



## PATIENT

Roxy Craft

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

9.7

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Hannah Fearing

## HOSPITAL NAME

Lanier AH

## REFERRING VET

Dr. Hannah Fearing

## INVOICE

36208

## DATE

3/12/26

## PRESENTING CLINICAL SIGNS

- Weight loss
- Polyuria
- Polydipsia (improved since 2/5)
- Polyphagia
- Abnormal PE/Chem/CBC/UA Results: BW 2/5/26 CBC: WNL Chem: mildly elevated creatinine (2.5) and BUN (38) - both increased from previous, normal SDMA (6); mild hyperglobulinemia (5.4) UA: low USG (1.020); few RBCs but no real evidence of UTI; proteinuria (100 mg/dL) - no UPC since run in-house T4: WNL

## 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 **kidneys** presented moderate dystrophic changes with cortical infarcts, collapse, and corticomedullary mineralization. The left kidney measured 2.7 cm. The right kidney measured 3.2 cm. A slight pelvic calculus was noted in the right kidney.

### *Adrenal Glands*

The **left adrenal gland** was 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 0.48 cm.

The region of the **right adrenal gland** 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** was largely normal, yet a trace amount of fluid was noted between the liver lobes. The source of the fluid is unclear. The gallbladder and common bile duct were unremarkable.

### *Gastrointestinal*

The **stomach** was unremarkable. Minor intestinal thickening was noted. The colon was unremarkable.



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**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.

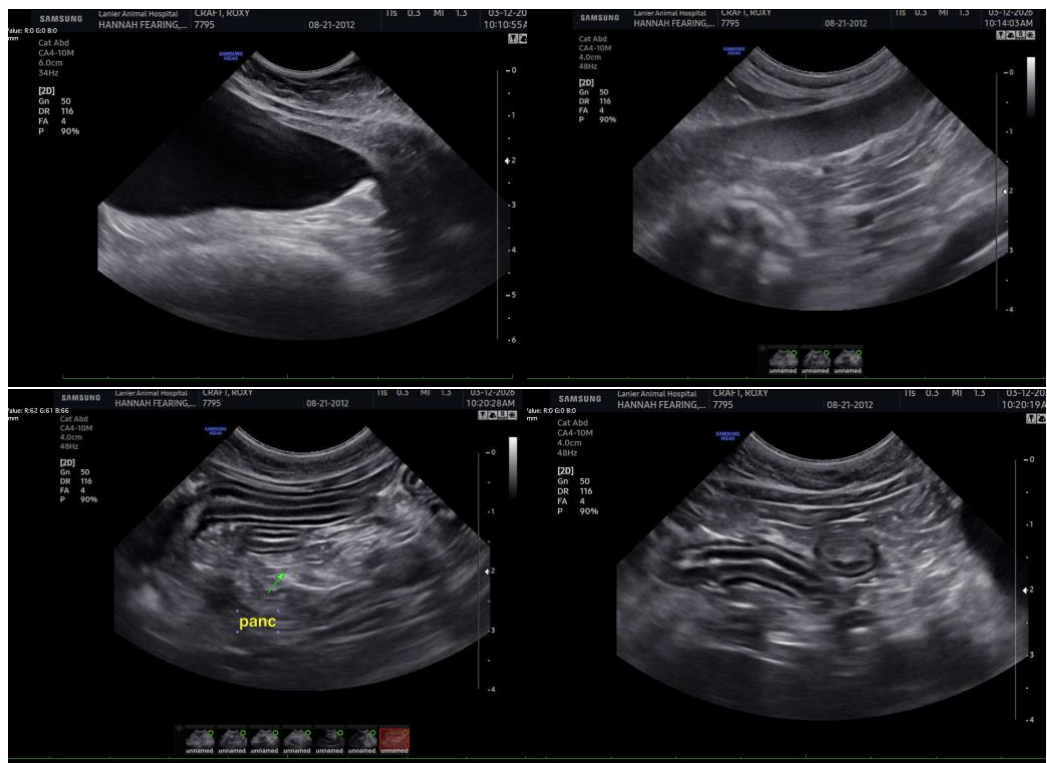
**ULTRASONOGRAPHIC FINDINGS**

- Dystrophic kidneys with infarcts and mineralization
- Minor intestinal thickening
- Trace fluid between the liver lobes
- Minor age-related pancreatic changes
- Unremarkable abdomen otherwise

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the trace fluid between the liver lobes is unclear. I am concerned about long term viability of the kidneys given the dystrophic changes and renal enzyme elevations. 72 hour IV fluid protocol is warranted. The patient may be passing calculi periodically, yet no obstructive disease is noted at the time of the sonogram.

