



## PATIENT

Beto Lara

## SPECIES

Feline

## BREED

Siamese Tabby

## SEX

Neutered Male

## AGE

7

## WEIGHT

7.1

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Dr. Sharkaway

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr. Sharkaway

## INVOICE

16535

## DATE

05/27/26

## PRESENTING CLINICAL SIGNS

Weight loss. Anorexia. Bloody diarrhea. Vomiting

BW- Neutrophilia, Severe Azotemia, elevated Ph. elevated globulin Radiograph- enlarged kidneys, pneumothorax palpation - suspected cranial abdominal mass vs food vs others, huge kidneys proBNP- Neg Anorexia weight loss

## 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 were noted. Ureteral papillae were normal.

The **kidneys** presented bilaterally enlarged with moderate left kidney pyelectasia measuring 1.3 cm x 1.3 cm. The left kidney measured approximately 5.5 cm in length with pelvic dilation and proximal ureteral dilation. The left kidney was imaged from both the left and right approaches. The right kidney presented with multiple calculi and pyelectasia. The right kidney measured 3.8 cm in length. Nephrolithiasis with slightly dilated right ureter was present. Cannot rule out an embedded calculus in the proximal ureters or ureteral stricture could be considered.

### Adrenal Glands

Both **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 were noted.

### 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

A mild amount of fluid was noted in the **stomach** without evidence of peristalsis. Normal curvilinear patterns were maintained throughout the GI tract. No evidence of foreign body. A minor amount of stasis was noted in the stomach. The small intestine and colon presented with normal curvilinear patterns and no evident pathology. This presentation is most consistent with gastric ileus or idiopathic stasis.



**PATIENT**

**Pancreas**

Beto Lara

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.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

- Bilateral nephrolithiasis and pyelectasia with kidney enlargement.

Siamese Tabby

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Passage of calculi and obstructive nephrolithiasis appears to be the primary issue. Medical management for azotemia is warranted with potential stent or SUB placement. Further imaging of the ureteral dilation is warranted to assess if stricture versus calculi are playing a role. Urine culture, blood pressure, IV fluid support are all indicated. The cause of the weight loss is unclear. No evidence or suspicion of neoplasia.

