



## PATIENT

Calie Readinger

## SPECIES

Feline

## BREED

Sphynx

## SEX

Spayed Female

## AGE

15 Years

## WEIGHT

2.4 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey AEC

## REFERRING VET

Dr. Shally Gastelu

## INVOICE

36234

## DATE

3/15/26

## PRESENTING CLINICAL SIGNS

- P presented 3/14 for not eating. P is known diabetic since October 2025 normally managed on 2U ProZinc BID. P was recently at rDVM approximately 2 weeks ago; Crea at that time was reportedly 2.5.
- Abnormal PE/Chem/CBC/UA Results: EENT/oral: pale pink, pigmented, slightly tacky mm, crt 2-3s Integ: Healthy coat; significantly prolonged skin tent 3/14 HAEC Intake: CBC: moderate normocytic, hypochromic, non-regenerative anemia (HCT 21.1, MCHC 36), inflammatory leukogram (leukophillia 47.67, neutrophillia 45.38, monocytosis 0.70, eosinopenia 0.01) Chem: BUN >130, crea 5.1, Phos >16.1, Glob 5.3, Tbili (1.8), chol(231) EPOC: pH 7.041, Bicarb 6.6, TCO2 9.6, BE -21, NA 137, K 2.6, CA 0.99, BUN >120, crea 5.68, HCT 25 fPL: 4.7 UA: USG 1.012, no bacteria, crystals or casts present Dx: BG: 73, 126, 113 Urine culture - pending PCV/TS: 23%, 9.6 EPOC: Bicarb 12.3 L, TCO2 12.2 L, pH 7.102 L, BE -17.4 L, Na 146 L, K 2.9 L, iCa 1.02 L, BUN >120 H, Crea 5.83 H, HCT 24% L NIBP: 188, 166

## 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 2.0 cm beyond the cystourethral junction.

The **kidneys** in this patient presented severe degenerative changes with pyelectasia, nephrolithiasis, and corticomedullary mineralization. The largest left kidney calculus measured 0.6 cm. Slight free fluid was noted around the left kidney. Calculi in the right kidney measured up to 0.8 cm. Minimal blood flow to the left kidney was noted on color flow assessment. Blood flow to the right kidney was subnormal. The left kidney measured 3.4 cm. The right kidney measured 4.0 cm in length.

### Adrenal Glands

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

### Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

### 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. A left medial liver mixed echogenic microcystic mass was noted, measuring 3.2 cm, most consistent with cystadenoma.

### Gastrointestinal

Some **gastric** luminal material was noted, consistent with likely hairball accumulation. The small intestine and colon were unremarkable with normal curvilinear patterns and content.

### Pancreas



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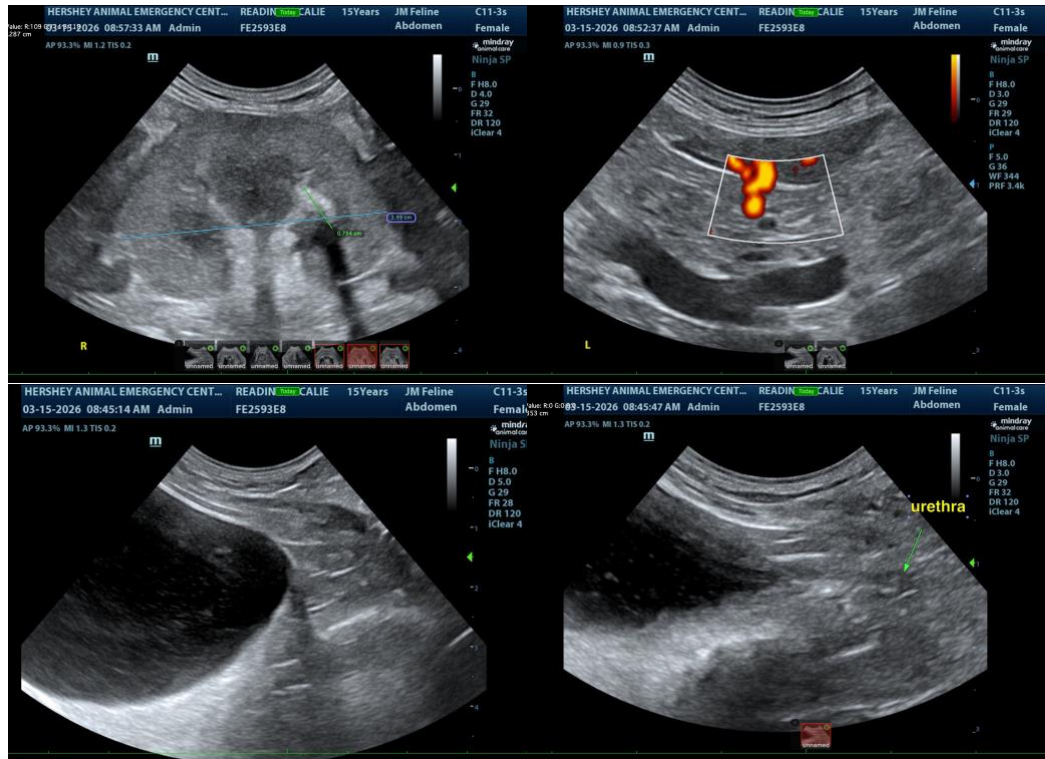
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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

