



PATIENT

Peanut Gosselin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Mount Olive
 Veterinary Hospital

REFERRING VET

Dr. Jones

INVOICE

74697

DATE

4/22/26

PRESENTING CLINICAL SIGNS

Suspect pyelonephritis. Irregular right kidney on ultrasound 4/10. Appetite decreased. No new PE findings.

Abnormal PE/Chem/CBC/UA Results: 4/6 ALT 104 , lypm 832, Glu 175, Na/k 44, cpk 1297. 4/13 protein 3+ , occult blood, 3+ RBC >50, negative culture. USG 1.043

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 **left kidney** 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. Trace pyelectasia noted, no evidence of active inflammation. The capsules were acceptably uniform without significant irregularities. Left kidney measures 3.9 cm.

A corticomedullary calculus was noted in the **right kidney**, with an adjacent infarct and cortical collapse. Trace pyelectasia noted, no evidence of active inflammation. Right kidney measures 3.8 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 measures 0.30 cm. Right measures 0.40 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** 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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

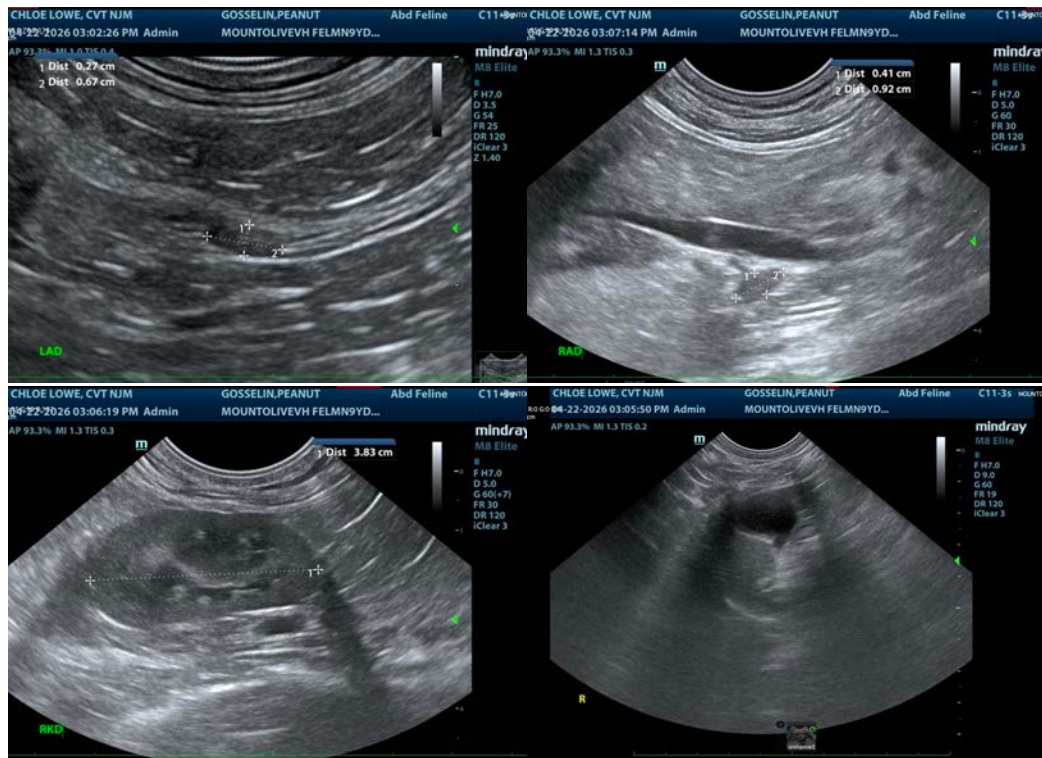
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Right renal calculus with infarct and slight pyelectasia.
- Normal left kidney with trace pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely moving calculi periodically with secondary remodeling. Potential embedded infection. Urine culture recommended. Palpation of the right kidney recommended to assess for any discomfort.





