



PATIENT

Daphne Grauberger

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

5 years

WEIGHT

9.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tiffany Boomer

HOSPITAL NAME

Moyock AH

REFERRING VET

Dr. Eure

INVOICE

75392

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History: EARLY AM 5/11/26 PATIENT ATE A SMALL (ABOUT 1 INCH X 1 INCH) SECTION OF PLASTIC BAGGIE. HAD NO SYMPTOMS OR ISSUES AFTER INGESTION, BUT O WAS WORRIED AND P HAS A HX OF EATING THINGS SHE SHOULD NOT. WE TOOK AN XRAY ON 5/11 = STOMACH FULL OF FOOD (P ATE AND DRANK NORMALLY THAT AM) AND SOME GAS OTHERWISE GI TRACT NORMALLY APPEARING, TO US. BUT NOTICED SOME RADIODENSITY WITHIN KIDNEY AND POSS STONE/RADIODENSITY IN URETER. P HAS A HX OF ACUTE RENAL FAILURE AT MARCH 2025--- BUN/CREA AND SDMA WERE ALL ELEVATED...IV CATH, IV FLUIDS, CERENIA AND KIDNEY DIET WERE ALL DONE AND #'S WERE BACK TO NORMAL AT RECHECK 2 WEEKS LATER. CHEM HAS BEEN CHECKED AT LEAST ANNUALLY SINCE THEN AND BEEN NORMAL, WNL TODAY ALSO. NO V/D. CAT IS ACTING FINE.

Abnormal PE/Chem/CBC/UA Results: PCV 50% TODAY. CHEM PANEL NORMAL. NO URINE AVAILABLE THIS AM PRIOR TO IVF THAT WE GAVE DURING SCAN, SO NONE FOR USG AT THIS TIME. NO URINE ISSUES AT HOME. O MONITORS URINATION HABITS DAILY AND WITH LITTER ROBOT APP.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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** 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. Cortical infarcts were noted. The left kidney measured 3.0 cm and the right kidney measured 3.65 cm. Blood flow to the kidneys appeared to be mildly subnormal on Power Doppler assessment.

Adrenal Glands

The **left adrenal gland** was 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 adrenal gland measured 0.4 cm. The region of the right adrenal gland was unremarkable.

Spleen

The **spleen** was enlarged in this patient and measured 1.5 cm. The spleen was folded upon itself. The splenic vascularity appeared normal.



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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. Comet tail lung pattern was noted through the diaphragm/lung rockets.

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

Splenomegaly.

Interstitial nephrosis pattern with renal infarcts.

Comet tail lung/lung rocket pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs are warranted to assess for alveolar disease. FNA of the spleen is warranted to assess for reactive spleen versus splenitis or round cell neoplasia. Full urinary work-up is warranted. There was no evidence of foreign bodies.



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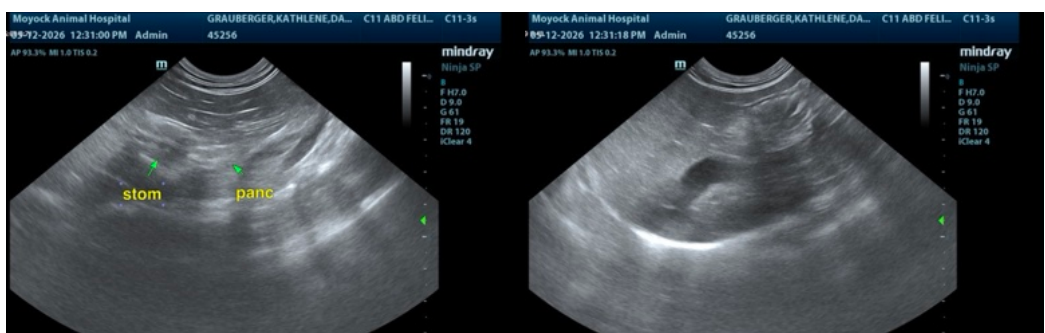
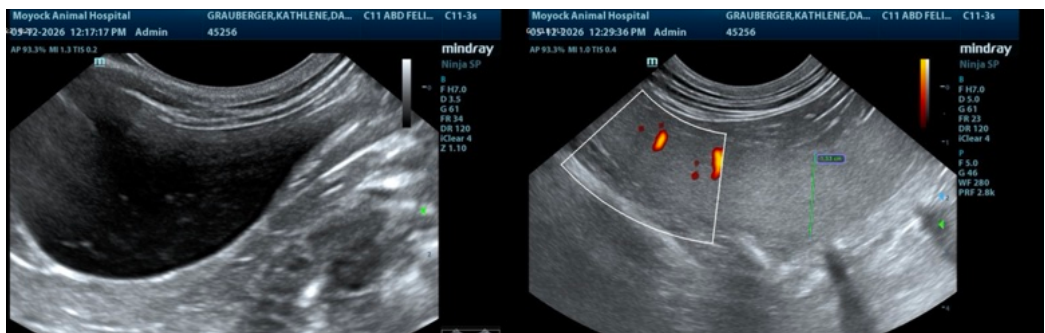
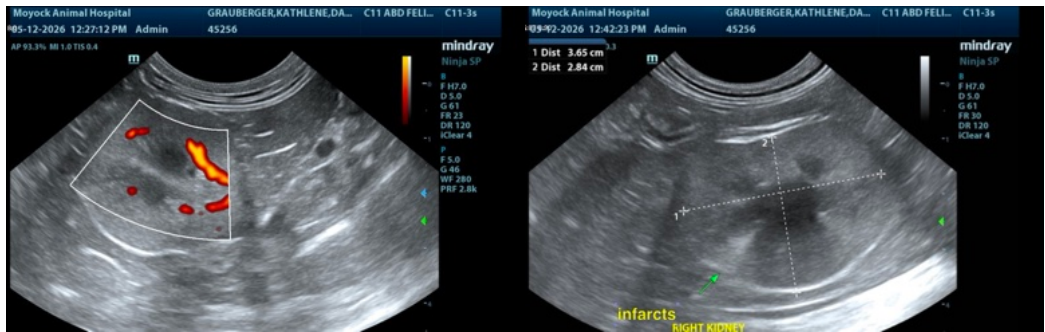
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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

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info@SonoPath.com

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