

## PATIENT

Charlotte Bruce

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

15 Years

## WEIGHT

## PRESENTING CLINICAL SIGNS

Urinating outside box for several months

Abnormal PE/Chem/CBC/UA Results: CHOLESTEROL 290, TRIGLYCERIDE 441, AMYLASE 1308 Elevated monocytes and neutrophils

## 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 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 3.34 cm. The right kidney measured 4.15 cm.

### *Adrenal Glands*

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

### *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 were noted.

### *Liver*

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

### *Gastrointestinal*

Potential hairball accumulation was noted in the **stomach**. The small intestine and colon were unremarkable. Transit of chyme was normal.

### *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.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Ashley Whitesell

## HOSPITAL NAME

Dickson AC

## REFERRING VET

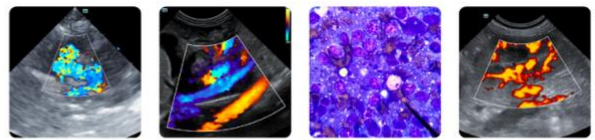
Dr. Ashley Whitesell

## INVOICE

Felicity Martin

## DATE

3/28/26



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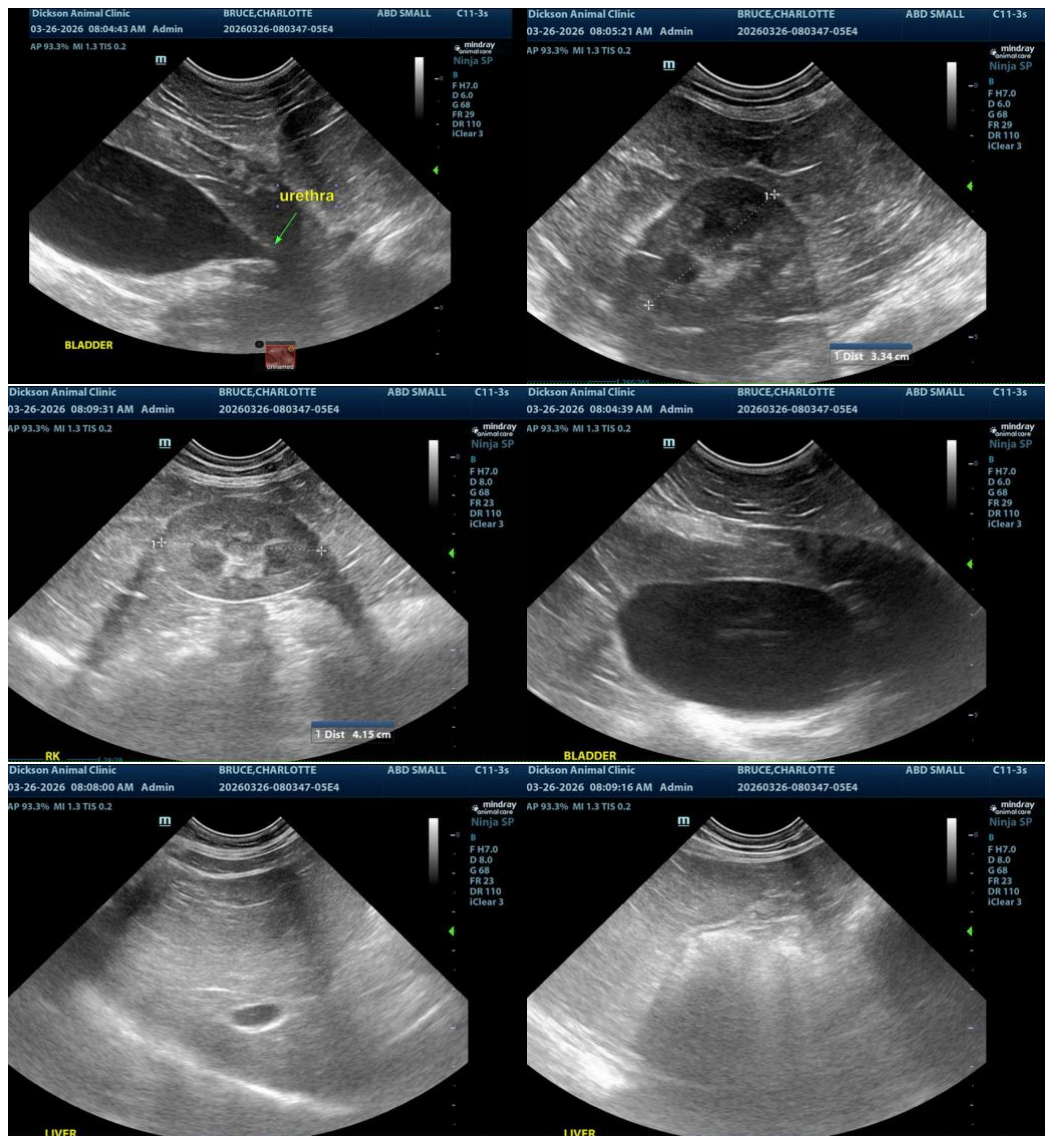
3/28/26

## ULTRASONOGRAPHIC FINDINGS

- Overdistended stomach with potential hairball accumulation
- Geriatric abdomen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of clinical signs is unclear. Cannot rule out deep pelvic urethral pathology, however, the proximal urethra was unremarkable. Occult UTI, environmental stressors, distal urethral pathology all possible. Orthopedic pain related behavior is also possible.



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



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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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