



## PATIENT

Lowrida Kemper

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

15 Years

## WEIGHT

3.4 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Arias

## HOSPITAL NAME

Animal Emergency  
Hospital Volusia

## REFERRING VET

Dr. Arias

## INVOICE

73925

## DATE

3/23/26

## PRESENTING CLINICAL SIGNS

Patient presented for possible UTI. P is uncomfortable, going in/out of the litter box and not producing much. P was here last March for a UTI. At that time she had a mild azotemia. P had a second UTI this past fall, no recheck bloodwork was performed at that time.

On exam, P's bladder feels small. She has a skin tent and is approx 8% dehydrated.

Current medications: none

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** revealed minor mural thickening at the ventral apical wall, measuring 0.29 cm. Anechoic urine visible. The proximal urethra was unremarkable.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralizations noted. Right kidney measured 3.2 cm. Left kidney measured 3.7 cm.

### Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

### Spleen

The **spleen** measured 1.0 cm in width. It 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** 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.



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## Pancreas

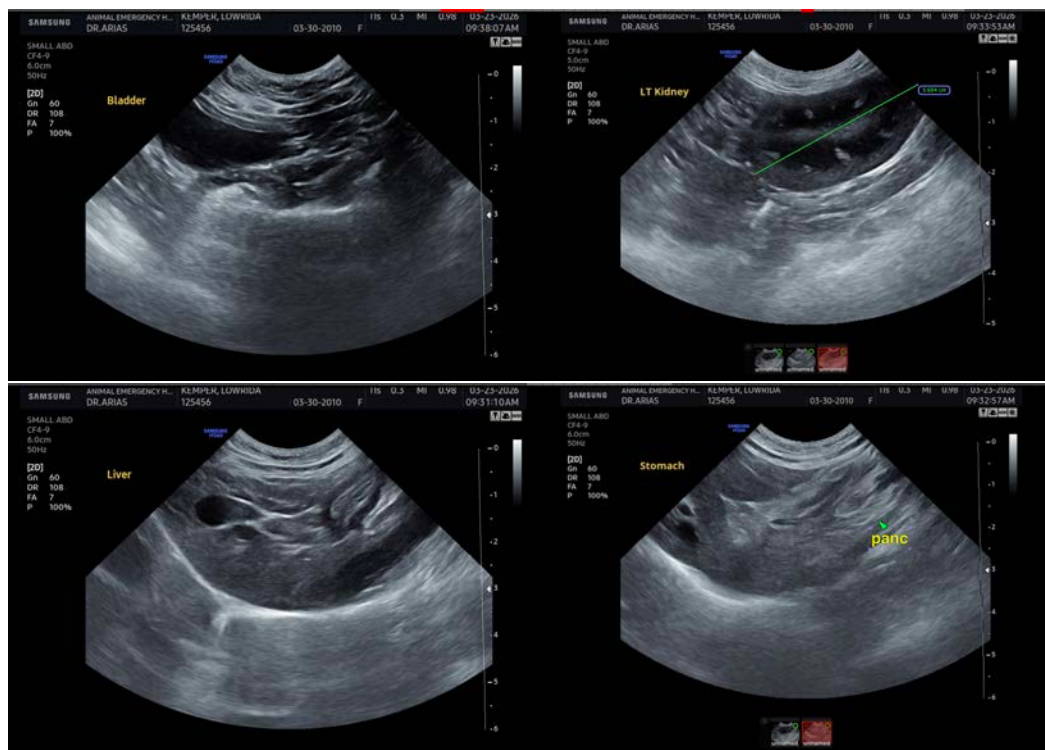
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

## ULTRASONOGRAPHIC FINDINGS

- Age related renal, hepatic and pancreatic changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally unremarkable geriatric abdomen. No evidence of pathology. Note that the kidney presentation does not appear to have significant degenerative changes. Subjectively, these are mild age related changes. Other causes of azotemia such as prerenal disease should be considered. Toxin exposure, UTI, hypertension, dehydration could be contributing factors.





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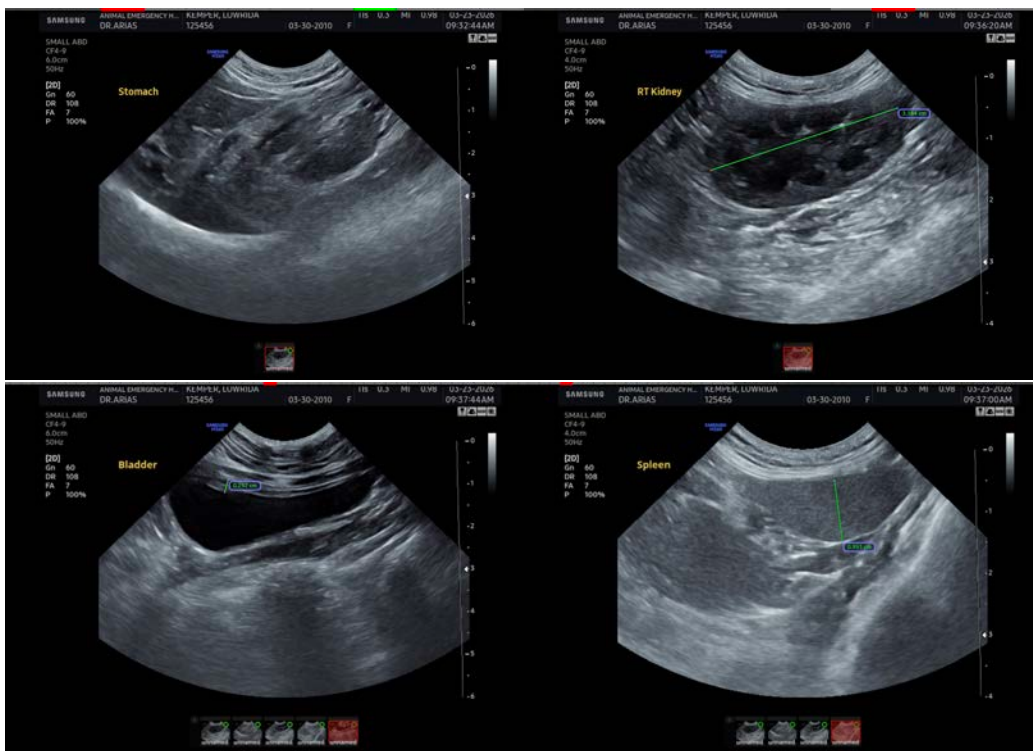
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**  
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