



PATIENT

Blu Shores

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

4.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dakota Harmon

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Harmon

INVOICE

73608

DATE

3/20/26

PRESENTING CLINICAL SIGNS

- Pt presented for lethargy and anorexia for the last 48 hours. Only really eating treats. Vomited 2 times earlier this week - but pt will chronically vomit per o.
- Diagnosed with hyperthyroidism 3/10 by rDVM. Started on felimazole then seemed to lose appetite. Stopped meds Saturday then restarted once pt was eating. Mass on left hip growing for about 1 year - has ruptured a couple times and been tested by rDVM (poss cyst). Indoor only.
- Felimazole 2.5mg - last given Wednesday AM
- CBC: HCT 30 (L), WBC 15.39, neut 9.0, suspect bands, lymph 5.25, mono 1.1 (H), eos 0.01 (L), PLT 300 Chem17: Glucose 187 (H), Creat 1.1, BUN 11 (L), Calcium 7.7 (L), Globulin 5.7 (H), Tbili 1.6 (H), Amylase (496 (L) PCV: 26% --> Orange dark yellow serum ePOC: sodium 145 (L), Potassium 3.4 (L), ica 1.11 (L), BUN 12 (L), Glucose 204 (H), HCT 32 fPL: 1.6 (WNL) FIV/FeLV: Negative T4: 2.5 (WNL) UA: USG 1.034, pH 6.0, protein 1+, Glucose 4+, negative for ketones, bld/hemo, bili. WBC <1/hpf, RBC <1/hpf, no bacteria detected, bili crystals 1-5/hpf

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 and no evidence of pelvic dilation was present. The left kidney measured 4.3 cm and the right kidney measured 4.27 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 unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

The **spleen** was mildly enlarged with slight, scalloping contour and measured 1.6 cm. Multi-focal, hyperechoic nodular changes were noted in the spleen.



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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. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were 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 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

Mild splenic enlargement.

Non-specific hepatic presentation.

Otherwise, age related abdominal changes.

Structurally unremarkable GI tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening 25-gauge FNA of the spleen and liver is recommended in this patient. Supportive care should prove effective. CBC path review is indicated given the mild anemia. Given that the bilirubin is persistently, hemolytic disease is the primary concern. There was no evidence of significant structural disease other than mild splenic enlargement.



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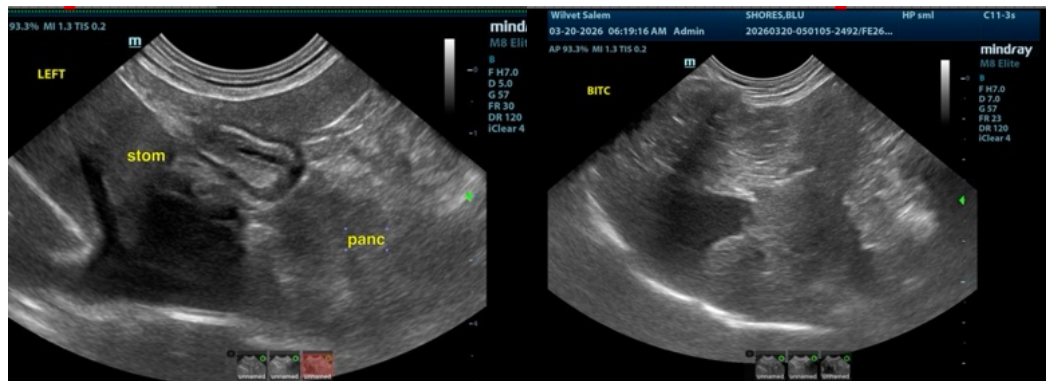
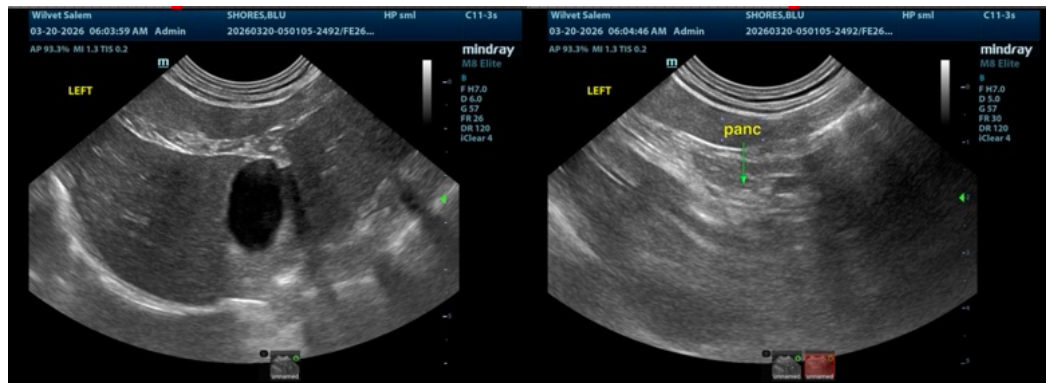
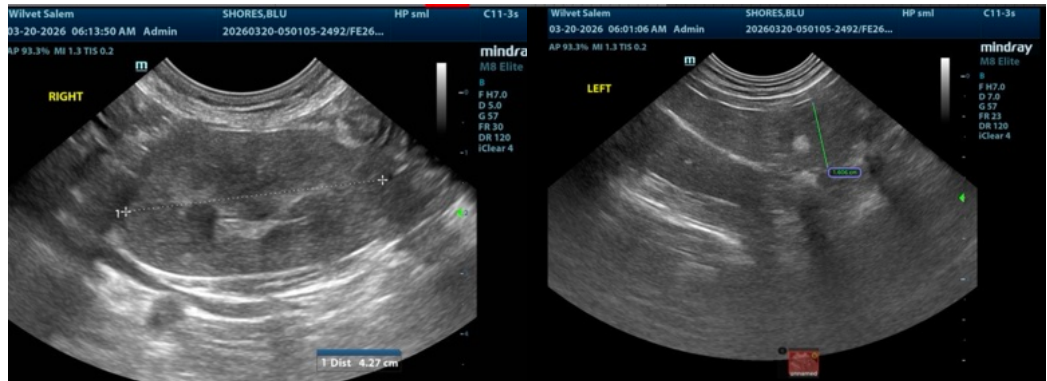
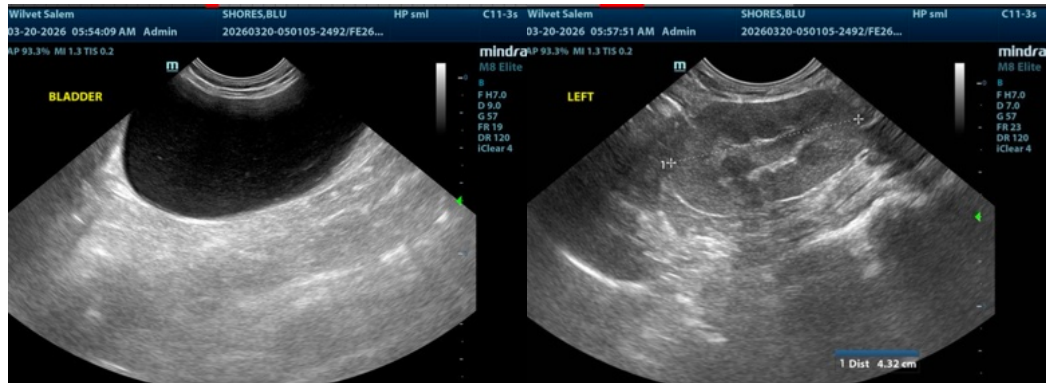
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com