



PATIENT

Valentine Kivler

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

19 Years

WEIGHT

2.19 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Lydia Coogan

INVOICE

15488

DATE

04/27/26

PRESENTING CLINICAL SIGNS

Presented Sunday 4/26 at 8a for not eating for 2 days. eating small amounts. goes to bowl but then won't eat pacing more than typical Losing weight - occurring since March

Abnormal PE/Chem/CBC/UA Results: Dehydration: 10-12% EENT/oral: pigmented hypersalivating mm, crt 3-4s, sunken eyes with dull corneal appearance OU Musc: BCS 2/9, significant generalized cachexia, no lameness Integ: Healthy coat; severe prolonged skin tent (does not resolve) HAEC DX 4/26: CBC: RDW 28.1 (H) Chem15: Ca 11.6 (H), Glob 5.4 (H) EPOC: BUN 33 (H), iCa 1.57 (H), Cl 131 (H), BE -8.1 (L), cSO2 81.0 (H), pO2 50.4 (H) UA: USG 1.022, 50 WBC/hpf, 5 RBC/hpf, Suspected cocci confirmed on image review 3 view rads: No masses or tumors visible, moderate larger, firm fecal balls in descending colon, possibly slightly thickened intestines, mild gastric gas 4/26 Overnight: BP: 12a- 300, 2a- 300, 4a- 200, 6a- PCV/TS: 45%/6.4 clear USG: 1.016 EPOC: pO2 83.5 (H) cSO2 96.4 (H) pCO2 60.4 (L) BE,ECF -6.1 (L) ProBNP: normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The **left kidney** revealed moderate degenerative changes with cortical remodeling and slight areas of mineralization along with subnormal size. The kidneys do not appear end-stage, however, moderate degenerative changes are present. The left kidney measured 2.6 cm in length.

The **right kidney** in this patient were normal in size and contour with mildly increased cortical changes. A hyperechoic medullary rim sign was noted without disruption of architecture. Mild degenerative renal changes with idiopathic medullary rim sign, this may be a normal variant or occult FIP. Occasionally lymphoma can present in this fashion, yet this is not suspected. Mineralizations and slight pyelectasia were present as well. The right kidney measured 3.6 cm in length.

Adrenal Glands

The **right adrenal gland** was slightly irregular and mildly enlarged measuring 0.70 cm width.

The **left adrenal gland** was somewhat rounded measuring 0.60 cm width.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely



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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.

Gastrointestinal

The **stomach** was repleted with progressively shadowing luminal material consistent of likely hairball accumulation. Transit of chyme into the small intestine appeared to be normal.

Pancreas

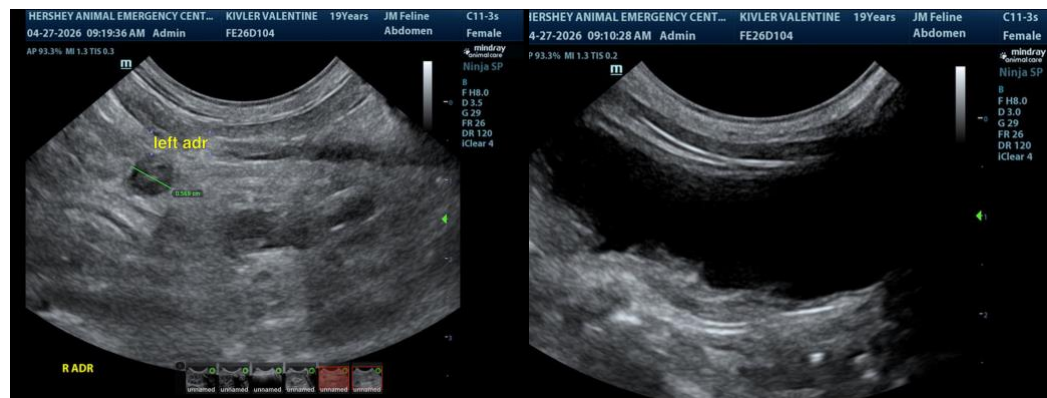
The gastric repletion obscured some visibility of the **pancreas**, yet not gross evidence of inflammation.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic left renal changes with mild chronic renal changes of the right kidney.
- Hairball density of the stomach.
- Prominent adrenal glands with slight irregular right adrenal gland- to monitor.
- Mild cystitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressures are warranted. Full urine culture and sensitivity is indicated. IV fluid support and broad-spectrum antibiotics are indicated. Hairball management is recommended.





