



PATIENT

Wallace Hunter

SPECIES

Feline

BREED

British Shorthair

SEX

Neutered Male

AGE

5 Years

WEIGHT

9.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shen Li

HOSPITAL NAME

Dr. Shen Li Veterinary
Service

REFERRING VET

Dr. Shen Li

INVOICE

14116

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- Wallace is presented for weight monitoring and follow-up evaluation of previously noted mildly elevated kidney values.
- History:
- Over the past approximately three years, Wallace has consistently shown mildly elevated renal parameters on bloodwork.
- Possible contributing factors discussed with owner include:
- Naturally higher baseline renal values
- High muscle mass
- Long-term raw diet since early life, which may contribute to higher BUN and creatinine levels due to increased protein intake.
- Owner reports Wallace otherwise appears clinically normal at home with good appetite and normal activity.
- Premedication:
- Owner administered gabapentin approximately 2 hours prior to the appointment to reduce stress during examination.

Abnormal PE/Chem/CBC/UA Results: Crea 2.5 sdma16 BUN 33 not able to get urine due to persistent movement during cysto

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 3.0 cm 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 with slightly irregular contour and mild increased nonspecific cortical remodeling. No pyelectasia, masses or calculi were noted. The left kidney measured 3.34 cm in length. The right kidney measured 3.66 cm in length. Blood flow to the kidneys is subnormal on power doppler assessment.

Adrenal Glands

Both **adrenal glands** were not visualized.

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



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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

The **stomach** revealed progressively shadowing luminal material, likely hairball accumulation. The small intestine and colon were unremarkable.

Pancreas

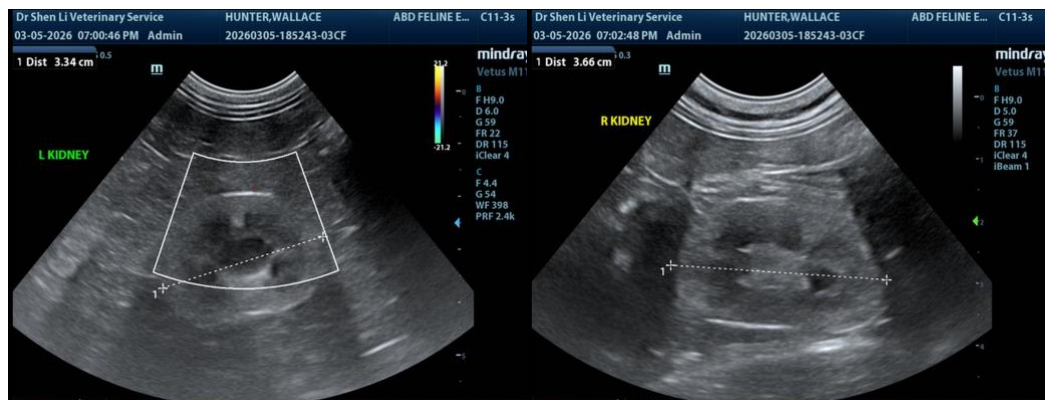
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

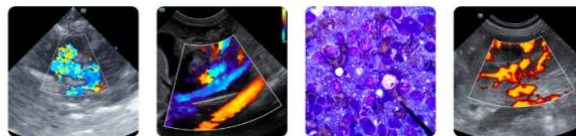
ULTRASONOGRAPHIC FINDINGS

- Hairball density in the stomach.
- Mild nonspecific degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management for hairball accumulation is warranted. Renal oriented diet is indicated, however, consideration for pre-renal disease as well as renal disease is warranted given the azotemia. Full urinalysis is warranted if not already performed.





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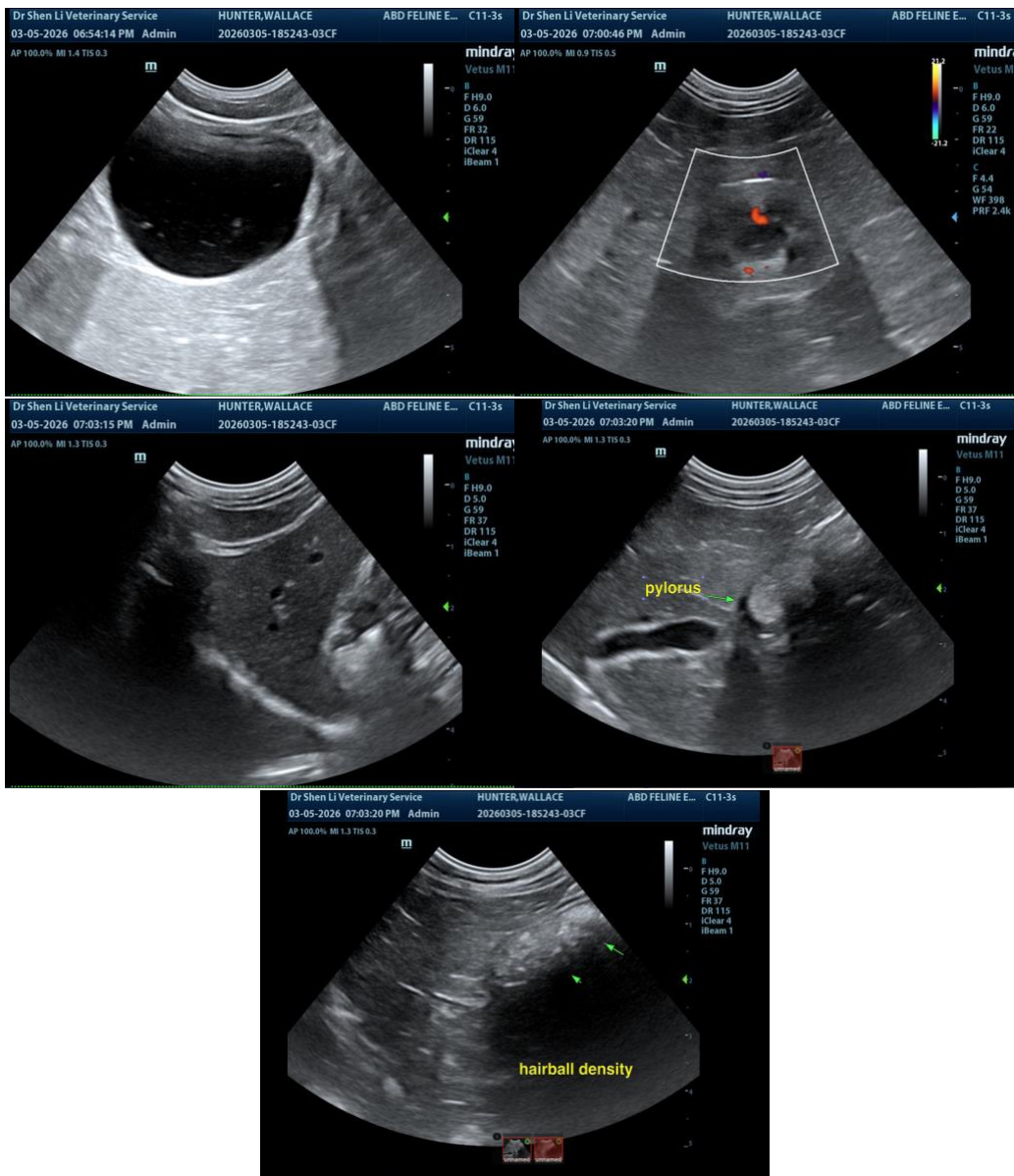
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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