm) presented 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.

## ULTRASONOGRAPHIC FINDINGS

- Dystrophic left kidney with subjectively end stage degenerative changes and pyelectasia with pelvic calculus. Moderate degenerative right renal changes/interstitial nephrosis pattern. Acute on chronic renal disease.
- Minor intestinal thickening
- Prominent pancreas

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aggressive medical management is indicated. Periodic passage of calculi may be causing some clinical signs in this patient. 72 hour IV fluid protocol is recommended. Blood pressures and urine culture are recommended, if any inflammatory sediment is present. Some level of prerenal disease may be playing a role in this case.





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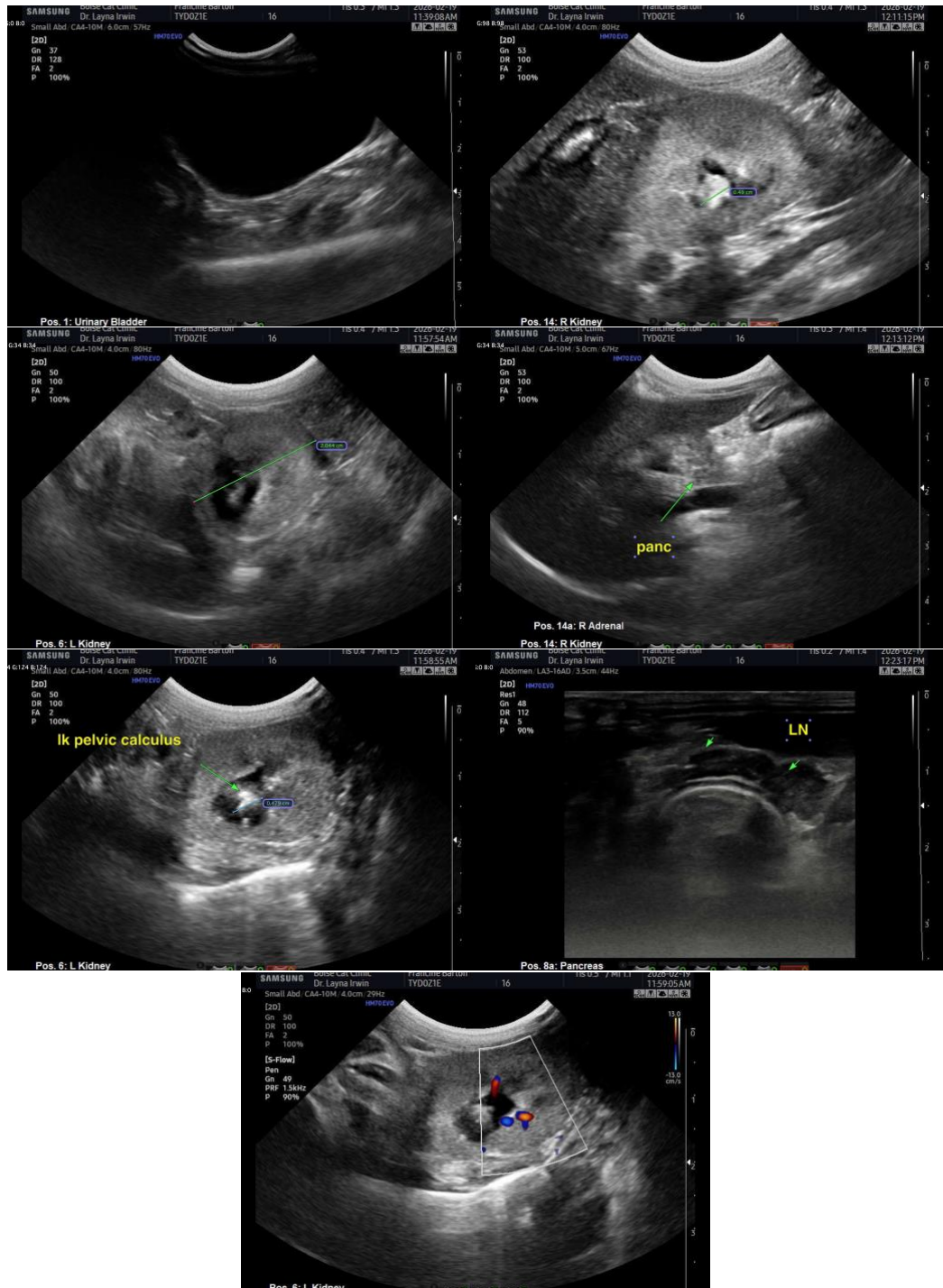
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)