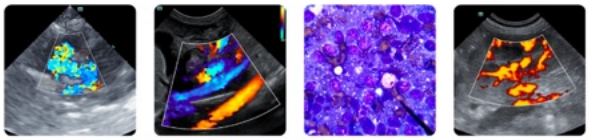


PATIENT

Shadow Boyer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

7 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Oberer-Gerber

INVOICE

73470

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- Presented 3/13/26 for Possible UTI. peeing a lot - in and out of litterbox
- peeing outside litterbox more than normal. Symptoms started end of February. The owner was away and pet sitter noticed excess peeing outside box, Owner notes now is going right in front of Owner which is not usual. NO C/S/V/D. Eating normally.
- AXR to IDX = CONCLUSIONS: The mineral opaque collections seen in the region of the liver are not all consistent in location with being within the liver. Differentials to consider include choleliths/choledocholiths, pancreatoliths, or most likely a combination of both of these. These can be of variable clinical significance although they have been reported in patients with chronic cholangiohepatitis and pancreatitis respectively. This possibility must be correlated with the patient's prior clinical history and laboratory results.
- The urinary tract is within normal limits, although this does not exclude the presence of cystitis (sterile or septic), and very small uroliths or mineralized urinary sediment may not be visible radiographically.
- The remainder of the abdomen is within normal limits.
- There is bilateral mild coxofemoral osteoarthritis.
- BAR. ABD palp = Gaseous but no apparent masses, pain, or tenderness. Very small/soft urinary bladder. No obvious HM but hx increased proBNP. O declined HWU today. Lungs auscultate clear bilaterally; trachea clear; Owner notes occasional wheezing at home, NOT heard today. Small/soft urinary bladder -- collected via cystocentesis today. BCS 4/9. 3/13/26: CBC: HCT = 32% low normal CHEM: SDMA = 14 --> HIGH NORMAL (10/2025 SDMA = 17 HIGH) Creat = 2.2 --> concern for IRIS stage 2 (10/2025 creat = 1.7) GLOB = 5.7 HIGH Lytes: NSF T4 = 2.5 normal fPL = 8.6 HIGH (0-4.4) 3/16/26 USG = 1.016 --> confirmed IRIS STAGE 2 6.5 pH trace protein trace blood (clean stick cysto collection) recheck CHEM Creat = 1.7 Liver = NSF fPL = 7.4 still HIGH BP = 112mmHg UA w/ UPC = pending Urine culture = pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

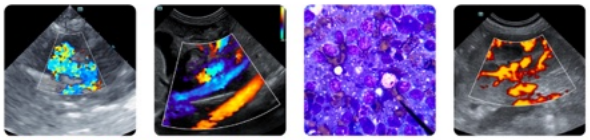
Urinary System

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. Pinpoint mineralization was noted in the kidneys and was non-obstructive at the time of the sonogram. The left kidney revealed slight pyelectasia. The left kidney measured 2.9 cm. The right kidney measured 3.3 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



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unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left and right adrenal gland measured 0.3 cm.

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. The spleen measured 0.9 cm.

Liver

The **liver** revealed multiple lobar and biliary calculi as well as gallbladder calculi. Over distension of the gallbladder in the biliary tree was noted. The common bile duct was followed to the duodenal papilla. It appeared to taper adequately; however, some level of stricture may be an issue. The liver revealed slight increased portal markings.

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 **pancreas** was prominent, hypoechoic and mildly irregular. Pancreatic duct dilation was noted and measured approximately 0.9 cm.

ULTRASONOGRAPHIC FINDINGS.

Cholelithiasis not overtly obstructive at this time and gallbladder over distension.

Minor degenerative renal changes.

Prominent pancreas. History of pancreatitis is likely.

Age related renal changes with slight mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys do not appear end stage and pre-renal disease or complicating factors such as UTI and

