



## PATIENT

Finn Bilderbeck

## SPECIES

Feline

## BREED

Russian Blue Mix

## SEX

Neutered male

## AGE

7 years

## WEIGHT

11.2 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Harbord Caughlin

## HOSPITAL NAME

Animal Care Center  
Veterinary Clinic

## REFERRING VET

Dr. Cuaghlin

## INVOICE

78818

## DATE

6/17/26

## PRESENTING CLINICAL SIGNS

History: Iris Kidney Stage II  
6/2026 Recommendation from Animal Dermatology Clinic in Portland: Mild eosinopenia, not of clinical concern. Mild decrease in ALT, mild increase in SDMA. Recommended AUS  
6/8/26 SDMA 15, ALT 18 3/29/2026 BUN 40, ALT 27 1/4/2025 ALT 24

## 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 **left kidney** was enlarged with thickened irregular cortices. The left kidney measured 4.8 cm. The right kidney revealed generalized enlargement at 5.3 cm with thickened, irregular cortices. The right kidney revealed slight pyelectasia.

### 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.

### Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

### 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 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.



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**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.

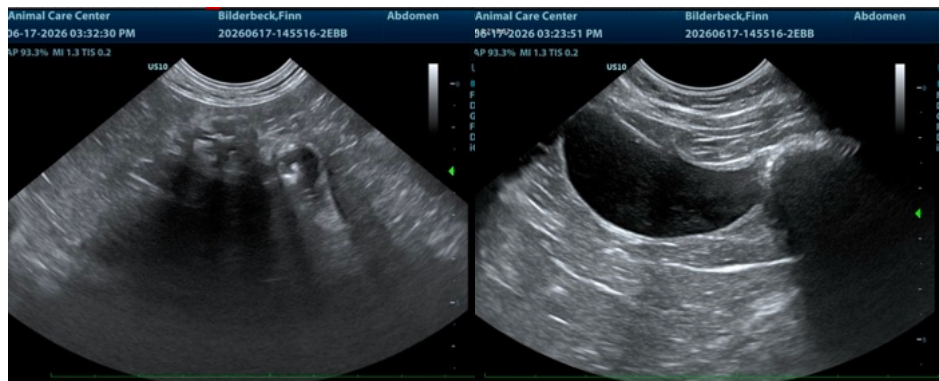
**ULTRASONOGRAPHIC FINDINGS**

Bilateral renomegaly with irregular contour.

Otherwise, unremarkable abdomen with mild hepatic remodeling.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is concern for emerging round cell neoplasia. Dry form FIP is also a potential. There is also a possibility that this is a normal variant with degenerative changes. Coagulation panel and ultrasound-guided FNA of either kidney is indicated, particularly the right renal cortex for further definition. I am more concerned about an emerging neoplastic process in the kidneys if weight loss is an issue.





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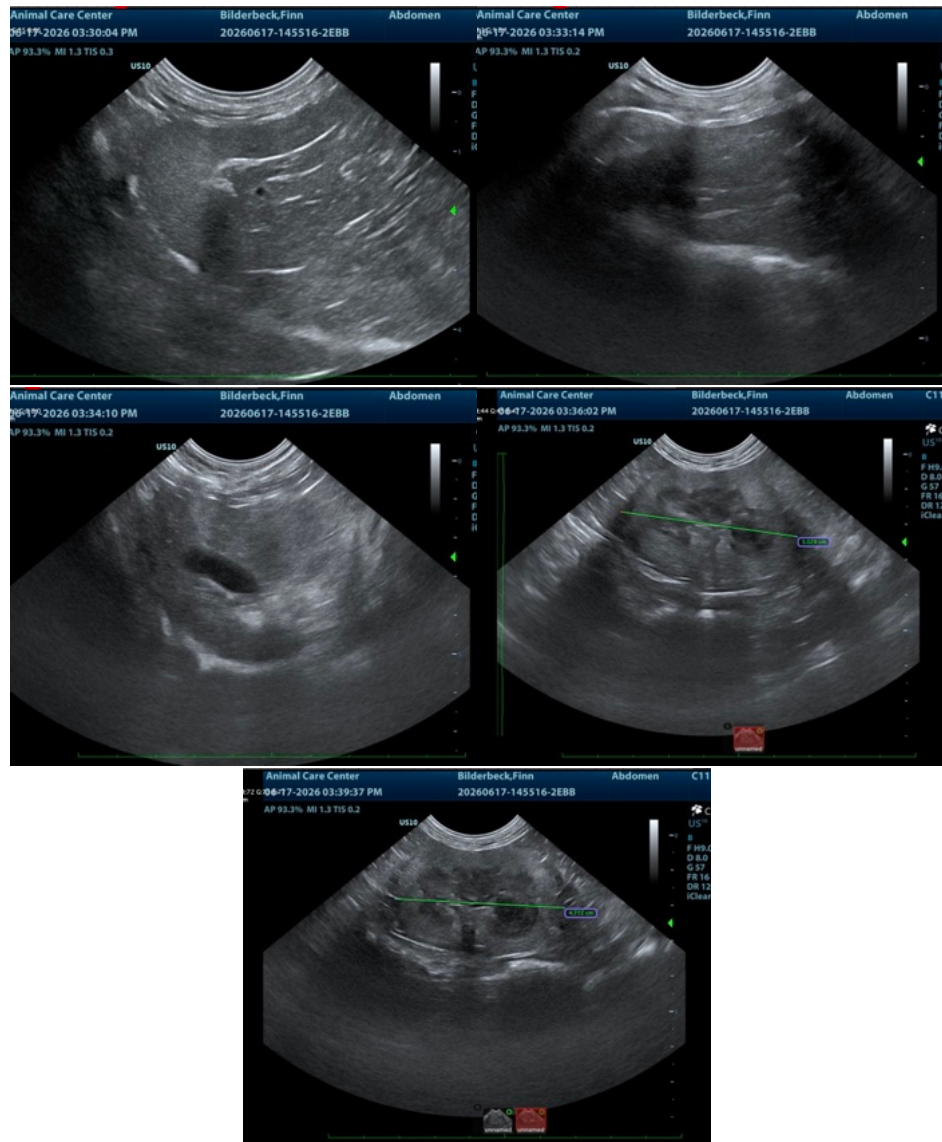
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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