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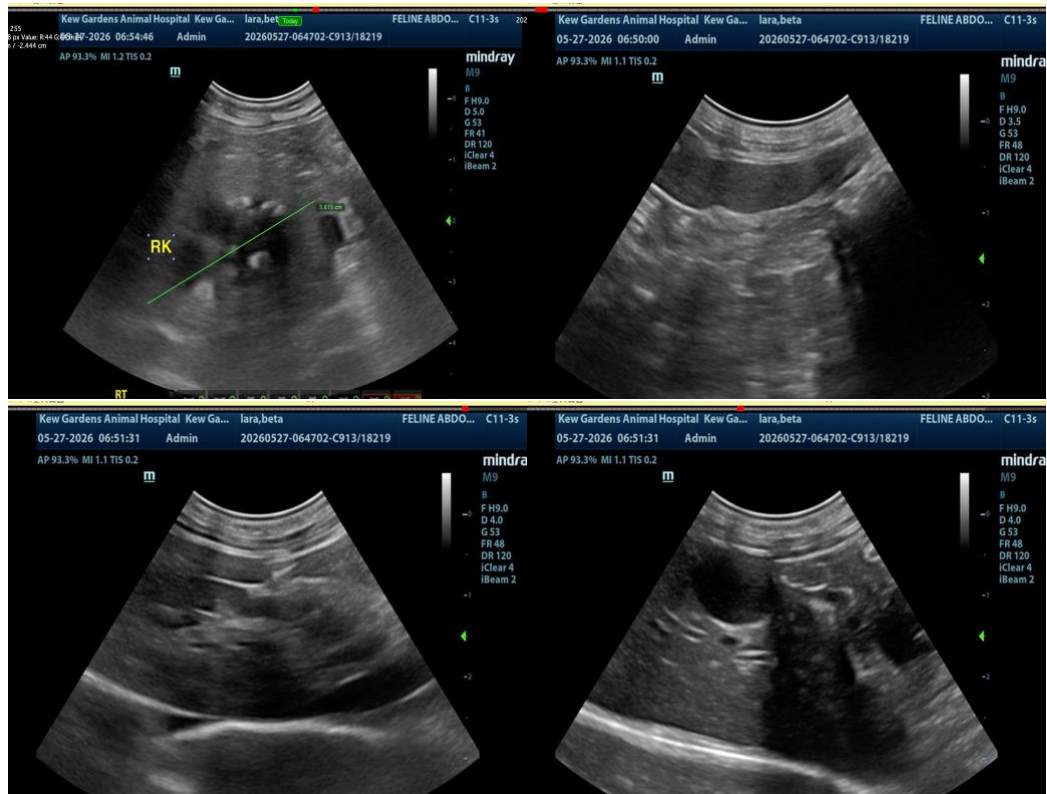
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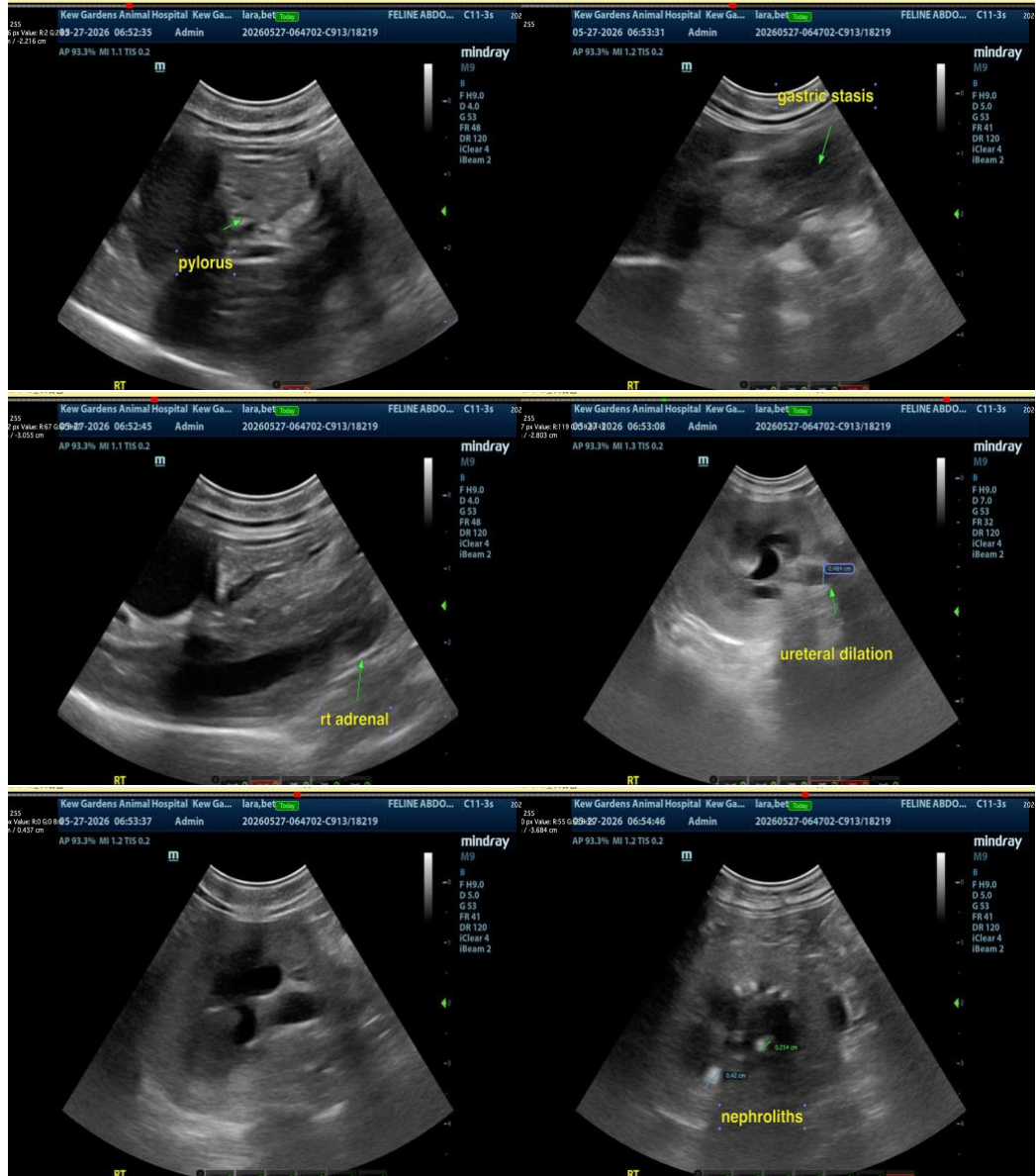
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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