



PATIENT

BUU Wagner

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

6 years

WEIGHT

11.12 lbs

PRESENTING CLINICAL SIGNS

History: Got FVRCP Vx 5/5/26 -- presented the next day for ADR. 5/6/26 = Overall ADR. was in yesterday for PE/VX - got FVRCP 1yr
 Not eating like he usually does, even declining churus and miralax. Drinking decreased. Intermittent V+. Urine has strong odor, not pooping as much.
 Patient seems more lethargic.
 AXR 5/6/26 to IDX =
 AXR Results: -small stones/sand noted w/in the bladder. the clinical significance of this is uncertain -- possibility of concurrent cystitis can not be excluded. Because the bladder is normal in diameter, there is no evidence of urethral obstruction. There is no clear evidence of a stone w/in the urethra.
 -The spleen appears mildly enlarged, which could be relating to splenic congestion, lymphoid hyperplasia, or extramedullary hematopoiesis. Other differentials like neoplasia are less likely, but cannot be excluded from this series.
 -there is no apparent cause of ADR/GI signs on today's rads
 FASTED GI panel = recommended but declined by O
 Abnormal PE/Chem/CBC/UA Results: BAR. Abdomen palpates normally; no pain, tenderness or masses on palpation. Heart/Lungs = NSF. External genitalia appears normal; bladder palpates normally. BCS 6/9. Grade 1 ddz. 5/6/26 WBC = 17.65 H Neut = 13.88 H BG = 161H Phos = 2.3L T4 = 1.9 normal cysto UA = >1.050, 6pH, 4+ glucose, otherwise quiet sediment 4/15/26 CHOL = 80 LOW WBC = 3.7 LOW Lymph = 0.522 LOW -slight decrease in cholesterol; r/o malabsorption given GI history. proBNP = 30 (normal) T4 = 1.8 normal Triple snap negx3

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Oberer-Gerber

INVOICE

75319

DATE

5/11/26

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. A trace amount of sand accumulation and small calculus was noted. The calculus or sand grouping measured 0.5 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.09 cm. The right kidney measured 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. The left and right adrenal gland measured 0.4 cm each.



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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. The spleen measured 0.84 cm.

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.

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

Structurally unremarkable abdomen.

Sand and small bladder calculus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of pathology. Vaccine hypersensitivity may be an underlying issue. Dissolution protocol is recommended on urinalysis results.



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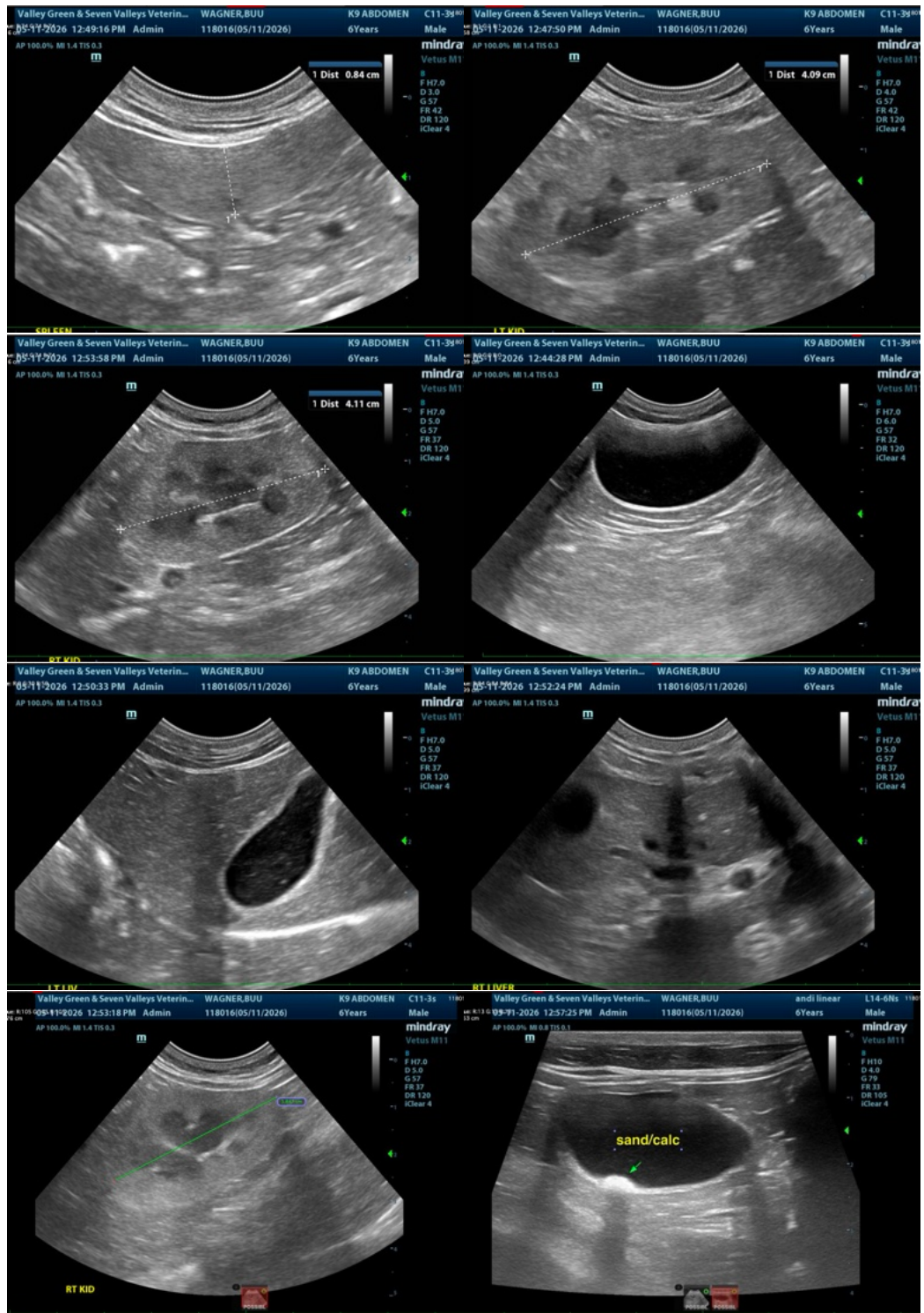
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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.

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