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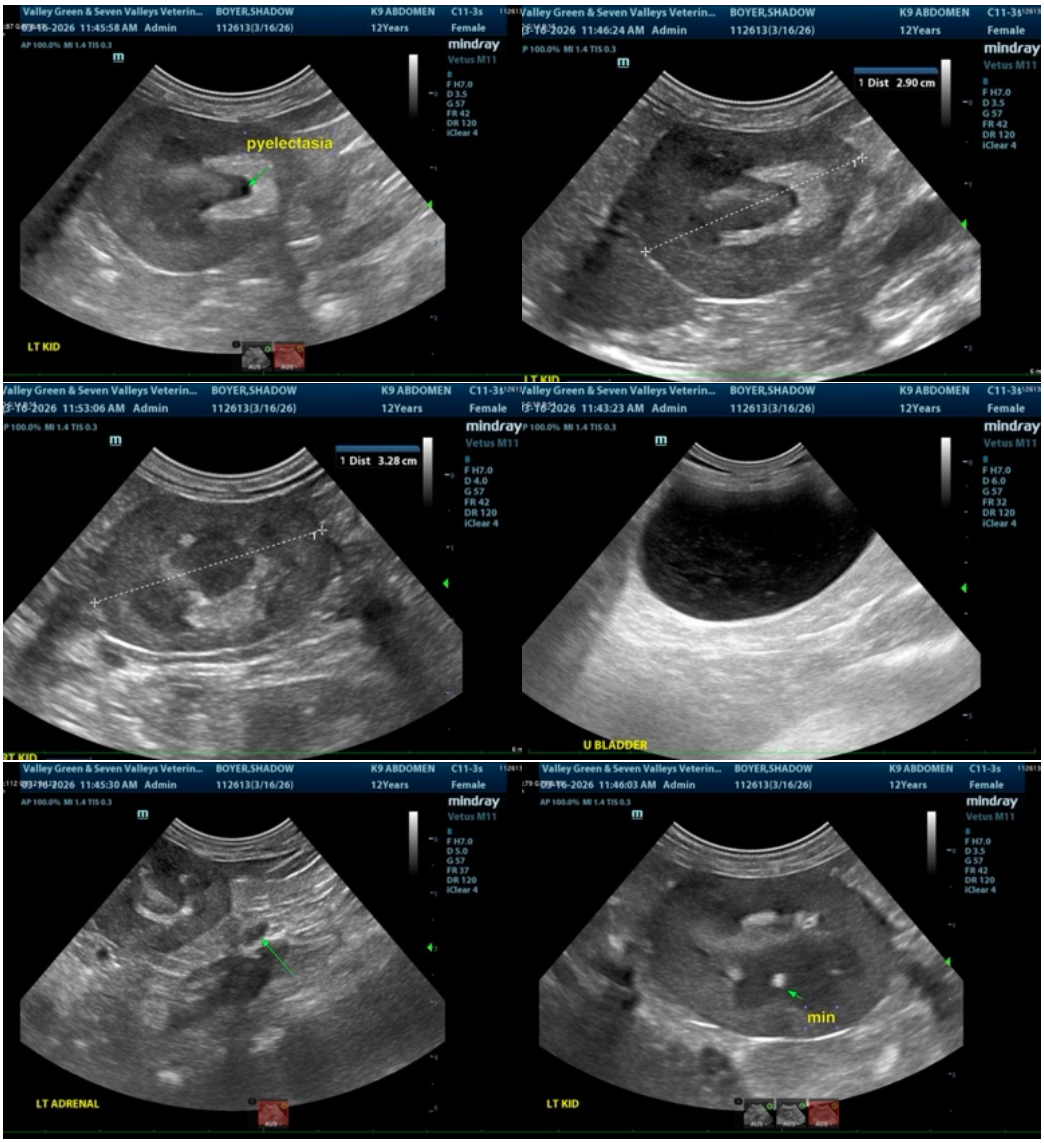
hypertension should be evaluated. Ursodiol is recommended over a 6-8 week period with a recheck of the gallbladder. However, eventual cholecystectomy or cholecystotomy may be necessary in this patient. Bile acid profile would be ideal.



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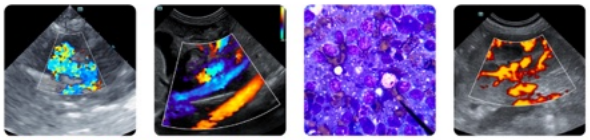

Clinical Sonography & Telecytology
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SonoPath.com info@sonopath.com 1.800.838.4268

