



PATIENT

Summer McMillan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

9.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Dyer

HOSPITAL NAME

Countryside Veterinary
Clinic of Richmond

REFERRING VET

Dr. Dyer

INVOICE

13523

DATE

02/02/26

PRESENTING CLINICAL SIGNS

- 12 y, reasonably stable diabetic cat, on 3 units glargine q 12 hours, presented for lethargy, poor appetite and weight loss. Exam demonstrated weight loss, mild constipation, and was o/w unremarkable. Has lost 2 pounds in 3 months. Labwork showed moderate azotemia, o/w nsf with cause of inappetence unknown. UA had Hematuria present, with glucosuria, and neg for ketonuria o/w nsf. Urine Culture pending.

CBC: showed mild anemia Chem: Moderate azotemia: crtn 6.1, BUN 113, sdma 25; Glucose 615, but did not receive AM insulin. Ketone 0.7 mm via Precision Xtra meter. Electrolytes wnl UA hematuria, no ketones.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 **left kidney** presented with thickened irregular cortices and swollen contour with slight pinpoint mineralizations. The left kidney measured 4.8 cm in length. No evidence of pyelectasia or obvious neoplasia in the left kidney.

The **right kidney** was also enlarged with thickened irregular cortices and slight non-obstructive pelvic mineralizations. The right kidney measured 4.5 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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 appeared duplicated, yet this is not pathological. The common bile duct was unremarkable.

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



PATIENT

Summer McMillan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

9.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Dyer

HOSPITAL NAME

Countryside Veterinary
Clinic of Richmond

REFERRING VET

Dr. Dyer

INVOICE

13523

DATE

02/02/26

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

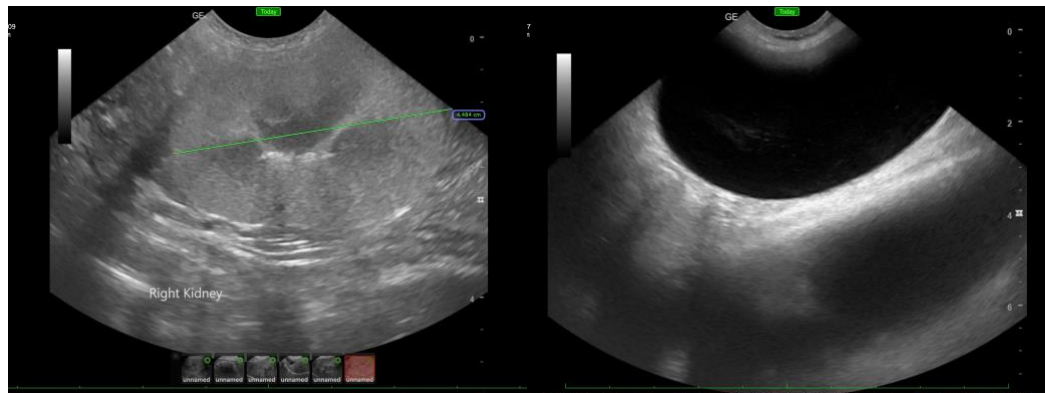
The **pancreas** presented hypoechoic with an irregular parenchyma. Enhanced surrounding mesentery was noted and suggests for pancreatitis.

ULTRASONOGRAPHIC FINDINGS

- Non-specific swollen kidneys with interstitial nephrosis pattern and diabetic nephropathy and slight renal mineralizations (non-obstructive).
- Prominent irregular pancreas- suspect pancreatitis.
- Age-related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Some level of low-grade pancreatitis is possible. Subxiphoid palpation is recommended to assess if there is any pain or discomfort. The patient may have passed a calculus recently, however, more likely underlying occult renal injury owing to toxin or infectious exposure should be considered. Cannot rule out emerging round cell neoplasia given the swollen irregular contour, however, this is not typical for renal lymphoma. Coagulation panel, blood pressure and 25-gauge FNA of either renal cortex would be indicated for further definition. Prognosis is guarded depending upon response to therapy. 72-hour IV fluid protocol is indicated. Reassessment of clinical status is warranted.





