



## PATIENT

George Sanders

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

6 Years 10 Months

## WEIGHT

11.7 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kari Cameron

## HOSPITAL NAME

Moyock Animal  
Hospital

## REFERRING VET

Dr. Tracy Eure

## INVOICE

15050

## DATE

04/13/26

## PRESENTING CLINICAL SIGNS

1/2026 (12.4lb) - O reports wt loss and inappropriate urination (spraying)(was 15.4lb 2024); treated w/ meloxicam for cystitis. 3/9/ 26 (12.1lb) - ongoing weight loss, thyroid panel. 3/25/26 - started felimazole 5mg bid. 4/13/26 (11.7lb) - hyporexia since 4/9; vomited 4/9 & 4/10; had Cerenia inj & SQF on 4/10; presents today for bloodwork/ultrasound/supportive care; stopped felimazole since 4/9

Abnormal PE/Chem/CBC/UA Results: 1/26: UA = mild proteinuria; Chem/cbc = NSF; T4 = borderline high -3/9/26: weight loss; heart murmur; MSU thyroid panel = hyperthyroidism, started felimazole 3/25 -4/13/26 - CHEM/CBC = hypokalemia/hypophosphatemia

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 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 **left kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.15 cm in length.

The **right kidney** was mildly swollen and measured 4.2 cm in length. Pelvic calculi were present in the right kidney and appeared nonobstructive with slight right kidney pyelectasia.

### 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 0.40 cm width. The right adrenal gland measured 0.40 cm width.

### Spleen

The **spleen** presented slightly enlarged measuring 1.15 cm with uniform parenchyma.

### 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

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

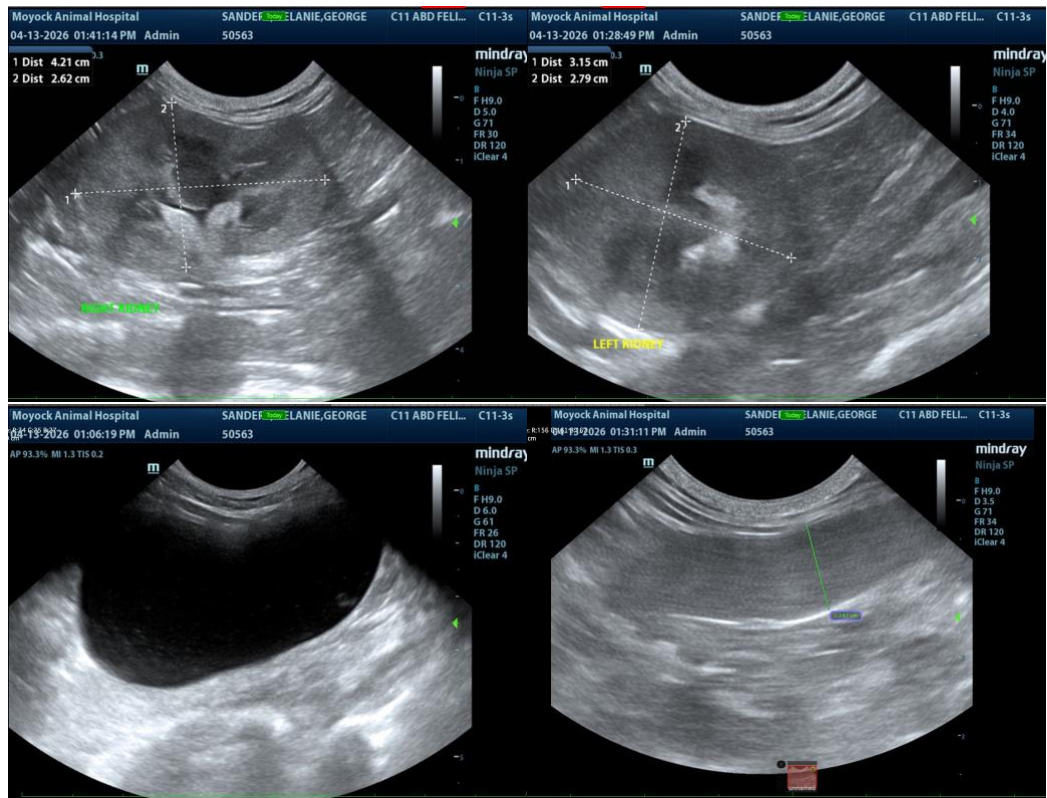
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Swollen right kidney with pyelectasia and slight calculi.
- Minor splenic enlargement.
- Unremarkable abdomen otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the weight loss, 25-gauge FNA is indicated. Full urinary workup is warranted if not already performed. The inappropriate urination may be secondary to periodic passage of calculi, yet no obstructive disease is noted at this time. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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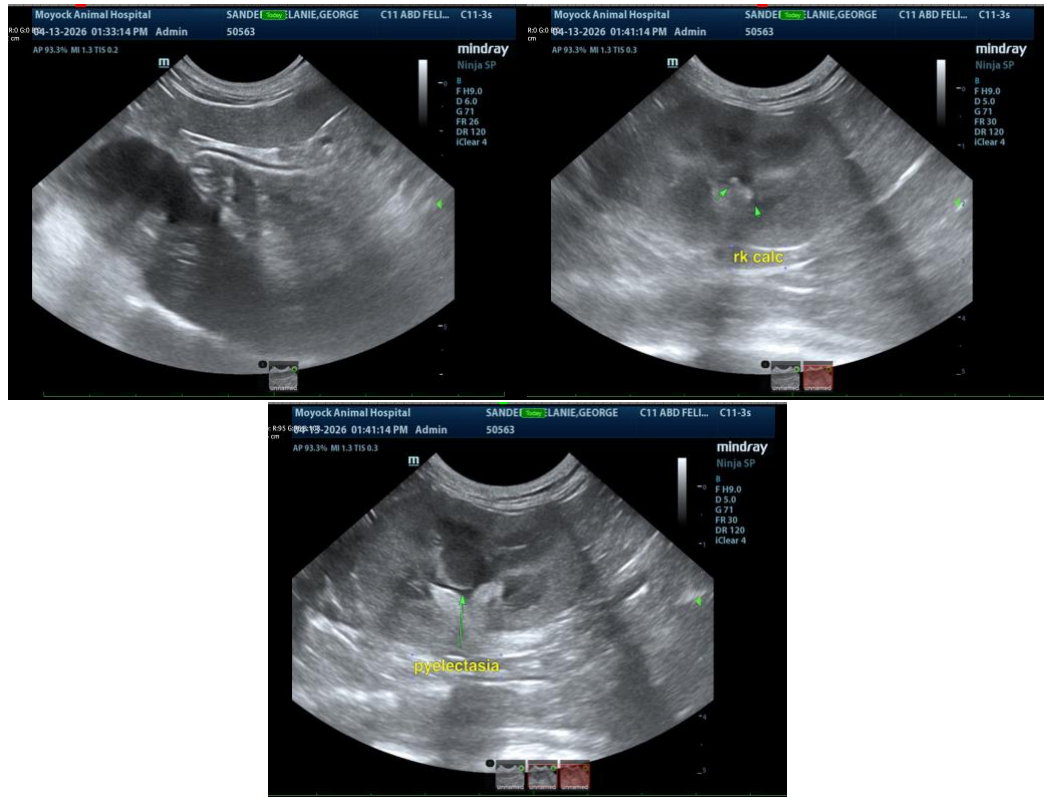
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)