



PATIENT

Emily Burton

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

17 years

WEIGHT

8.52 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brenner

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Brenner

INVOICE

73758

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- February 2025 had enlarged left submandibular LN removed abscessed and hyperplastic, complete recovery.
- March 19, 2026 Lameness RR at home not on exam. Pursuing Anemia causes.
- March 19, 2026 small drawer RR stifle, systolic murmur for years. Radiographs flattened R femur and thick neck. R stifle decreased joint space with osteophyte. CBC non regenerative anemia RBC 4.82 (6.54-12.2). BUN 42 (16-36), alt 222 (12-130), Normal TT4. Urine via Cysto sample USG 1.021, WBC >50/hpf, RBC >50/hpf, urine culture negative. March 24 Thoracic radiographs no significant findings.

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. Infarcts and multi-focal areas of cortical collapse were noted. A corticomedullary calculus that measured 0.54 cm at the cranial aspect of the left renal corticomedullary junction. Slight pyelectasia was noted. The left kidney measured 3.27 cm. The right kidney measured 3.86 cm and also revealed a calculus.

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. The left adrenal gland measured 0.25 cm. The right adrenal gland measured 0.4 cm.

Spleen

The **spleen** was enlarged with an ill-defined nodule measuring 2.0 cm. Generalized splenic enlargement was noted and measured 1.5 cm with subtle micronodular changes.

Liver

The **liver** was slightly swollen and mildly irregular. The gallbladder and common bile duct were unremarkable.



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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. 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

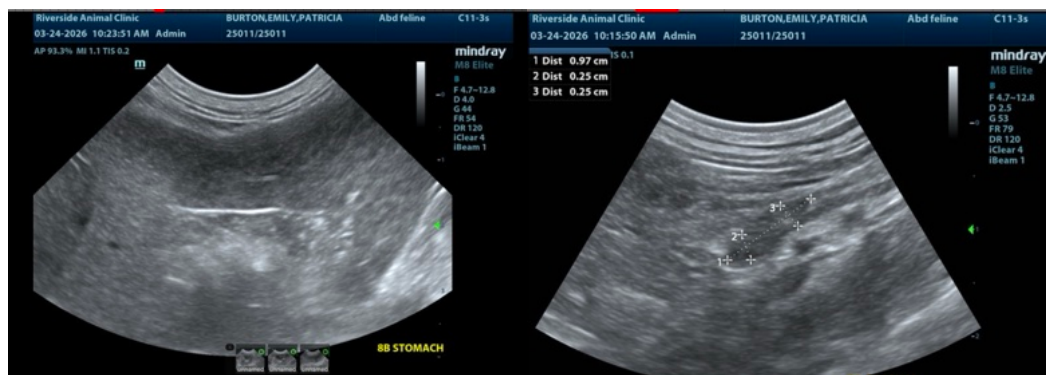
Splenomegaly with nodules and honeycomb type appearance.

Swollen liver.

Renal infarcts and pyelectasia with non-obstructive nephrolithiasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen and liver is indicated in this patient.





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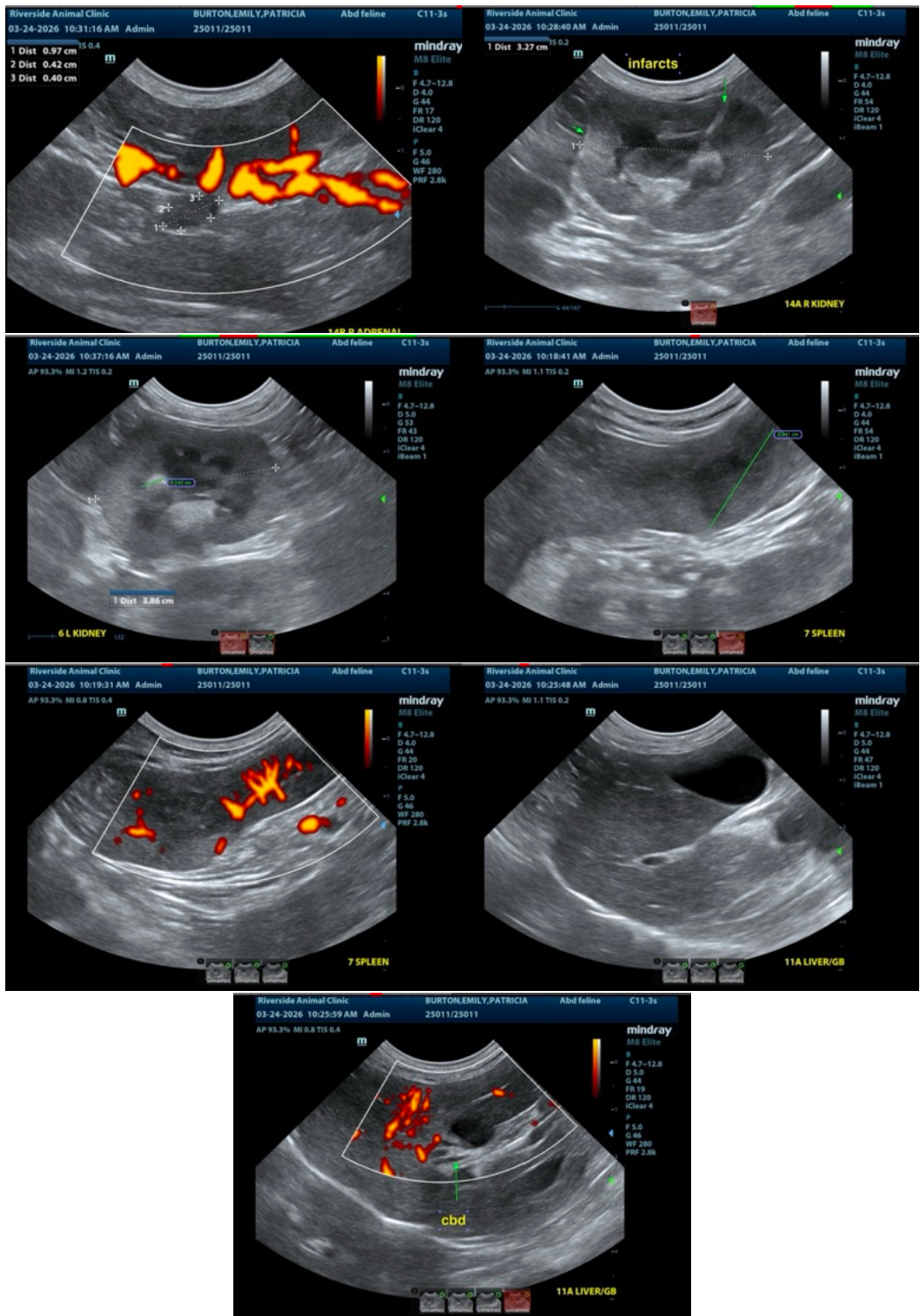
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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