



PATIENT

Tucker Desert

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

5.16 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Miller

INVOICE

77889

DATE

5/23/26

PRESENTING CLINICAL SIGNS

History: Pet presents for straining to urinate for a few months per Owner, but has gotten really bad today. Pet went to RDVM last week was put on NSAID/Anti- nausea per Owner q24 for 4 days and Gaba 50mg. Owner does not think meds are working. RDVM saw infection but no crystals. Pet drinking less, eating less. Owner noticed a strong urinary odor and color varying. Admitted last night, on IVF, Cerenia, Bupx, Unasyn.

Previous Health Concerns no

Current Medications Forti Flora

Abnormal PE/Chem/CBC/UA Results: cbc: wbc 17.52 (primary neuts and mono) chem: bun 59 creat 2 ca 8.5 (lo) epoc: bun51 creat 2.23 Radiographs decreased detail in abdomen; rounded large kidneys; decreased detail in caudal abdomen at trigone area and colon UA: (+) pprotein (+++) hemolyzed blood (+++) leukocytes; few squamous epithelial cells;

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** were significantly enlarged with irregular contour and subcapsular halo with retroperitoneal fluid accumulation. Nodular cortical, irregular parenchymal changes were noted. The right kidney measured 4.5 cm. The left kidney measured 4.5 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of



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congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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.

Free Abdomen

Enhanced omentum was noted around the kidneys and in the retroperitoneal space owing to fluid accumulation.

ULTRASONOGRAPHIC FINDINGS

Bilateral renal infiltrative pattern, strong concern for round cell neoplasia/lymphoma, carcinoma is less likely. Post obstructive renal insult is possible, yet less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements, ultrasound-guided abdominocentesis and cytospin as well as a 25-gauge FNA of either renal cortex is recommended for a definitive diagnosis. The prognosis is guarded to poor.



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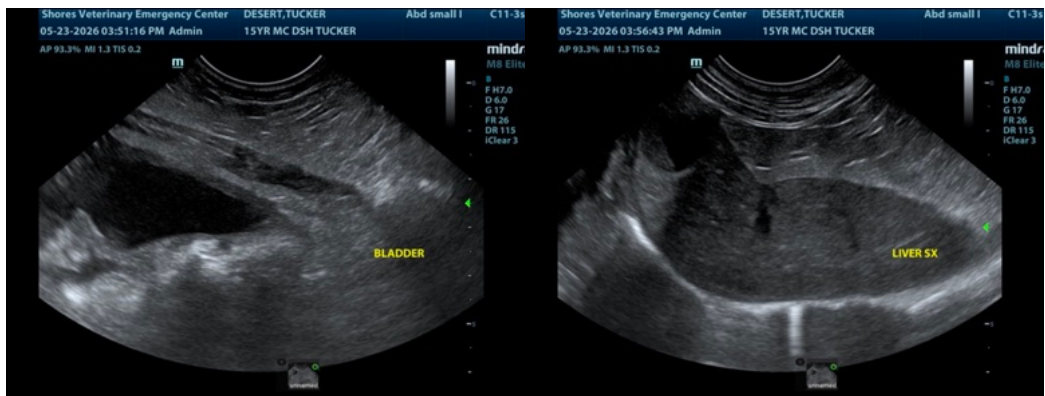
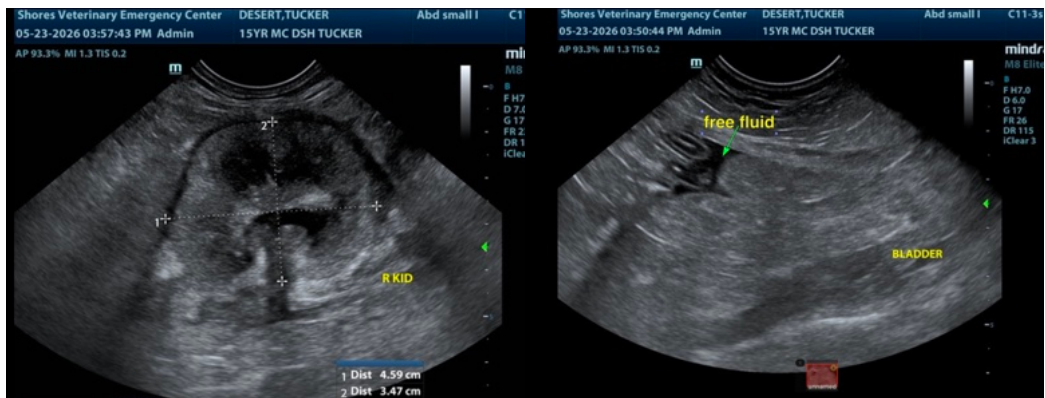
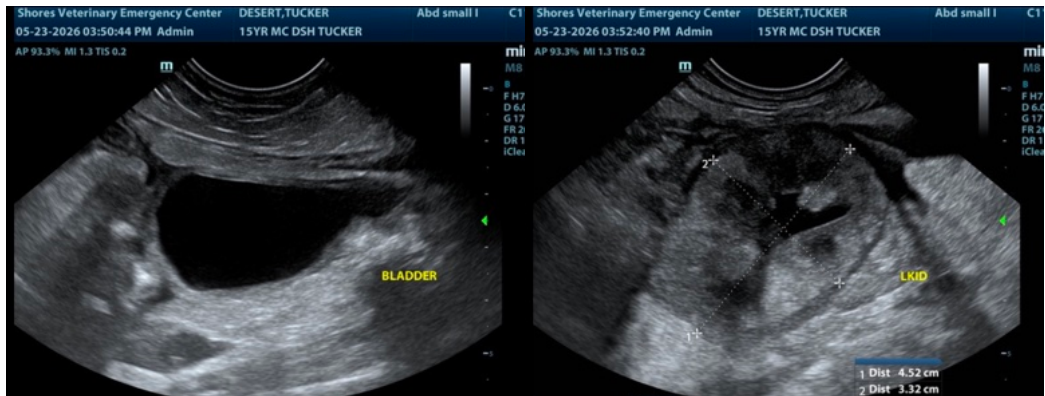
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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