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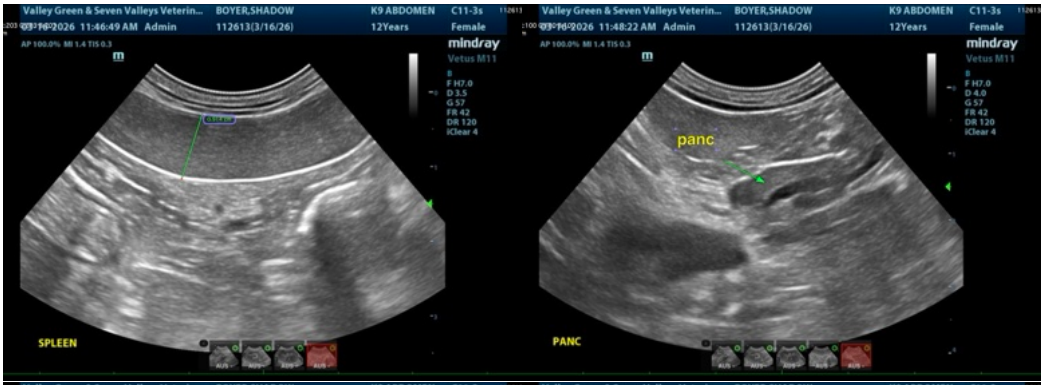
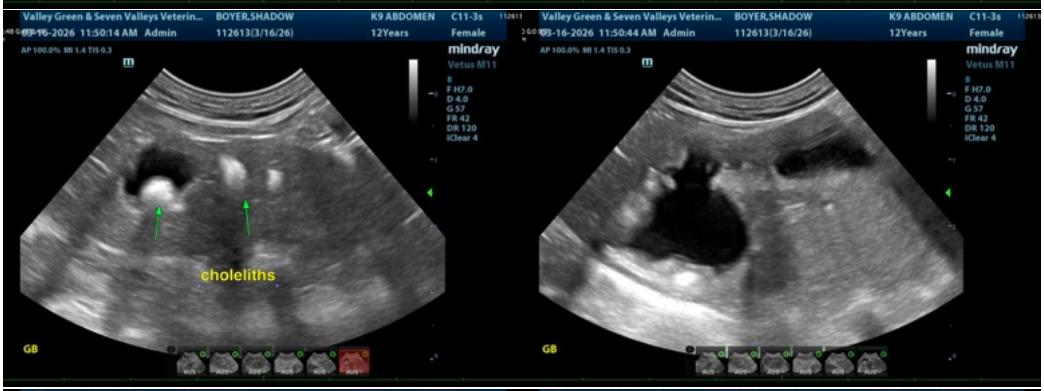
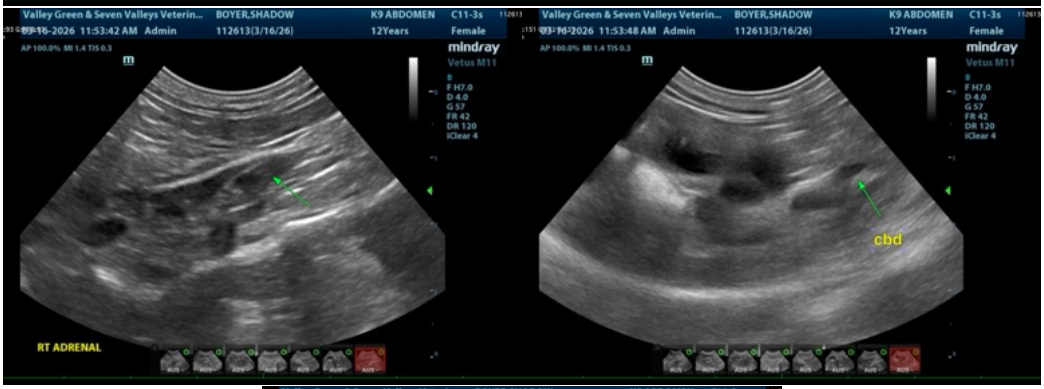
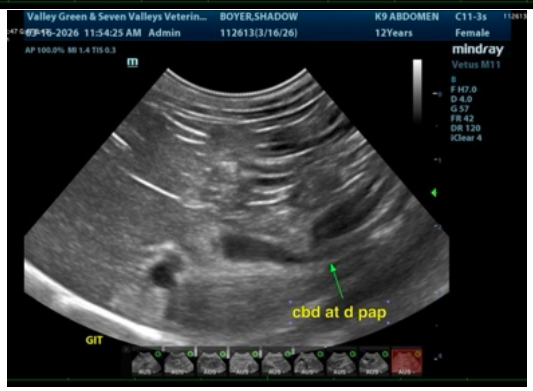
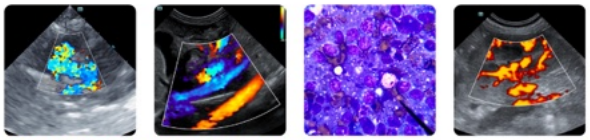








The information and recommendations provided are based on the images presented by the



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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

info@SonoPath.com