

PATIENT

Kaneki Lamp-Steve

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years 10 Months

WEIGHT

14.56 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Cameron Johnson
DVM

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Cameron Johnson
DVM

INVOICE

15186

DATE

04/17/26

PRESENTING CLINICAL SIGNS

P is a 10yr 10mo old MN DSH presenting for vomiting and not eating. P has a history of hypertension, suspected Ceruminous Cystomatosis, a possible drug reaction to Elura and historic vomiting of hairballs. O said P vomited bile and is refusing to eat and this all happened in the past 24 hours per O. Even after giving transdermal mirtaz, P was still not wanting to eat. O brought P in to be evaluated. Current medications: Transdermal Mirataz, Amlodipine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 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 subnormal size and multifocal infarcts with dystrophic changes measuring 2.6 cm in length. Active inflammation was noted, suggestive of recent infarcts or nephritis.

The **right kidney** was normal in size and contour with slight pinpoint mineralizations measuring 4.0 cm in length.

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 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** itself was unremarkable and uniform.

The **gallbladder** revealed a slightly echogenic and thickened wall with mild overdistention and suspended debris. The cystic duct was dilated. Enhanced mesentery was present. The common bile duct appeared at the upper limits of normal measuring 4.0 mm.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable, yet the distal ileum appeared to have inflammation.

Pancreas



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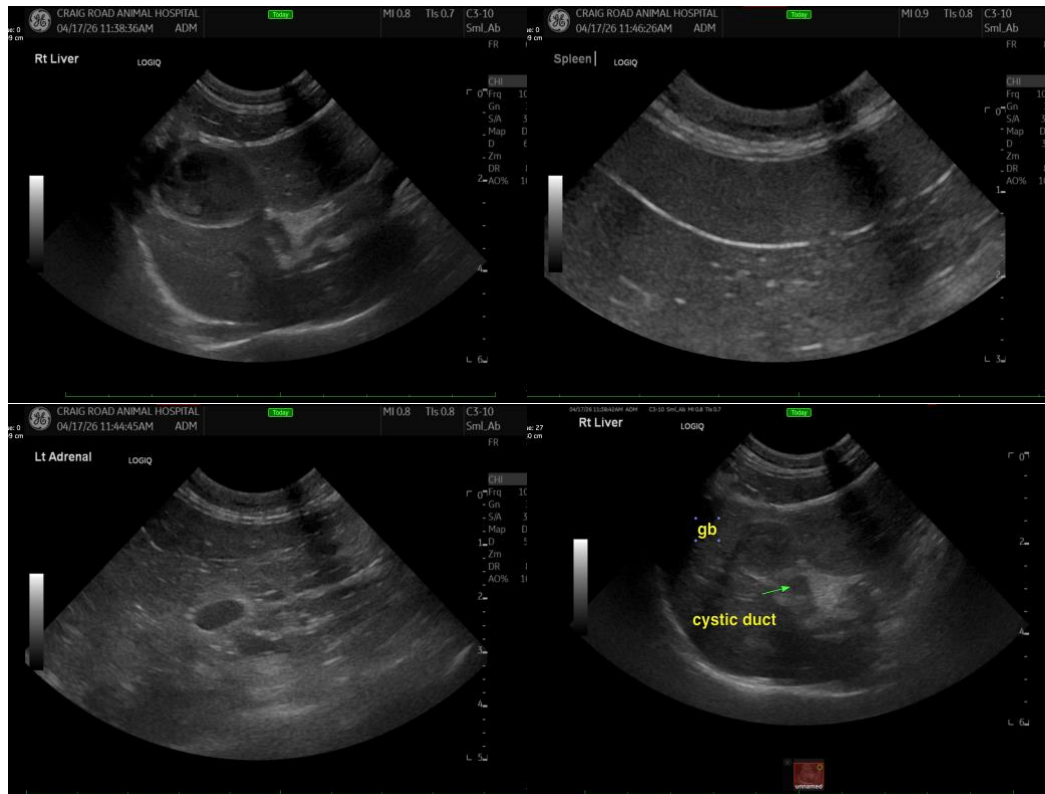
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Biliary congestion/emerging mucocele cholecystitis pattern.
- Dystrophic and infarcted left kidney with subacute and chronic nephritis pattern.
- Enteritis/typhlitis pattern with reactive mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eventual surgical removal of the gallbladder and common bile duct lavage may be necessary in this patient. No overt neoplastic criteria is present in this patient. Recommend broad spectrum antibiotics, pain management, IV fluid support are all indicated. Full urinalysis is indicated. Ursodiol therapy over the next six to eight weeks and recheck of the gallbladder is indicated. Parasite management is indicated.





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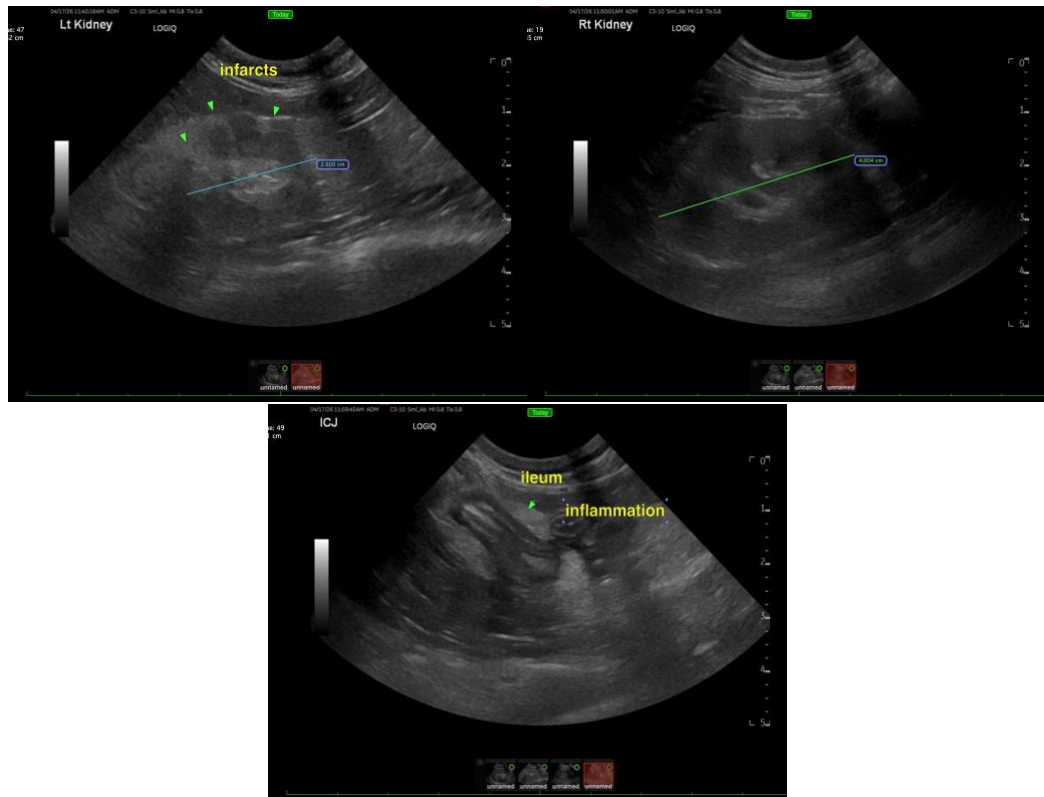
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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