



PATIENT

Clara Metter

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

13.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. DenHeyer

INVOICE

74624

DATE

4/20/26

PRESENTING CLINICAL SIGNS

History: History of frequent urination, had ultrasound at previous vet. Concerned for pyelonephritis.
Abnormal PE/Chem/CBC/UA Results: Urine culture and urinalysis pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone presented normal thicknesses and normal tone. The urethra was not well visualized. 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 **right kidney** measured 3.0 cm with calculi, irregular contour and enhanced mesentery. There was slight swelling of the **left kidney** noted with enhanced surrounding fat. The left kidney measured 3.76 cm with slight pyelectasia.

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 right adrenal gland measured 1.57 x 0.46 cm. The left adrenal gland measured 1.54 x 0.36 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

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Heterogenous, mixed echogenic changes were noted in the right **pancreatic** base. The remainder of the pancreas was unremarkable. This may be remodeling owing to prior episodes of pancreatitis or possible low-grade active inflammation.

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ULTRASONOGRAPHIC FINDINGS

Heterogenous right pancreatic limb, potential low-grade active inflammation.

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Low-grade chronic active nephritis. Pyelonephritis is entirely possible if pyuria is an issue in this patient.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend 4-6 week antibiotic therapy. If straining to urinate is an issue then further imaging of the pelvic urethra is indicated.

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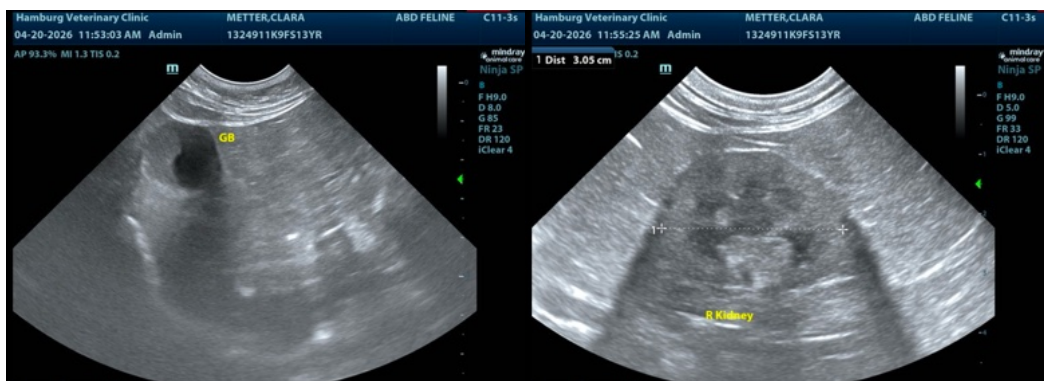
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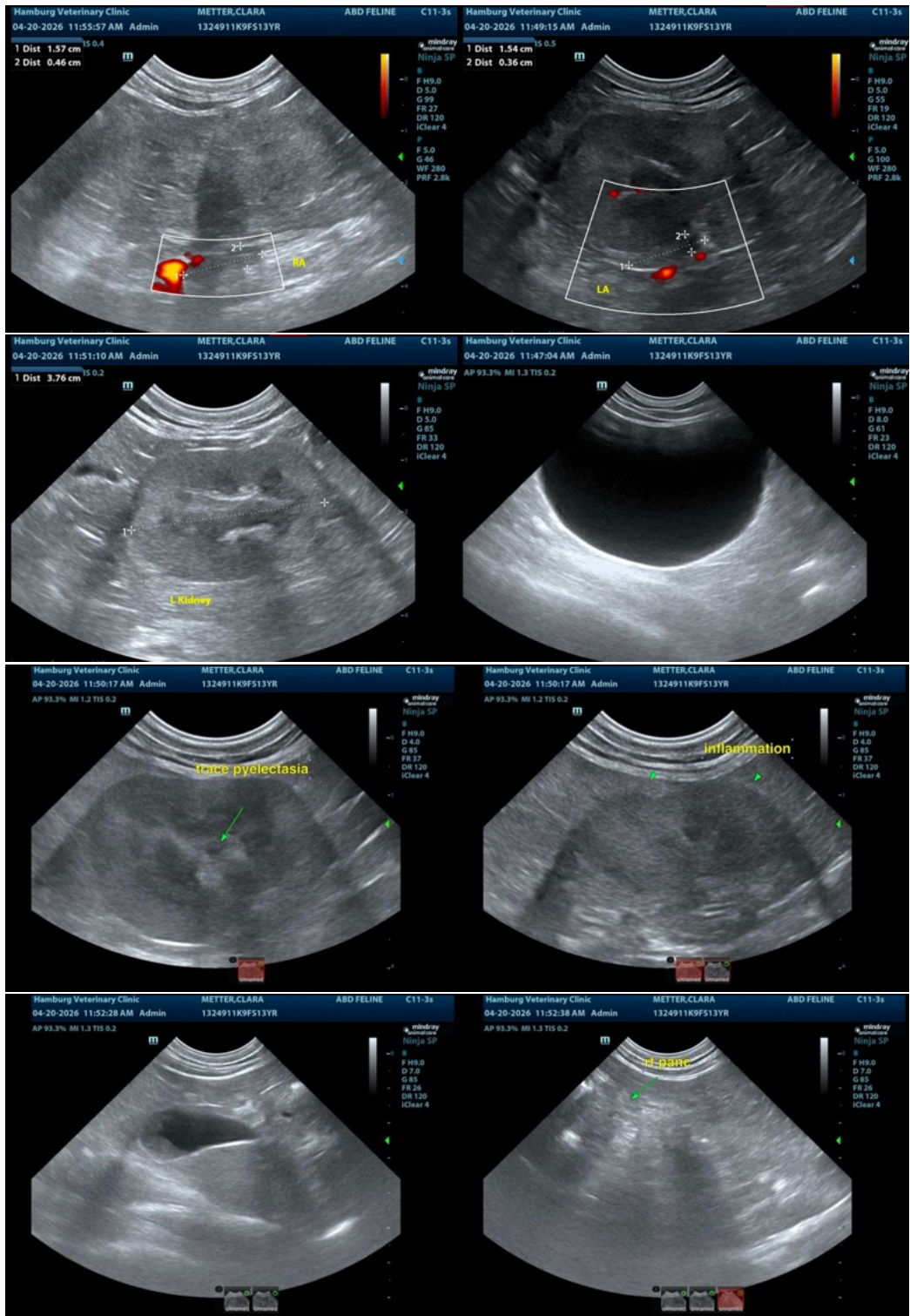
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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