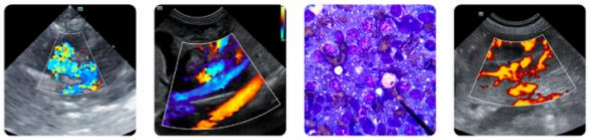


PATIENT

Wander Lee Williams

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

11.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Christa Williams, DVM, DABVP

HOSPITAL NAME

Caravan Vet

REFERRING VET

Christa Williams, DVM, DABVP

INVOICE

36071

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- Normal wellness exam and labs with stable CKD stage 2 and stable hyperthyroidism, normal fPLI on 2.6.26
- Normal yesterday morning. I came home last night to several piles of vomit (partially digested food), but she seemed to be acting normally and wanted to eat dinner as usual.
- She vomited profusely about 2 hours after eating and became progressively distressed and lethargic overnight.
- She seems to be having trouble/pain on her right hind leg
- Abnormal PE/Chem/CBC/UA Results: ~TPR WNL except for significant dehydration ~Rads of chest and abdomen read by radiologist show normal cardiac silhouette, suspect benign mediastinal cyst, lungs WNL. GI tract full of gas, but no evidence of mechanical obstruction, mild splenomegaly (sedated with midaz/torb/ace), chronic Left renal degeneration, L1-L2 and L3-L4 IVDD ~IH labs: SNAP fPLi abn, BNP abn (suspect secondary to azotemia, BNP has previously been normal), Creat 10.6, SDMA 44, BUN>130, USG 1.018, ALT 258, T4 1.2, Hct 28.9 ~audible pulses with doppler BP on both hind legs, right hind toes warm and pink. No instability in stifles appreciated.

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 2.0 cm beyond the cystourethral junction.

The **left kidney** was severely dystrophic and subnormal in size (2.0 cm) with cortical infarcts, remodeling, slight pyelectasia, and loss of corticomedullary definition. This is not likely that the left kidney has viable function. Blood flow to the left kidney was minimal.

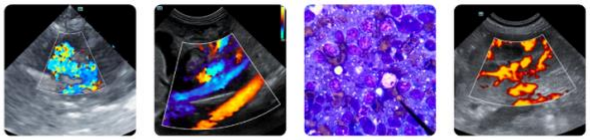
The **right kidney** was swollen and irregular with corticomedullary calculi noted with regional pericapsular inflammation and pyelectasia. A pelvic calculus was also noted, measuring 0.56 cm. Cortical infarcts were also noted. The right kidney measured 4.2 cm.

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. The left adrenal gland measured 0.23 cm. The right adrenal gland measured 0.58 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 were noted. The spleen measured 0.89 cm.



PATIENT

Wander Lee Williams

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

11.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Christa Williams, DVM, DABVP

HOSPITAL NAME

Caravan Vet

REFERRING VET

Christa Williams, DVM, DABVP

INVOICE

36071

DATE

3/3/26

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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

- End stage degenerative left kidney, dystrophic changes
- Acute on chronic nephritis with nephrolithiasis in the right kidney
- Age related hepatic changes

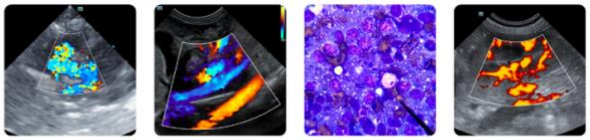
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient may have recently passed a calculus in the right kidney. Prognosis long term is guarded; however, I do recommend aggressive therapy for acute on chronic renal failure. Blood pressure, aggressive IV fluid support, broad spectrum antibiotics, and urine culture are all indicated.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Wander Lee Williams

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

11.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Christa Williams, DVM, DABVP

