



PATIENT

Lucky Warner

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

10 years

WEIGHT

6.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Dakota Harmon

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Harmon

INVOICE

71794

DATE

2/23/26

PRESENTING CLINICAL SIGNS

- Pet was seen at RDVM today for vomiting for approx. 1 week and not eating. Pet had labwork with UA and RADS of the Abdomen at RDVM. Pet has transferred for hospitalization and and AUS
- Addendum:
- Lucky presented as a txr from VCA River Road for ongoing vomiting over the past 3 days. After eating, 10-15 minutes later, patient regurgitates undigested kibble. He has not kept down a meal since Friday. He is known to eat plastic, and also has a history of vomiting hairballs. His owners brush him frequently to prevent hairballs
- ePOC: pH 7.331 (L), sodium 151 (H), potassium 3.2, chloride 122 (H), lca 1.13 (L), lactate 4.24 (H), BUN 23, Creat 1.43, Glucose 188 (H), HCT 48 (H) fPL: 1.5 (WNL) PCV/TS: 50/9.6 --> icteric serum ALT: 464 (H) TBili: 1.7 (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 5.3 cm. The right kidney measured 4.0 cm with mild hydroureter at the stricture. The stricture measured 0.4 cm in width and the stricture measured 1.3 cm distal from the right renal pelvis. No overt calculus was noted. The patient likely has passage of calculus or infection/ureteritis playing a role. Blood flow to both kidneys was subnormal on color flow assessment.

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 mildly hyperechoic to the falciform fat with mild coarse architecture. Grouping of choleliths were noted in the gallbladder measuring 1.2 cm. The gallbladder was not significantly over distended. The common bile duct was mildly thickened measuring up to 0.33 cm, which is normal width.

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. The stomach revealed progressively shadowing luminal material consistent with likely hairball accumulation and ingesta. 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

Right hydroureter with stricture.

Cholelithiasis with inflammatory hepatopathy.

Hairball density in the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cholelithiasis was non-obstructive at the time of the sonogram; however, given the patient's history passage of biliary calculi may be an issue.

Ultrasound-guided FNA of the liver is indicated after coagulation panel for further definition. There was no evidence of neoplasia.

Medical management for the hairball density in the stomach should prove effective.

Full urinary work-up and culture, blood pressure measurements and management for acute hepatic failure is indicated.

Eventual cholecystotomy may be appropriate with common bile duct lavage, liver biopsy and culture. Recheck sonogram is recommended in a week to assess the right ureter, right kidney, stomach and biliary tree.



