



## PATIENT

Grace Godlewski

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

18

## WEIGHT

12.1

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Christensen

## HOSPITAL NAME

Tranquility Veterinary  
Clinic

## REFERRING VET

Dr. Christensen

## INVOICE

74514

## DATE

4/16/26

## PRESENTING CLINICAL SIGNS

Recent episode of pancreatitis. Persistently high fPLI despite resolution of clinical signs of inappetence. IRIS II CRF. Right nephrectomy 5 years ago due to hydronephrosis. Recent retinal hemorrhages observed. History of Asthma. Currently on Fluticasone 110 mcg BID, Amlodipine 0.625 mg SID, Royal canine renal diet, Azithromycin 75 mg q 72 hours. Immune Powder from VRS.

Abnormal PE/Chem/CBC/UA Results: fPLI= 9.1 in end of March, 11.6 recently. BP stable.

## 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 **left kidney** 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 cortex 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. Slight pinpoint mineralizations noted. Left kidney measured 3.84 cm.

The **right kidney** was not visualized (previously removed).

### Adrenal Glands

The **right adrenal gland** was 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. Right measured 0.24 cm.

The region of the **left adrenal gland** was unremarkable.

### Spleen

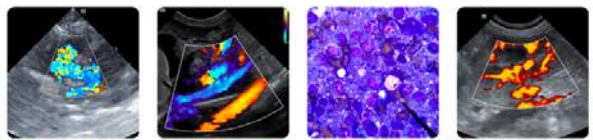
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

### Liver

The **liver** revealed a slight microcystic nodule in the left cauda liver measuring 1.6 cm, not pathological, consistent with cystadenoma. The gallbladder was 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



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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.

**Other**

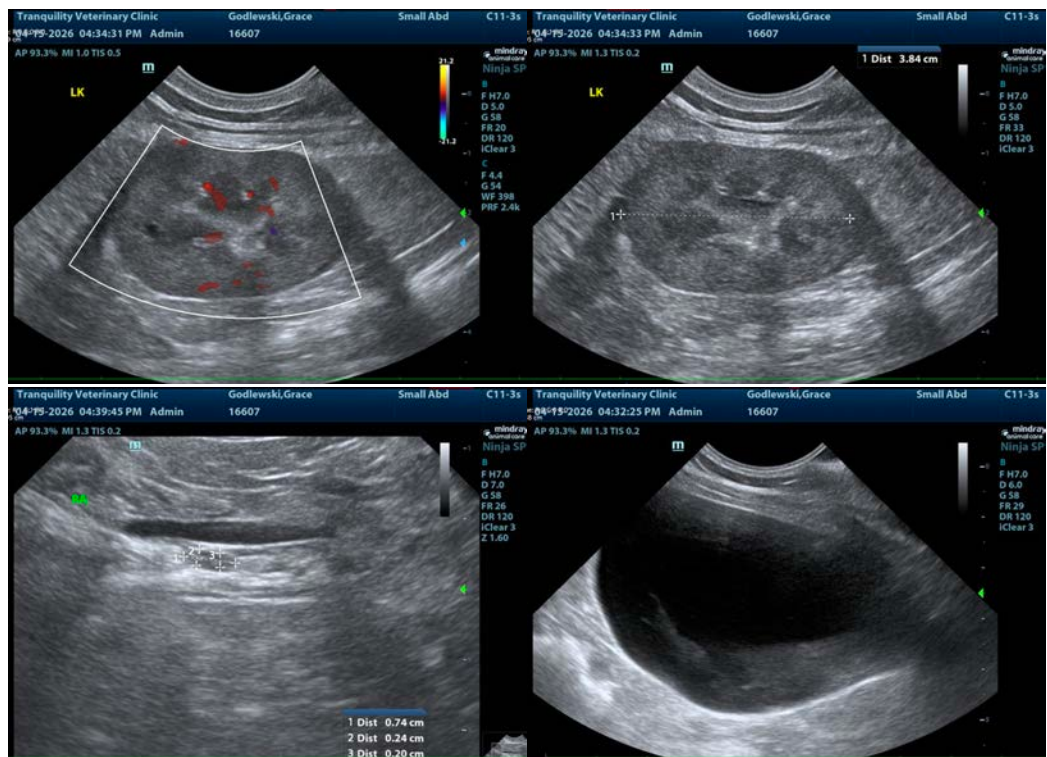
Rapid view of the heart revealed normal volumes and contractility. No evidence of structural disease. No evidence of pressure or volume overload. No masses seen.

**ULTRASONOGRAPHIC FINDINGS**

- Cystadenoma liver lesion.
- Age related left renal changes, history of right nephrectomy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Age related abdominal changes. No evidence of visceral pathology. The cause of inappetence is unclear.





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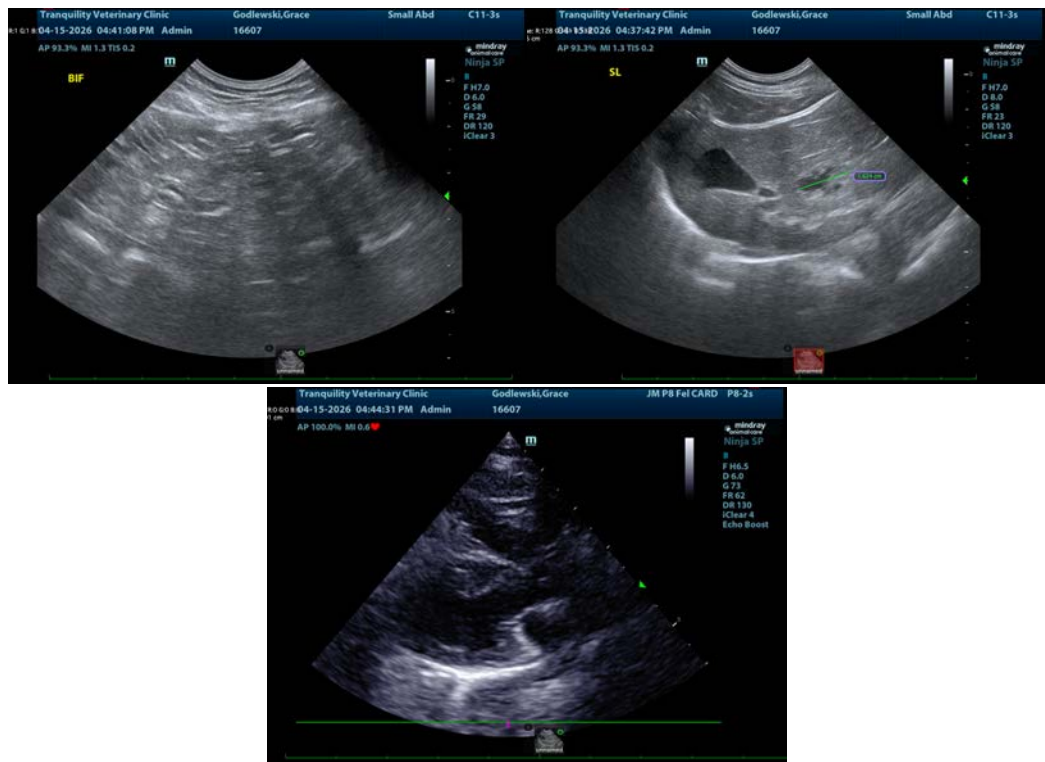
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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