



PATIENT

Boo Phan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

9.63 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kym

HOSPITAL NAME

EAH Crystal Falls

REFERRING VET

Dr. Butrico

INVOICE

36809

DATE

4/26/26

PRESENTING CLINICAL SIGNS

History: Presenting complaint/duration: Found her today under the desk and she moved a little later to under another desk. She was lethargy, breathing heavily. O brought her to food an water bowl and was not interested. For last 3-4 weeks she has been laying down on random places on the floor and acting lethargy.

Vomited yesterday. Today defecated net to herself and sleep next to herself. She has lost weight recently.. Eating/drinking normally?: decreased. Urinating/defecating normally?: yes. Any vomiting/diarrhea?: vomiting; no diarrhea - dry feces. Any coughing/sneezing?: none. Vaccine history: past due UTD. Current meds: none. Diet: changed diet 1 month ago because she was eating less - went to mature cat food (Blue) and supplement with Blue and FF wet cat food. Lifestyle: indoors only; another cat in the home, 2 dogs in the home.

Abnormal PE/Chem/CBC/UA Results: CBC: leukocytosis 33.3 K/uL, neutrophilia 32.54 K/uL, lymphopenia 0.29 K/uL - Chem/lytes: azotemia (creat 2.8 mg/dl, BUN 34.8 mg/dl), hypophosphatemia 2.4 mg/dl, hyperglycemia 197 mg/dl - PCV/TP: 38%, 7 g/dL - 3v chest rad: No obvious cardiac or pulmonary abnormalities noted. Bates body in the abdomen. No obvious GI obstructive pattern. - Rad consult: declined by O - UA (IH): USG 1.022, see dipstick (glu +); frequent rods and WBCs on sediment - Cystitis panel: submitted to Antech.

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 **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 4.0 cm. Mild enhanced fat was noted around the left kidney as well.

Trace pyelectasia was noted in the **right kidney** with pericapsular inflammatory pattern and irregular contour. The right kidney measured 4.0 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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



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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.

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

Pancreas was prominent, hypoechoic and mildly irregular.

ULTRASONOGRAPHIC FINDINGS

- Pyelonephritis pattern severe in the right kidney and mild in the left kidney
- Low-grade pancreatitis is suspected

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support, blood pressure, and urine culture are indicated. Recheck sonogram ideally in 3-5 days to ensure adequate resolution.





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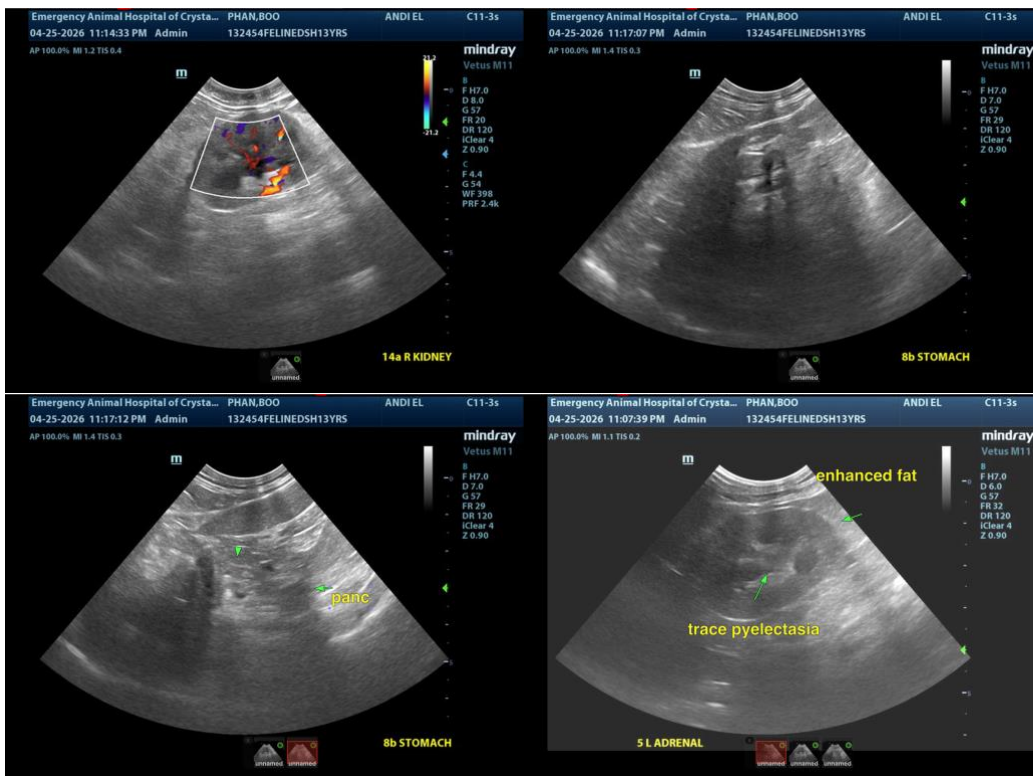
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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