HOSPITAL NAME

Caravan Vet

REFERRING VET

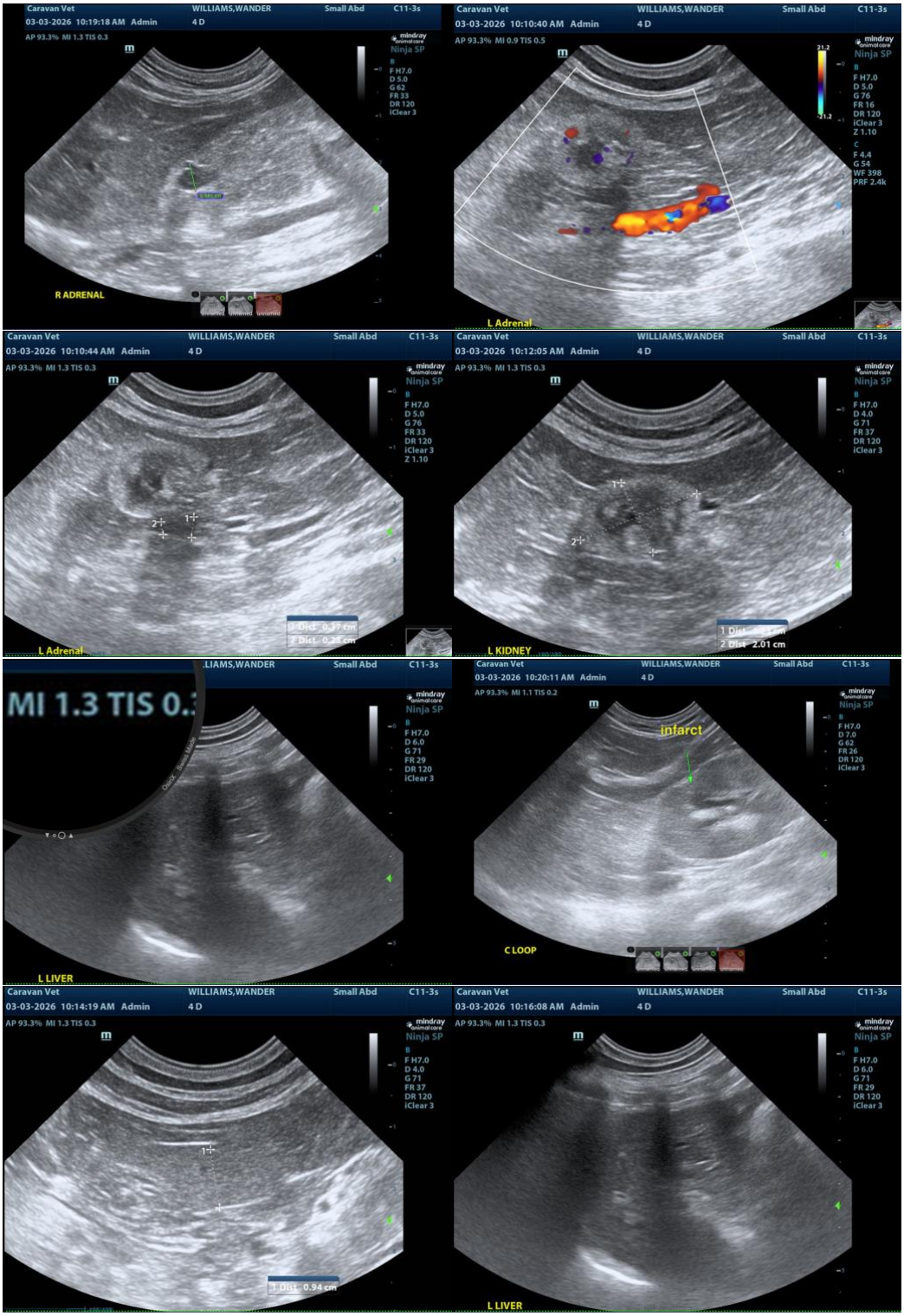
Christa Williams, DVM, DABVP

INVOICE

36071

DATE

3/3/26



PATIENT

Wander Lee Williams

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

11.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Christa Williams, DVM, DABVP

HOSPITAL NAME

Caravan Vet

REFERRING VET

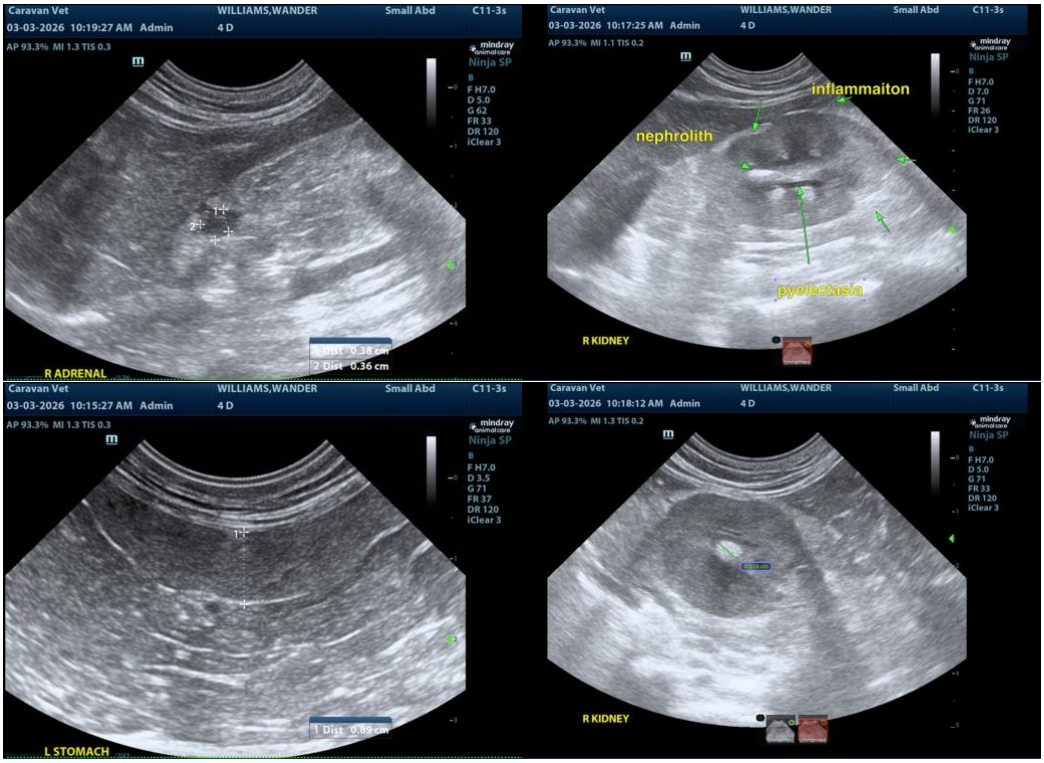
Christa Williams, DVM, DABVP

INVOICE

36071

DATE

3/3/26



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, Owner, Founder -- SonoPath.com
info@SonoPath.com