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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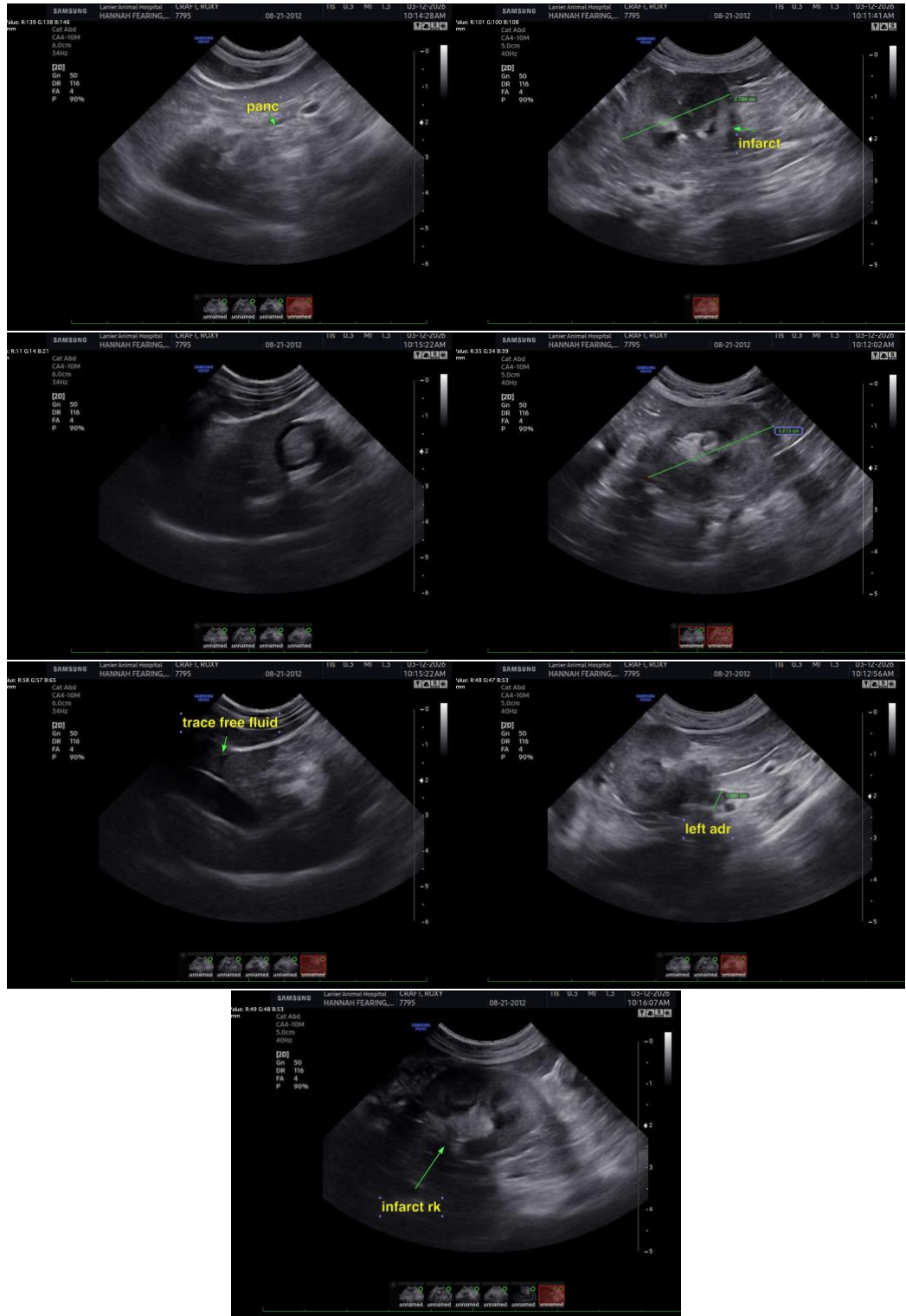
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The information and recommendations provided are based on the images presented by the referring



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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](mailto:info@SonoPath.com)