

**PATIENT**

Oliver Straus

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

5.6 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Highland Road Pet  
Hospital

**REFERRING VET**

Dr. Tagra

**INVOICE**

74561

**DATE**

4/17/26

**PRESENTING CLINICAL SIGNS**

Pet has history of Diabetes & is on Senvelgo & DM food for that. Feb 7th urine test was done, indicative for blood, glucose, bacteria etc. Was sent home on Clavamox, Gabapentin. Follow up urine test still indicative for blood in urin, urate crystals. Xrays done - nothing significant found. Purina specialist recommended to have pet on Hypo HA ( low protein )food also along with DM food, keeping in mind urate crystals. Follow up urine on April 1st indicative of blood again. Recommendations by Antech Specialist & Purina Specialist for Ultrasound as next step. Started on Zeniquin antibiotic & Gabapentin meanwhile. Is exclusively on DM food for diabetes food now, as no longer indication of urate crystals on latest blood work. Current Medications: Zeniquin Antibiotic, Senvelgo for diabetes, Gabapentin And had DKT for sedation today

Abnormal PE/Chem/CBC/UA Results: See attached rads and BW urine Primary Question to Be Answered in This Exam Reason/cause for blood in urine & next steps post ultrasound

**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 2.0 cm beyond the cystourethral junction.

The **kidneys** presented mild increased cortical echogenicity and slight swelling, typical of diabetic nephropathy. Slight mineralization noted. Left kidney measured 4.23 cm. Right kidney measured 4.71 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 0.28 cm. Right measured 0.31 cm.

**Spleen**

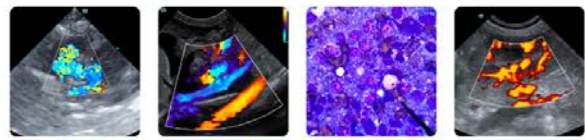
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

**Liver**

The **liver** revealed slight hyperechogenicity and slight coarse architecture compared to falciform fat. The gallbladder wall was mildly echogenic.

**Gastrointestinal**

The **stomach** revealed a progressively shadowing hairball type density. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.



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**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**

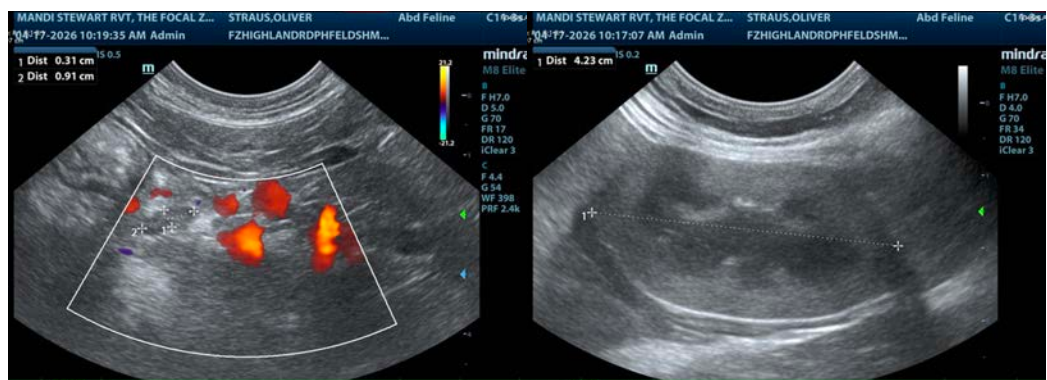
- Mild diabetic nephropathy.
- Mild hepatic remodeling – Possible minor/early hepatic lipidosis yet not likely clinically significant unless ALP elevations are an issue.
- Hairball density in the stomach.

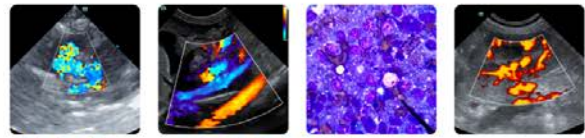
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant disease. However, medical management for the diabetic state and hairball management indicated.