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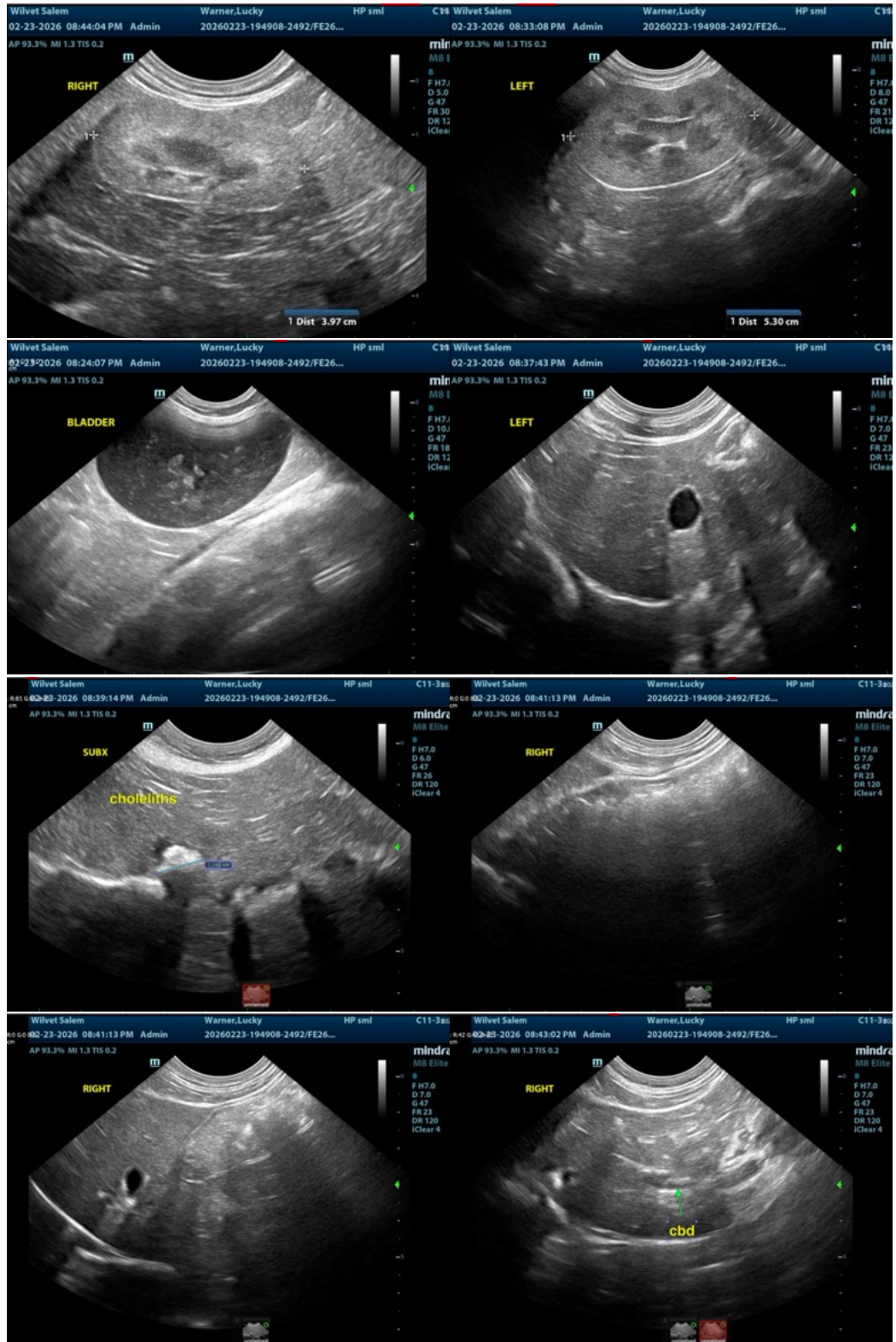
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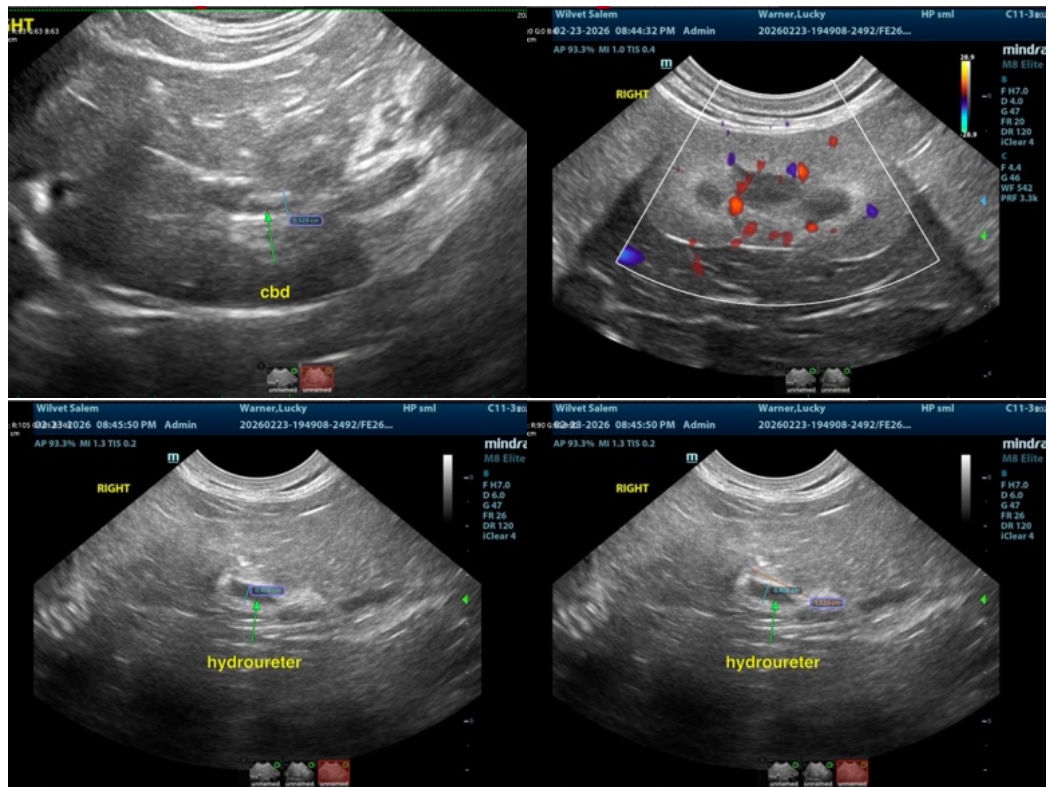
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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