



PATIENT

Covid Tyner

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

6 years

WEIGHT

5.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Maria Lara, DVM

HOSPITAL NAME

Allure Veterinary
Hospital & Urgent Care

REFERRING VET

Dr. Morris

INVOICE

77917

DATE

5/25/26

PRESENTING CLINICAL SIGNS

History: Patient was transferred to Allure on 5/22 with elevated kidney values (unknown chronicity toxin vs CKD vs AKI vs Other). Initial presentation with pcDVM was due to decreased appetite, polydipsia, 6 week history of chewing at his right hip area causing hair loss, owner reported weight loss, muscle loss and decreased activity. Owner also has a Chinese Ever Green and Potothes Ivy in the apartment, but hasn't noticed chew leaves. Patient has been on fluids since that day with improved mentation and appetite. Kidney vales have not improved much.

Abnormal PE/Chem/CBC/UA Results: 5/23 Creatinine 10.4 0.8 - 2.4 mg/dL H BUN 132 16 - 36 mg/dL H Phosphorus 5.5 3.1 - 7.5 mg/dL WNL (Improved from 8.8). UA Urine Protein TR Blood / Hemoglobin 250 Red Blood Cells 8 /HPF 5/24 7am Creatinine 5.8 0.8 - 2.4 mg/dL H BUN 132 261 - 36 mg/dL H Potassium 3.4 3.5 - 5.8 mmol/L L 5/24 7 pm Creatinine 9.5 0.8 - 2.4 mg/dL H BUN 132 127 - 36 mg/dL H Phosphorus 1.4 3.1 - 7.5 mg/dL L

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** 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. Slight pyelectasia was noted in the kidneys. The left kidney measured 4.3 cm and right kidney measured 5.0 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 adrenal gland measured 0.32 cm. The right adrenal gland measured 0.43 cm.

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.



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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

The **stomach** revealed pyloric hypertrophy with some loss of mural detail measuring up to 0.7 cm in wall thicknesses. Hairball type density was noted in the stomach. The distal jejunum revealed a minor thickening that measured 0.43 cm.

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

Interstitial nephrosis pattern with slight pyelectasia.

Gastric wall thickening and minor jejunal thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multi-centric lymphoma is a potential in this patient. Coagulation panel and FNA of the kidneys are indicated. I recommend management for acute on chronic renal insult is indicated. Infectious agents and toxin exposure are all possible. The pyloric thickening may be related to gastritis, however, the loss of detail would be reminiscent of potential early round cell neoplasia.



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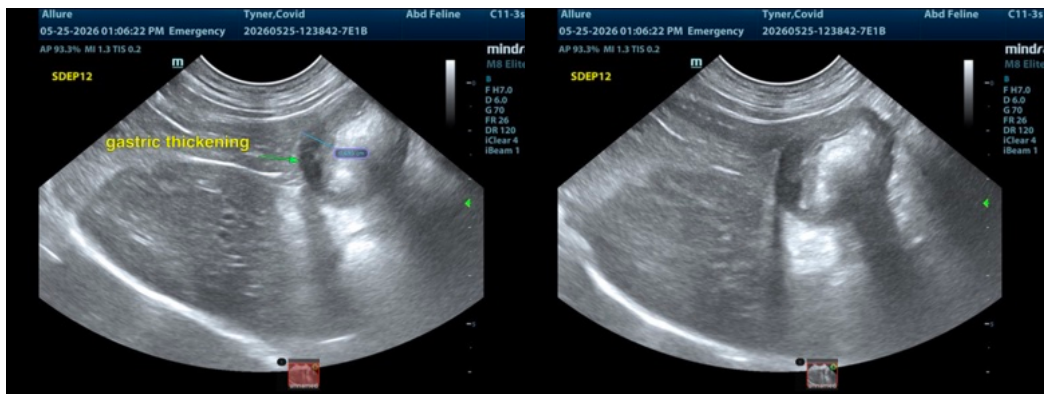
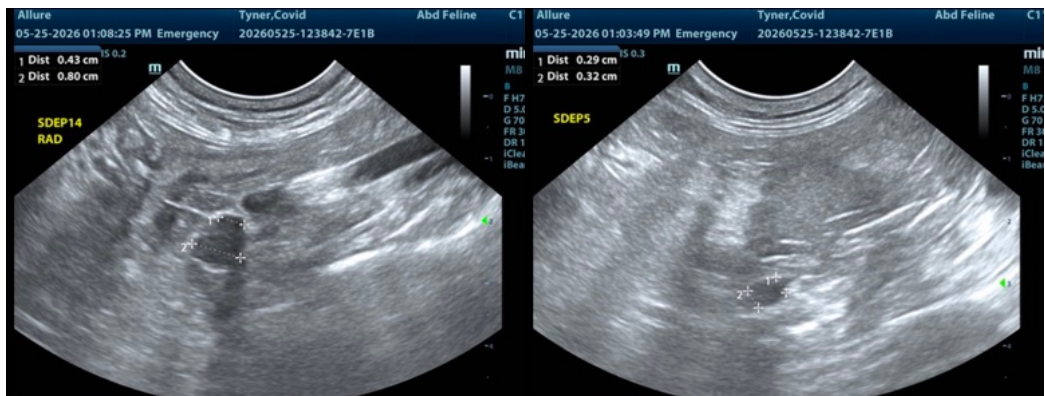
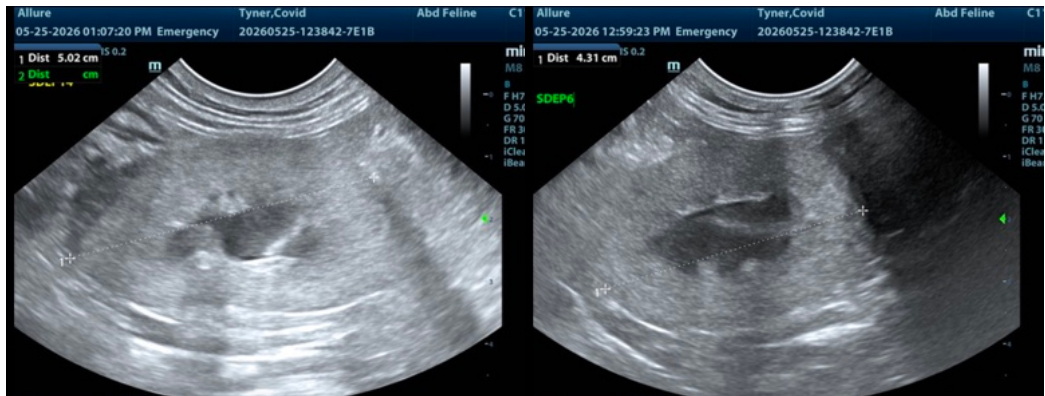
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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