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

- UTI
- Dietary indiscretion/intolerance
- Pancreatitis
- Hyperthyroidism/hypothyroidism
- Exogenous steroids (including topical eye meds)
- Cushing's
- Acromegaly
- Owner compliance
- Insulin quality issues
- Antibodies to insulin
- Underlying Neoplasia
- Diffuse liver disease





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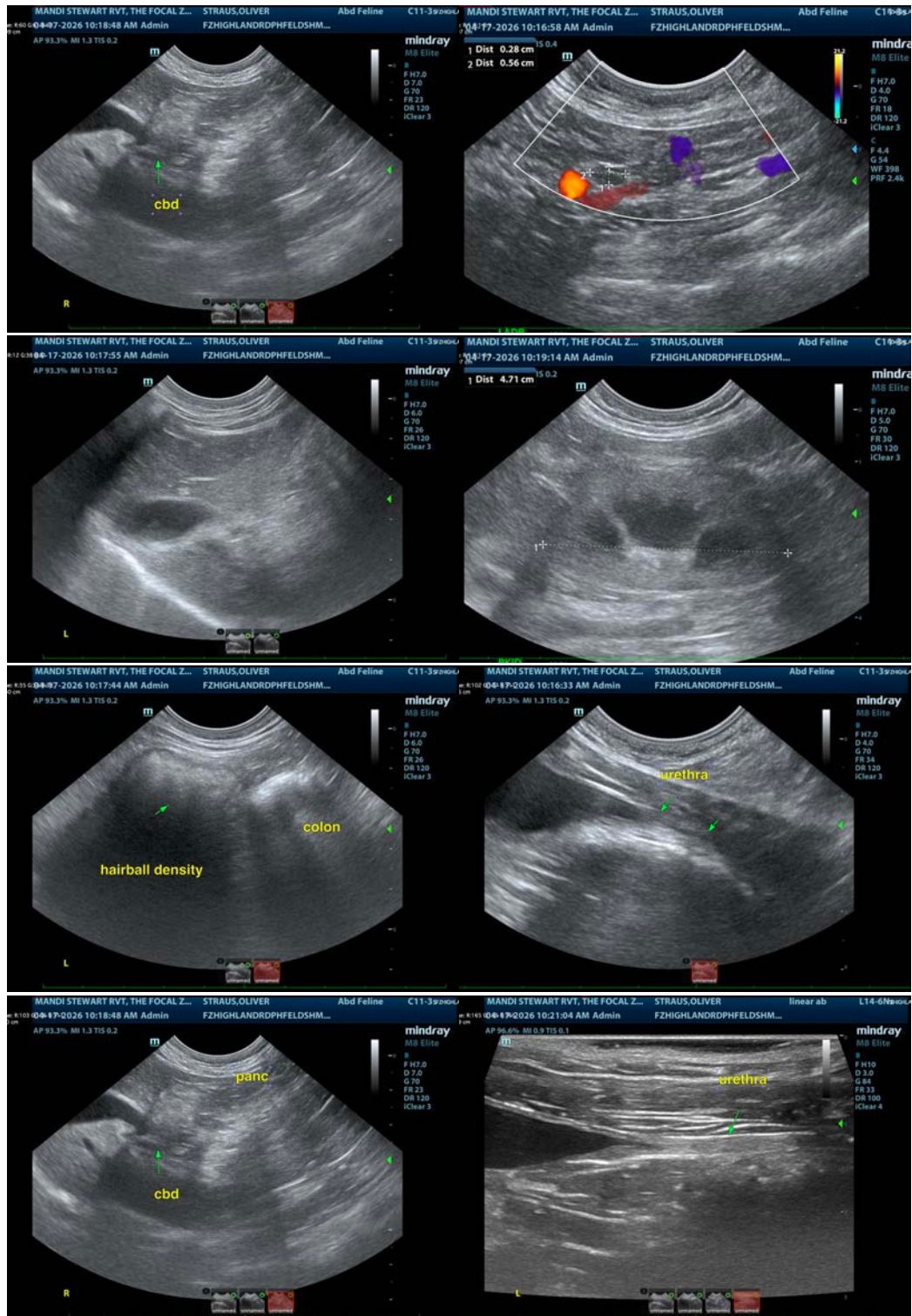
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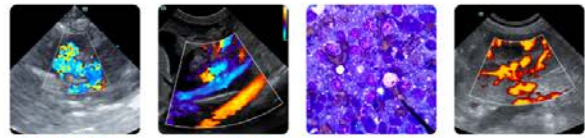
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Feline

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.

**BREED**

DSH

**Eric Lindquist**, DMV, DABVP(CFM), Cert. IVUSS,  
CEO, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)

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