



PATIENT

Solstice Travers

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Female

AGE

17 years

WEIGHT

7.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Levy

HOSPITAL NAME

Court Street VH

REFERRING VET

Dr. Levy

INVOICE

71147

DATE

2/2/26

PRESENTING CLINICAL SIGNS

- Ongoing weight loss
- Decreased appetite, chronic
- UTI diagnosed 12/15/25- Tx Amoxi/ Clav for 20d w/ no response
- Creat 2.7 mg/dL [RI: 0.9-2.3], SDMA 15 BUN 45 mg/dL [RI: 16-37] ALT 532 U/L [RI: 27-158] AST 159 U/L [RI: 16-67] ALP 99 U/L [RI: 12-59] USG 1.018, pH 6.0, WBC 10-15, RBC 6-10, marked rods (>40/HPF)

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** revealed mildly subnormal size and structure. Increased cortical echogenicity was noted. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The left kidney revealed heterogenous pyelectasia. The left kidney measured 2.66 cm with some loss of corticomedullary detail. The right kidney revealed mild pyelectasia. The right kidney measured 2.8 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.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes 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

Chronic renal changes with pyelectasia.

Otherwise, geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the pyuria, underlying chronic pyelonephritis is suspected. There was no evidence of neoplasia.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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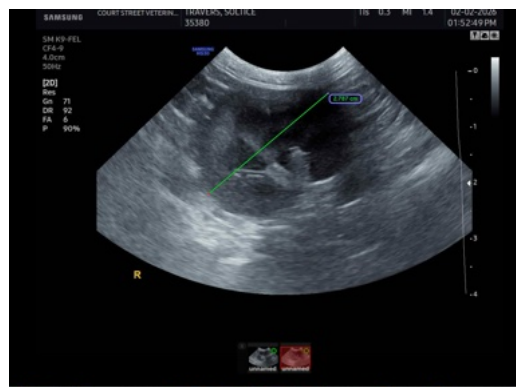
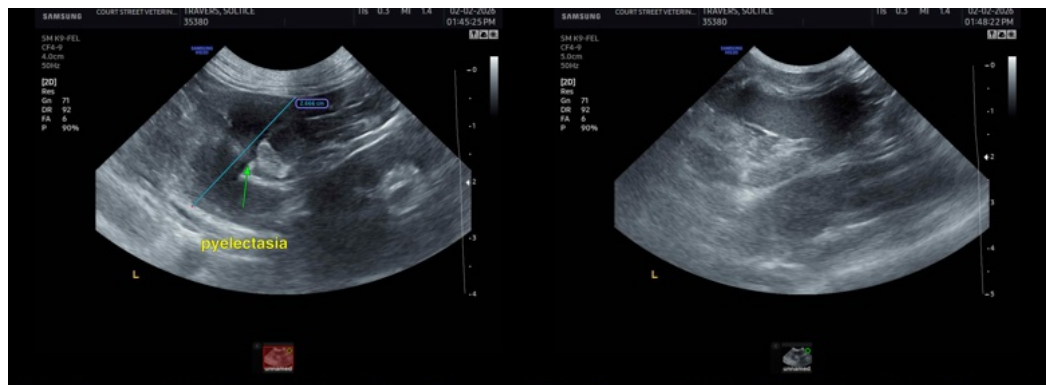
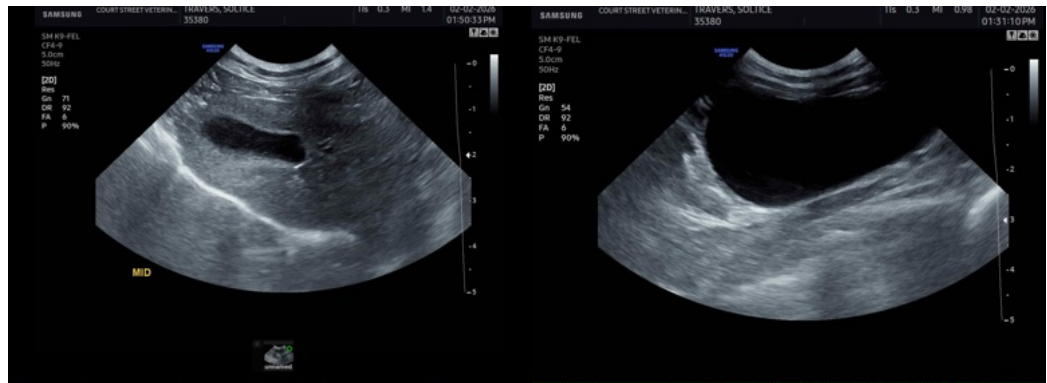
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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