



PATIENT

Carson Altman

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

4 years

WEIGHT

10.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bray

HOSPITAL NAME

Taylorville VC

REFERRING VET

Dr. Bray

INVOICE

75325

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: Unknown history as patient was recently adopted from a humane society. Patient presented today (5/11/26) for a dental procedure.

Per new owner patient has been urinating frequently

Abnormal PE/Chem/CBC/UA Results: AZOTEMIA with ISOSTHENURIA - Highly suspicious for chronic kidney disease (CKD). Rule-outs include congenital renal abnormality or a previous toxic insult. - NON-REGENERATIVE ANEMIA - Likely secondary to chronic kidney disease. - DENTAL DISEASE - Mild generalized tartar and gingivitis with a fractured canine tooth (104). BUN: 84.8 (HIGH; normal is <32) - CREATININE: 2.2 (HIGH; normal is <1.8) - HCT (hematocrit): 22% (LOW; normal is >26), indicating ANEMIA. - The anemia is characterized as NON-REGENERATIVE, as the body is not showing an appropriate response to replace the low red blood cells. - Urinalysis: - Urine Specific Gravity: 1.015 (LOW; indicates the kidneys are not concentrating urine effectively).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.5 cm and the right kidney measured 4.0 cm. Blood flow to the kidneys appeared to be mildly subnormal on power Doppler assessment.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.64 cm. The left adrenal gland measured 0.6 cm.

Spleen

The **spleen** revealed subtle, micronodular changes and capsular expansion measuring up to 1.2 cm.



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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

Acute on chronic interstitial nephrosis renal pattern with micronodular spleen.

Stress adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the spleen and kidney is warranted in this patient for further definition. However, I cannot rule out an emerging neoplasia or underlying FIP. PCV should be at least 20 and platelets at least 70000 on full coagulation panel prior to sampling in this patient. Blood pressure measurements are also indicated. 72-hour IV fluid protocol, CBC path review and bone marrow aspirate could all be justified in this patient.



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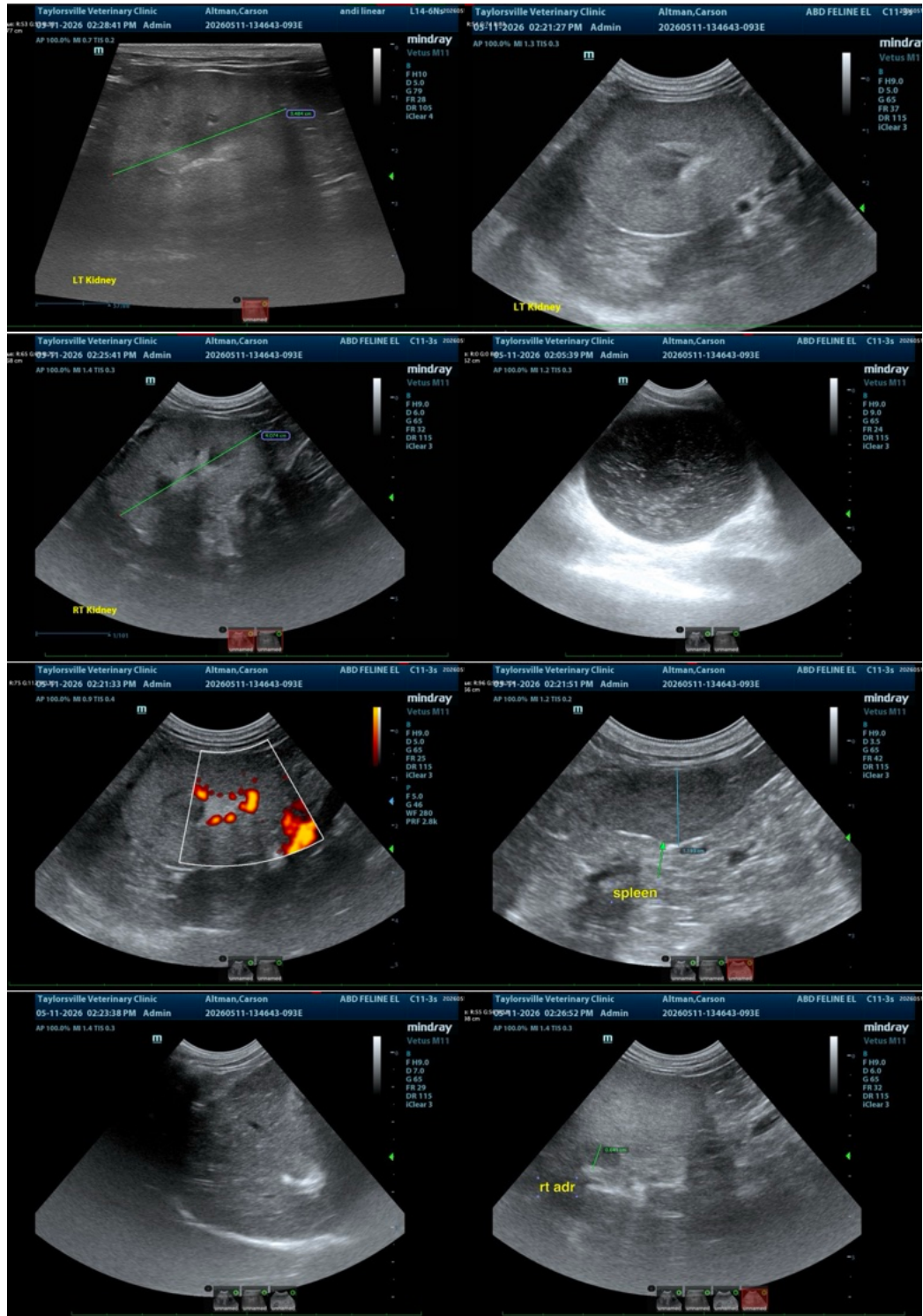
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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