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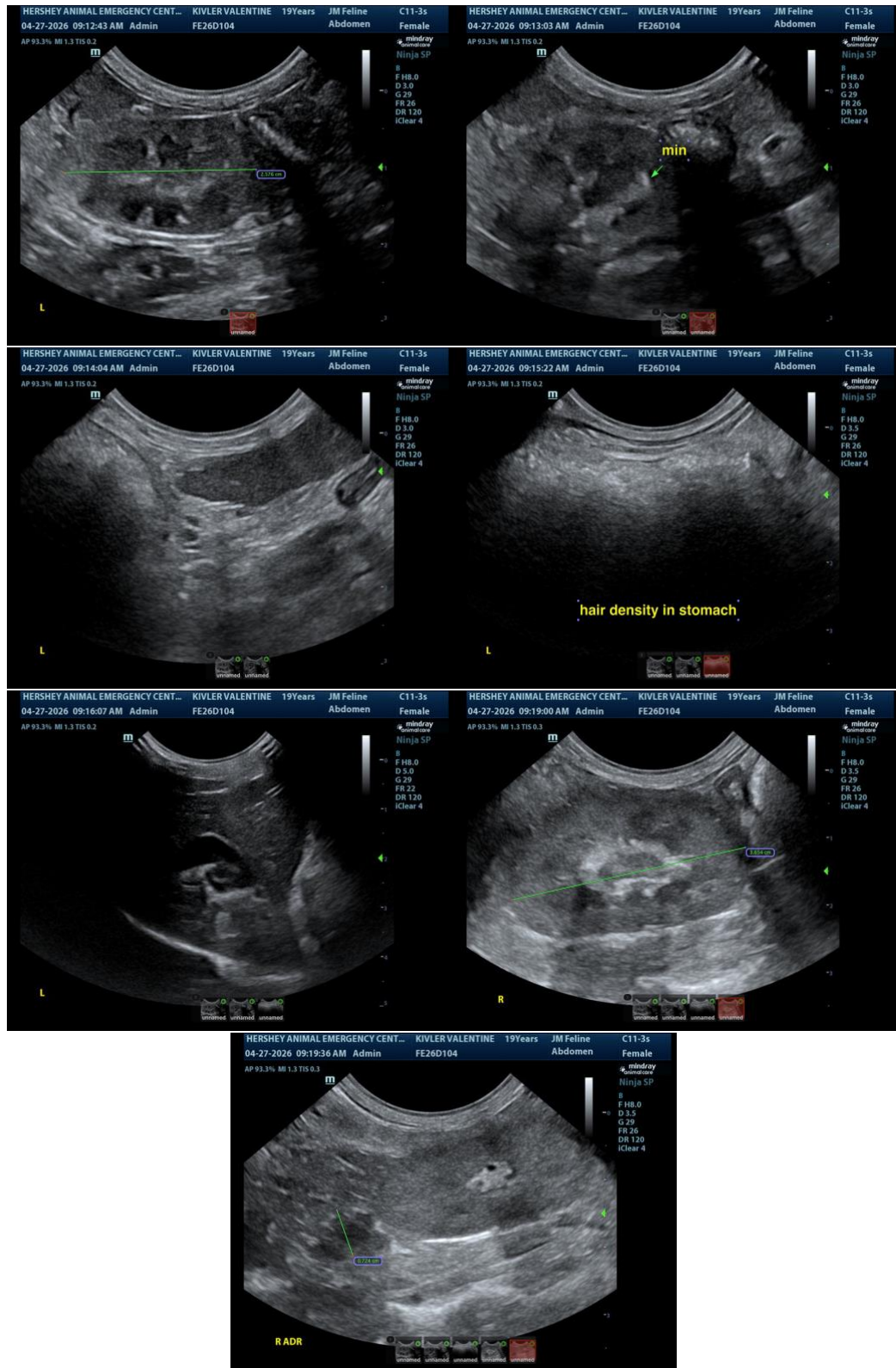
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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