PATIENT

Summer McMillan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

9.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Dyer

HOSPITAL NAME

Countryside Veterinary
Clinic of Richmond

REFERRING VET

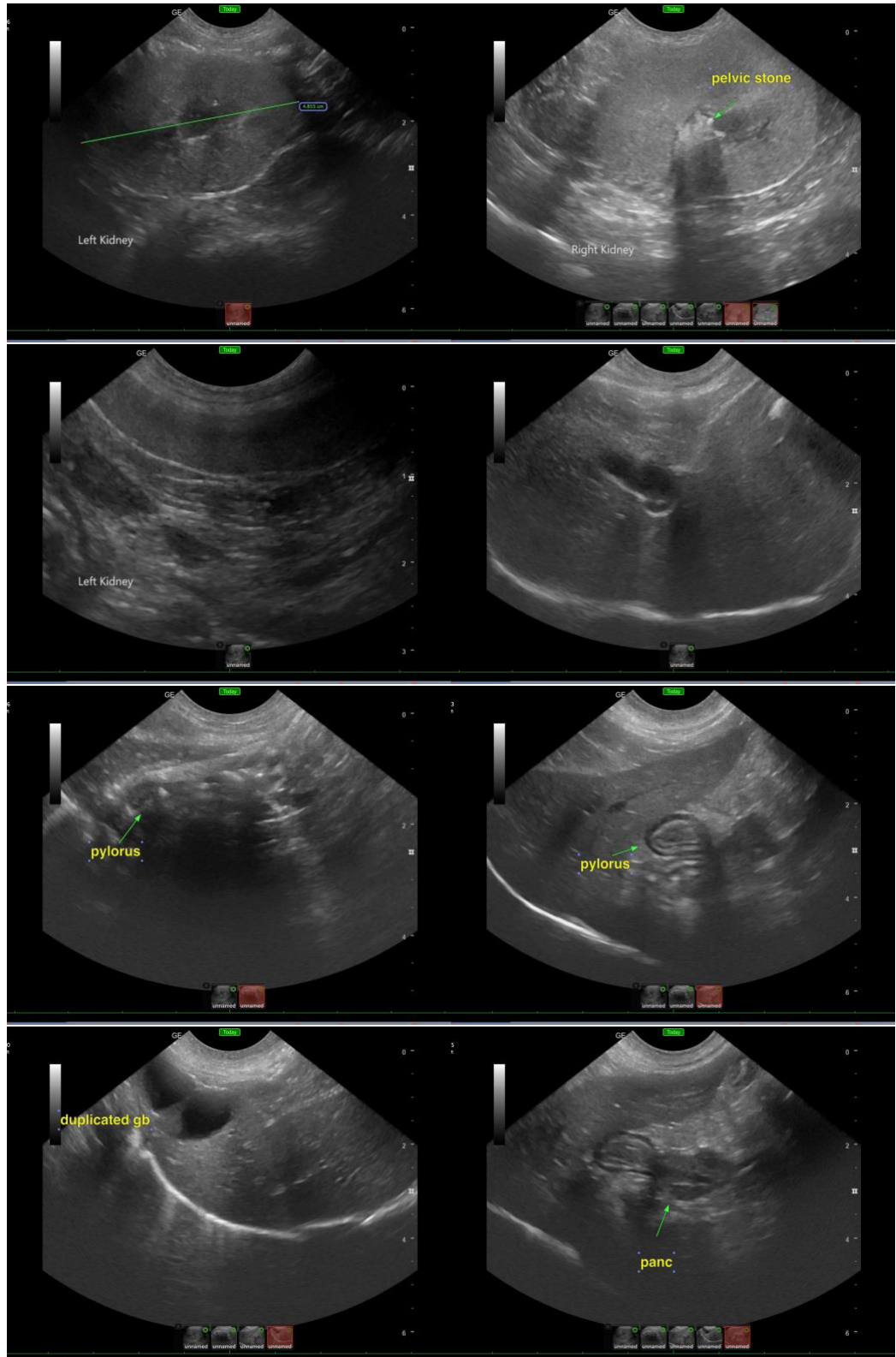
Dr. Dyer

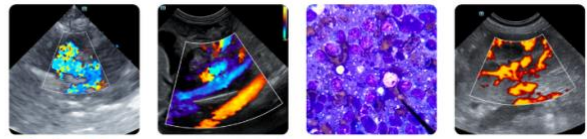
INVOICE

13523

DATE

02/02/26





PATIENT

Summer McMillan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

9.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Dyer

HOSPITAL NAME

Countryside Veterinary
Clinic of Richmond

REFERRING VET

Dr. Dyer

INVOICE

13523

DATE

02/02/26

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, Owner, Founder -- SonoPath.com

info@SonoPath.com