



## PATIENT

Margeaux LeRoux  
Irwin

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

12 Years 8 Months

## WEIGHT

8.82 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Layna Irwin, DVM

## HOSPITAL NAME

Boise Cat Clinic

## REFERRING VET

Layna Irwin, DVM

## INVOICE

73417

## DATE

3/4/26

## PRESENTING CLINICAL SIGNS

Hx of CKD stage 1-2/4 with stable azotemia and small kidneys palpated. Hx of pancreatitis with occasional flare-ups and acute vomiting episodes. Intermittent heart murmur (grade 1 to 2/6) and an enlarged thyroid gland with euthyroid T4 levels. Hx of dental disease with multiple extractions and moderate to severe calculus/tartar is documented. No current medications. Sedated with pregabalin & DKT.

Abnormal PE/Chem/CBC/UA Results: Last lab work (10/2025): CBC - wnl Chem - creatinine 1.9, BUN 40, Chol elevated (409) (hx) UA - USG borderline (1.032 - stable), UPC normal

## 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 **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. Minor mineralization noted in both kidneys. Left kidney measured 2.8 cm. Right kidney measured 3.9 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. Left measured 0.40 cm. Right adrenal gland measured 0.40 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.

### 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.



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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. 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.

## Other

Mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour, measuring up to 8.0 mm in length. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

Comet tail lung pattern/B-lines noted through the diaphragm.

## ULTRASONOGRAPHIC FINDINGS

- Mild age related changes with minor mineralization.
- Reactive mesenteric lymph nodes.
- Comet tail lung pattern noted through the diaphragm.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs warranted to assess for alveolar disease that may create the comet tail lung pattern. Note that the kidneys appear to have only minor changes with minor mineralizations. Recommend assessment for potential prerenal disease causing the periodic azotemia. The kidneys measure normal. No evidence of significant disease. Largely expected changes for this age patient. Other factors such as UTI or hypertension could also be playing a role.





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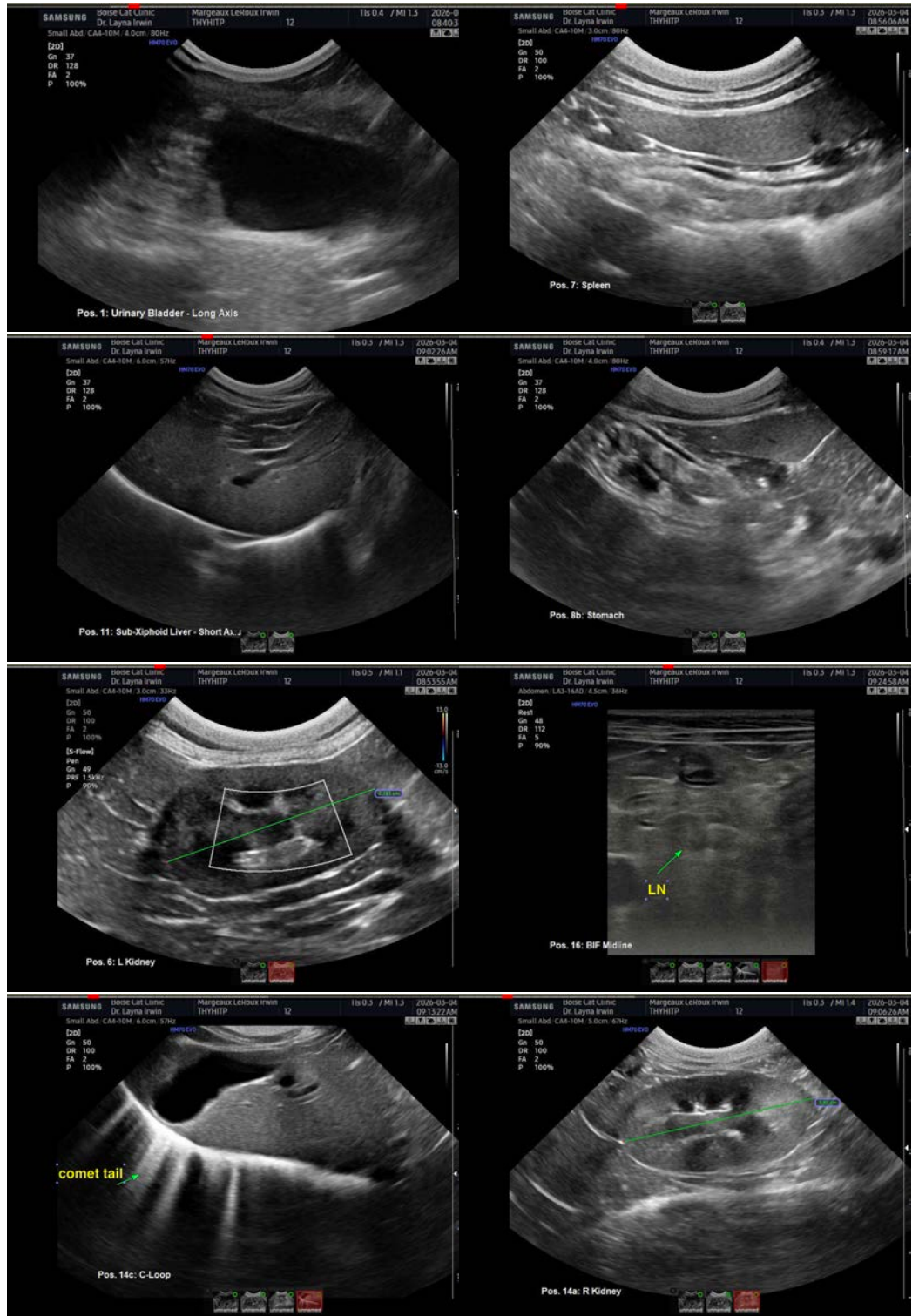
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)