- Moderate to severe nephrolithiasis and interstitial nephrosis renal pattern with slight free fluid
- Cystadenomatous liver
- Gastric luminal material, likely hairball accumulation
- Volume contracted spleen
- Geriatric changes otherwise

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect acute on chronic renal failure. 72 hour IV fluid protocol, urine culture and sensitivity, and blood pressures are all indicated. Prognosis is guarded depending upon response to therapy; however, kidneys appear subjectively near end stage.





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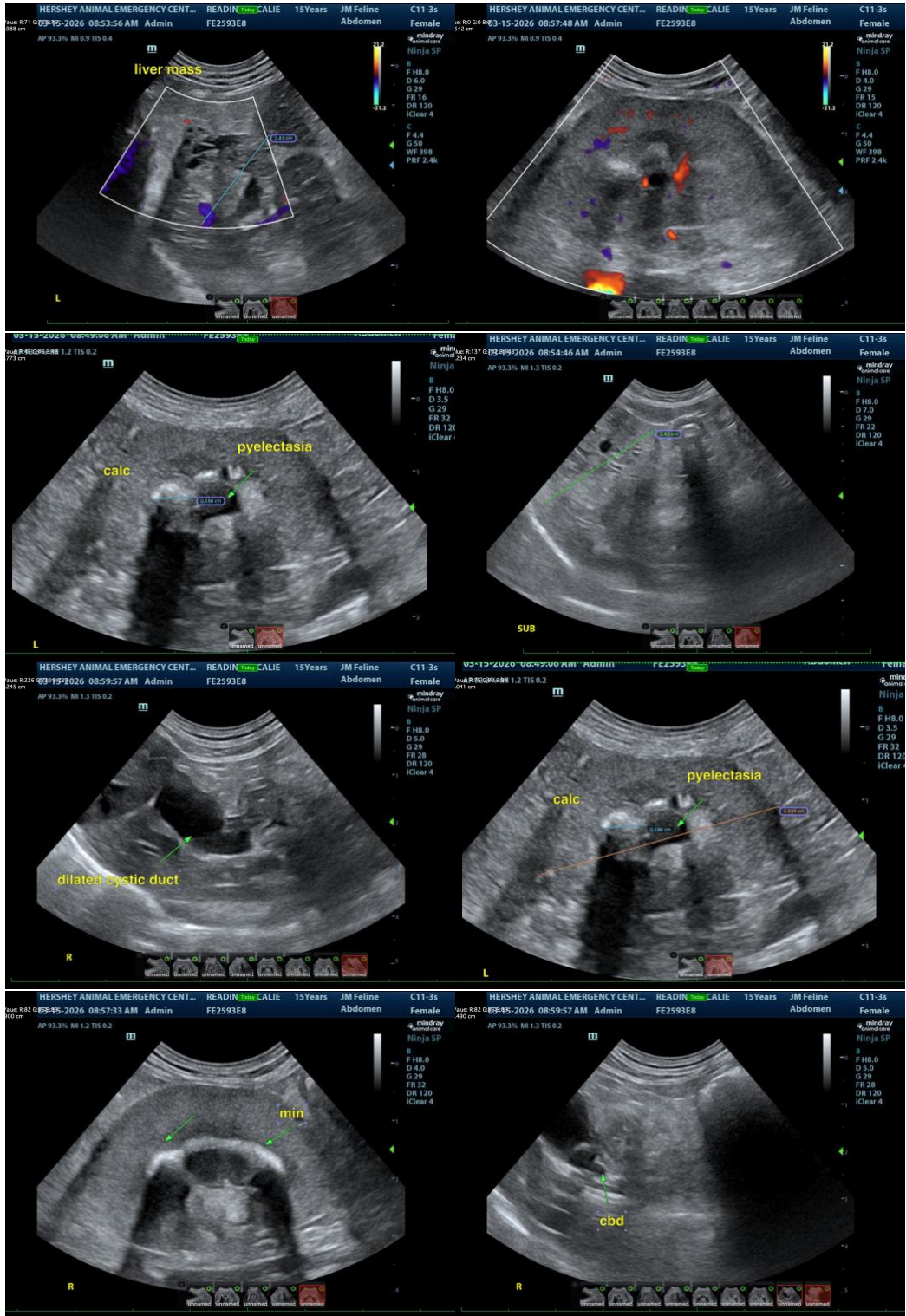
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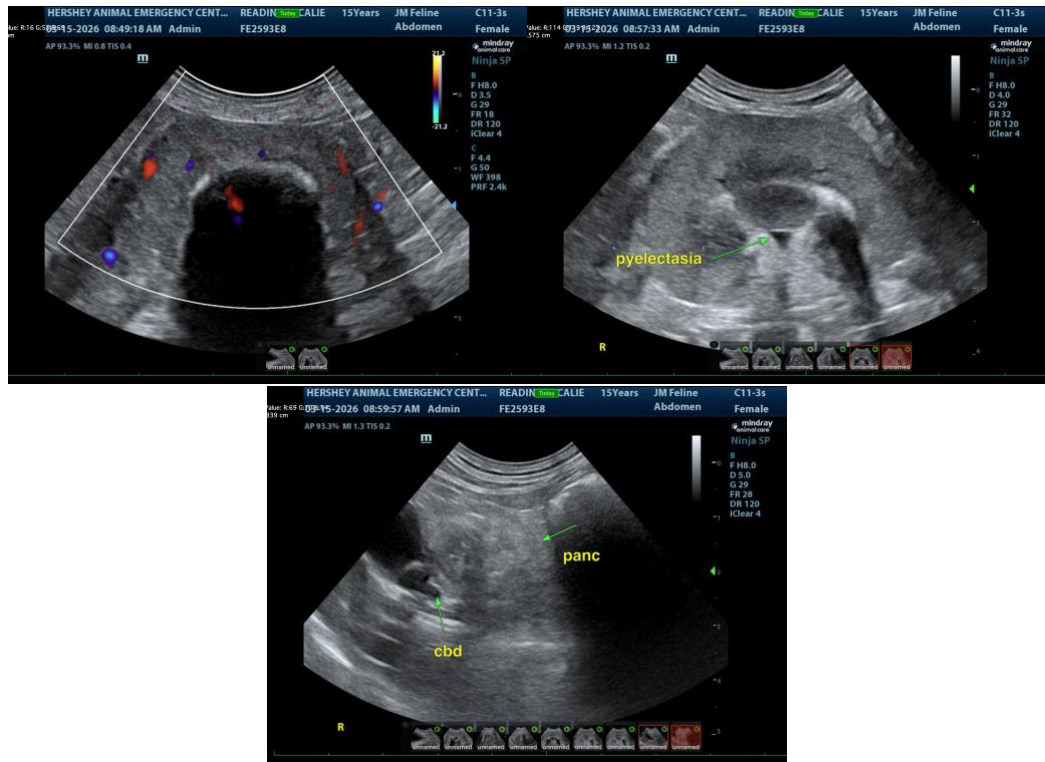
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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