



PATIENT

Freyja Portmann

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

13 years

WEIGHT

8.86 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Emily Akin

HOSPITAL NAME

Boise Cat Clinic

REFERRING VET

Dr. Irwin

INVOICE

74318

DATE

4/8/26

PRESENTING CLINICAL SIGNS

* Presented for AUS to further investigate sterile pyuria and to establish baseline for new azotemia.
* Medications: amlodipine 0.625mg SID, gabapentin 100mg ~2 hours prior to AUS

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 3.14 cm. The right kidney revealed pelvic calculi that measured up to 0.56 cm with a trace amount of pyelectasia. A cortical infarct was noted at the caudal pole. The right kidney measured 3.6 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged with no evidence of 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 was noted.

Liver

The **liver** was normal in size, contour and vascularity with hyperechoic lipid plaque or subjectively benign nodule noted in the right cranial liver measuring 1.2 cm. This is not pathological and is a geriatric change. 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

Nephrolithiasis in the right kidney, non-obstructive. Trace pyelectasia is noted. Cortical infarct at the caudal pole of the right kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyuria may be deriving from an embedded infection within the right kidney. Long term antibiotic solution may be appropriate such as 3-4 weeks. Dissolution protocol from the nephrolithiasis can be attempted, yet is highly variable in effectiveness even though cultures may be negative in this patient, embedded infection is still a potential especially concerning the right kidney.





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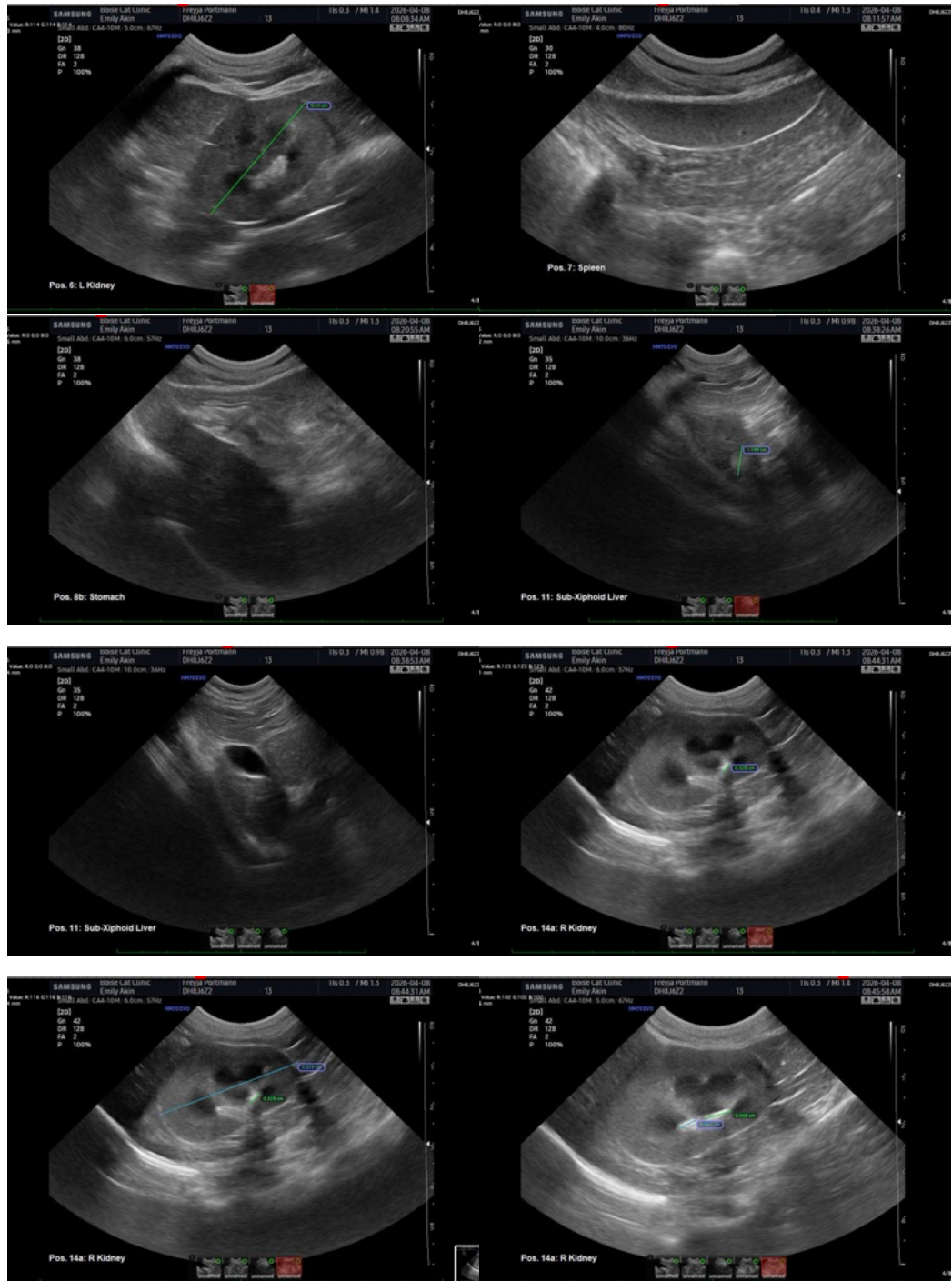
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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