



PATIENT

Sherpa Smith

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

3 years

WEIGHT

6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sukhdeep Singh

HOSPITAL NAME

Balmy Beach Pet
Hospital

REFERRING VET

Dr. Pichova

INVOICE

74105

DATE

4/2/26

PRESENTING CLINICAL SIGNS

- Patient had an episode of lack of appetite in 2024. Now had an annual exam on Sunday and the patient is exhibiting the same symptoms 4 days later. Accepts churu. Has a history of mineralization in the renal pelvis, no hydronephrosis was noted back then, lives in a multi cat household.
- Borderline anemia Neutropenia Increased amylase

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was not visualized.

The **kidneys** 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Cortical infarcts were noted in the left and right kidney. Pelvic renal calculi were noted in the left kidney measuring up to 0.6 cm. Calculi were noted in the pelvis of the right kidney as well measuring 0.3 cm each. The left kidney measured 3.9 cm. The right kidney measured 4.0 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.

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

The visible gastrointestinal tract revealed residual chyme and gas in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine 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 visible **pancreas** was unremarkable.

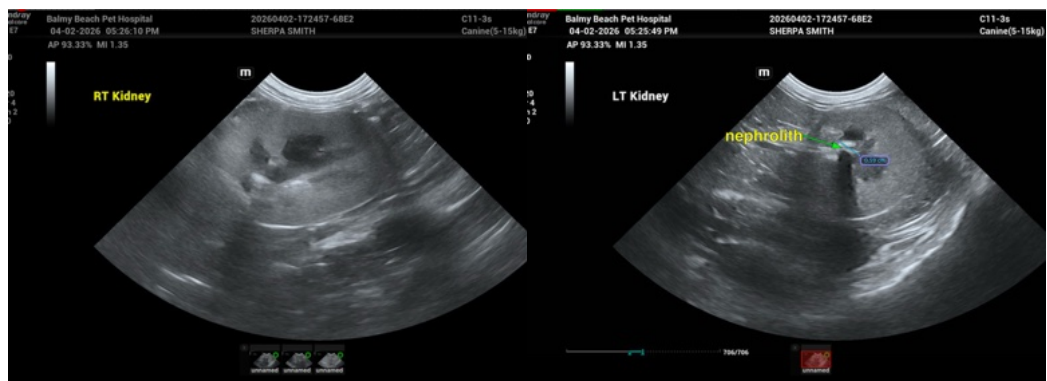
ULTRASONOGRAPHIC FINDINGS

Pelvic and corticomedullary nephrolithiasis with infarcts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

5 images and 10 videos submitted.

Further imaging of the lower urinary tract is indicated.





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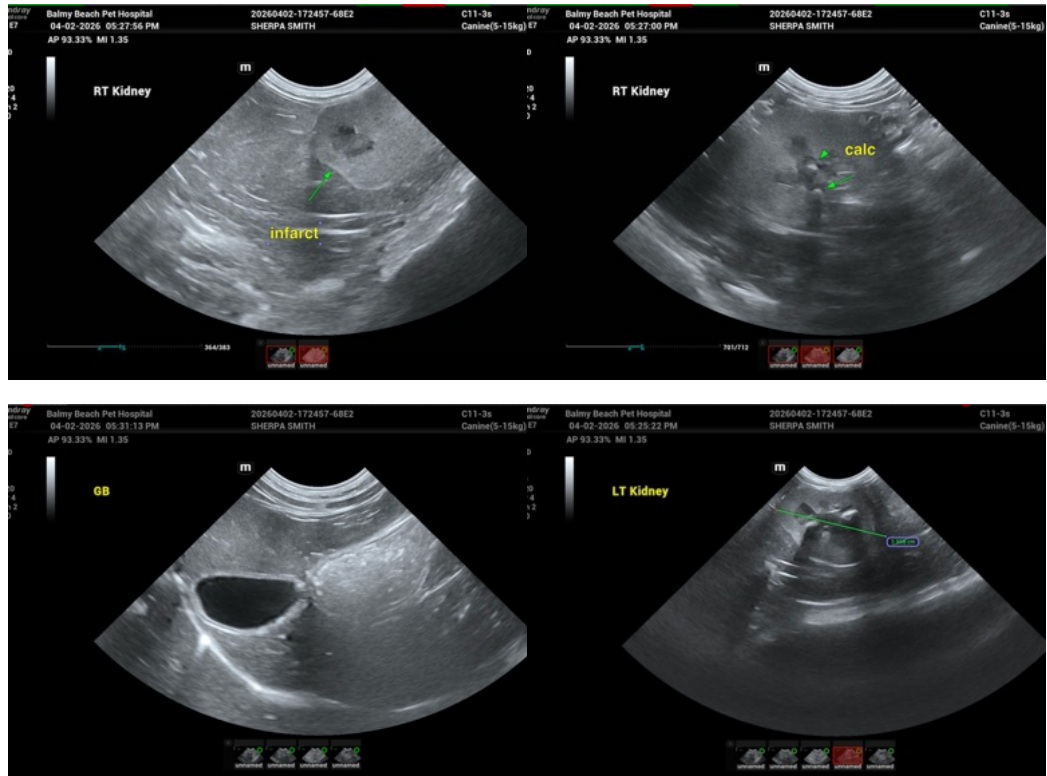
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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