



## PATIENT

Miss Kitty Gbur

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

8 years

## WEIGHT

6.78 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Sara Crawford

## HOSPITAL NAME

Countryside VS  
Champion

## REFERRING VET

Dr. Crawford

## INVOICE

74193

## DATE

4/6/26

## PRESENTING CLINICAL SIGNS

- Feb 17, presented for not eating, vomiting, abnormal urination, being weak and new seizures.
- Seizures started a couple months ago
- Currently being treated for hyperthyroid and now normal T4; rechecking CBC/Chem now.
- Patient is eating now but still having seizures
- On initial presentation in Feb 17, patient was very weak, dehydrated, had a heart murmur. UA-dilute urine at 1.023 CBC-weak regenerative severe anemia and thrombocytopenia (HCT 19.4%, Plts 17000, Neutrophils 13.3) Chem: ALT 724, mild increase Gluc 236 Increased T4 15.3

## 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 was noted. Ureteral papillae were normal.

The **left kidney** revealed slight cortical remodeling and was mildly subnormal in size measuring 2.9 cm. The caudal pole of the left kidney revealed a minor infarct.

The **right kidney** 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 capsule was acceptably uniform without significant irregularities measured 3.4 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** revealed mildly heterogenous parenchyma with increased portal markings. The gallbladder and common bile duct were unremarkable. Comet tail lung pattern is noted through the diaphragm.



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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

The cause of anemia is not overtly clear; however, there are some parenchymal changes in the liver that may be concerning.

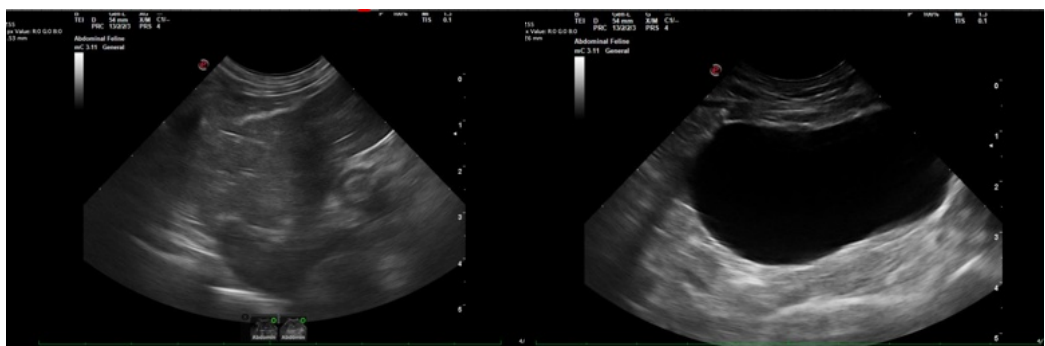
Left renal infarct with cortical remodeling and subnormal left renal size.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CBC path review as well as comet tail lung pattern. I recommend thoracic radiographs if not already performed.

CBC path review is warranted +/- eventual bone marrow aspirate. Blood transfusion is recommended to reach hematocrit of 25 with platelets over 70000 followed by 25-gauge FNA of the spleen and liver would be ideal for further definition.

Cholangiohepatitis versus occult neoplasia which may be affecting the bone marrow.





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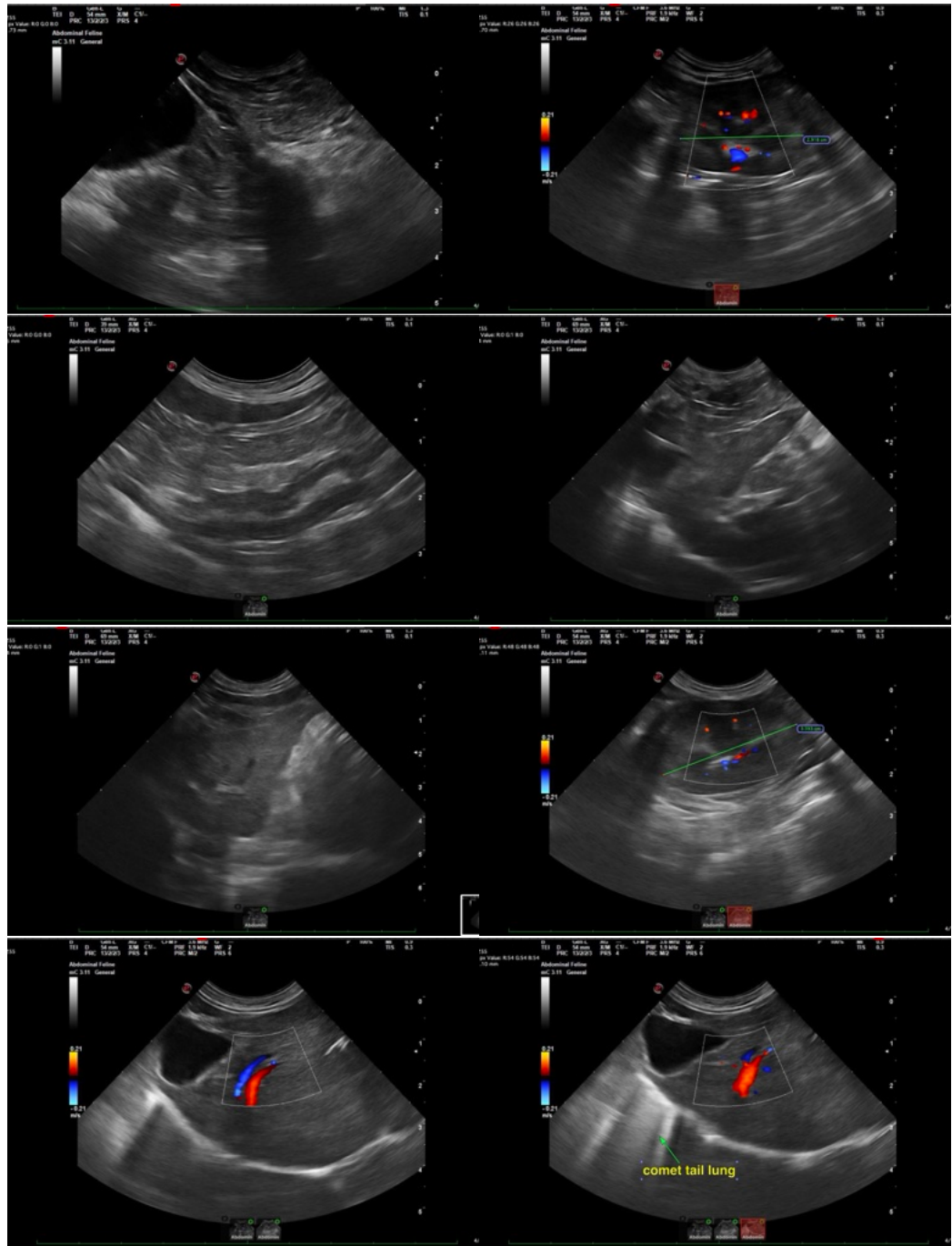
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



## **PATIENT**

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

Miss Kitty Gbur

[info@SonoPath.com](mailto:info@SonoPath.com)

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