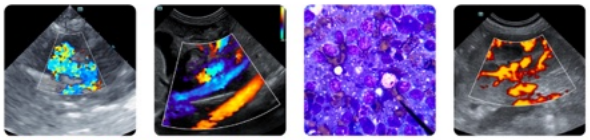

PATIENT

Bebe Stanley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

1 year

WEIGHT

8.9 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ian Anderson

HOSPITAL NAME

Chester AC

REFERRING VET

Dr. Feiring

INVOICE

74074

DATE

4/2/26

PRESENTING CLINICAL SIGNS

- History of abnormal vocalization during urination/elimination
- Unremarkable exam Mild ALT elevation on CBC/Chem/UA (attached)

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 was noted. Ureteral papillae were normal.

The **left kidney** had irregular contour with slight pinpoint mineralization. The left kidney measured 3.3 cm. Blood flow appeared to be adequate on color flow assessment. Slight hyperechoic medullary rim sign was noted in the **right kidney**. The right kidney measured 3.2 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. The left adrenal gland measured 0.4 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 was 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 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.

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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 demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph node measured 1.0 x 0.5 cm.

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.

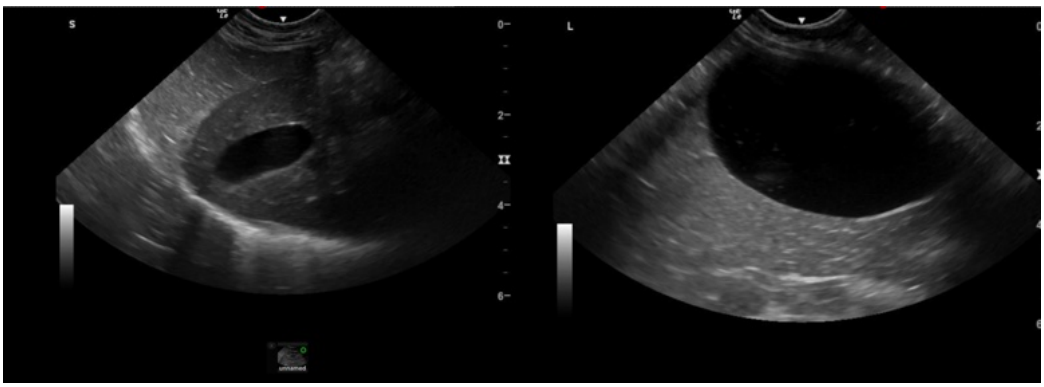
ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen with irregular left kidney with pinpoint mineralization. Medullary rim sign on the right kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient may have passed small calculus in the recent past, yet lower urinary tract at the time of the sonogram was unremarkable. Mild form of renal dystrophy is possible in this patient given the irregularity of the left kidney particularly and the medullary rim kidney on the right side at this age of patient. However, changes were minor.

The liver was structurally unremarkable. Given the ALT elevations FNA could be considered. However, non-specific low grade inflammatory hepatopathy or reactive hepatopathy is likely.



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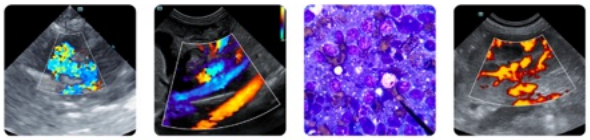

Clinical Sonography & Telecytology
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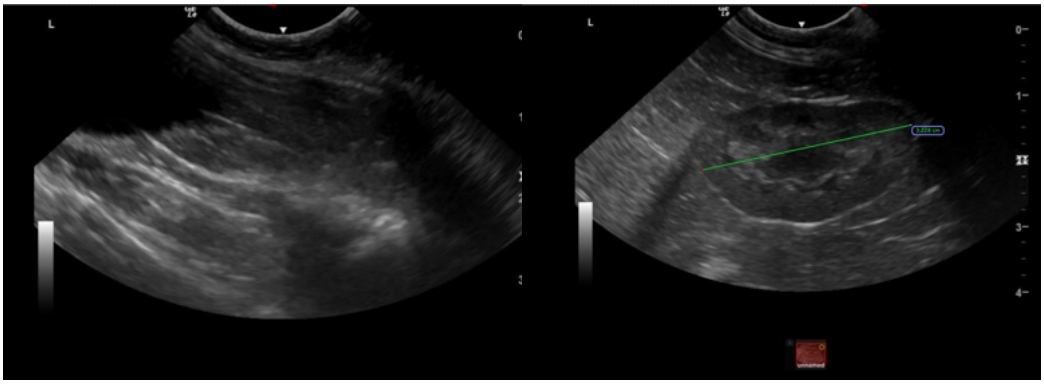

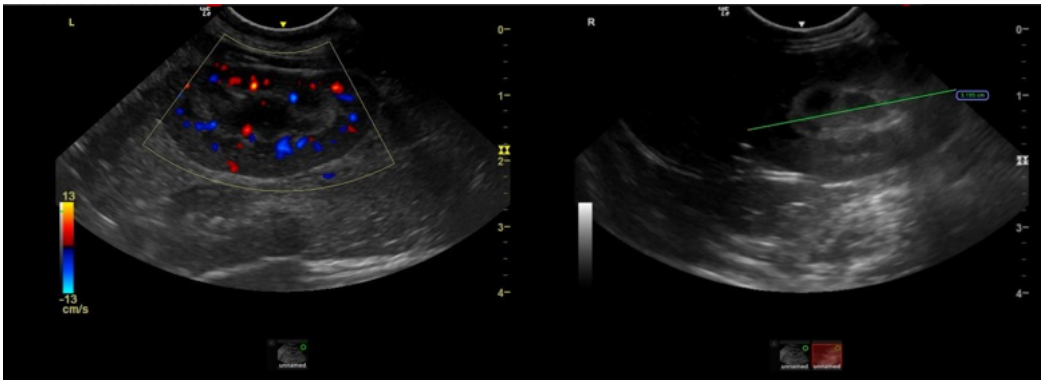

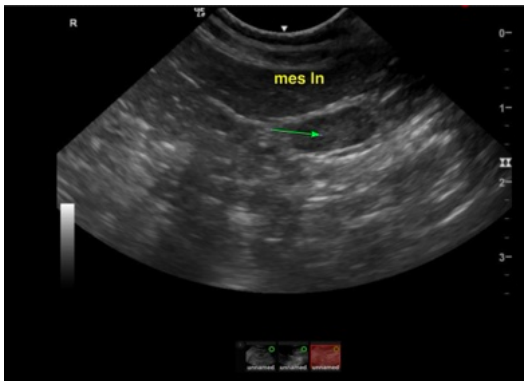

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com