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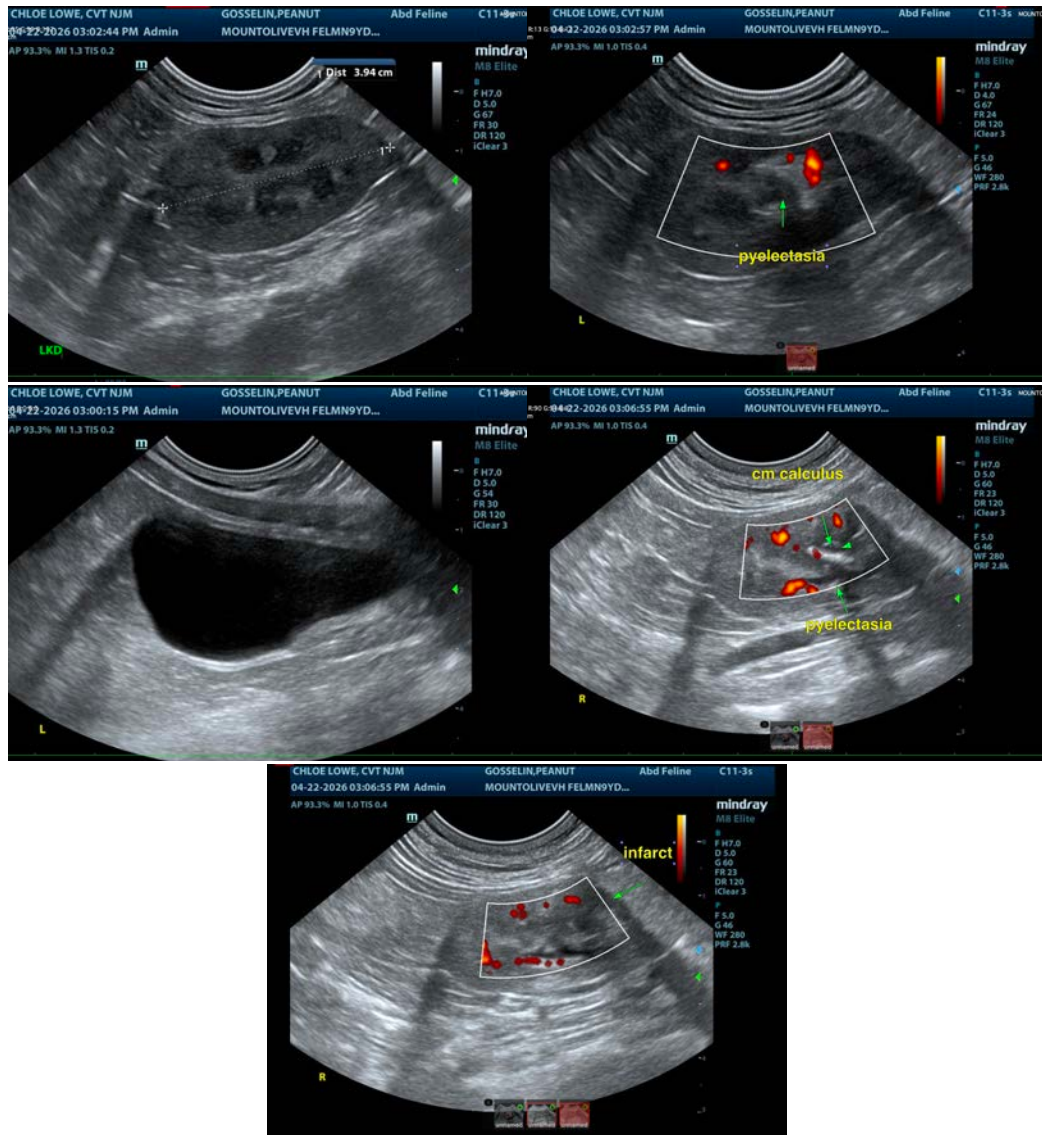
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com