



PATIENT

Reese Stephens

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

9.14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Karla Schultz

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Dr. Karla Schultz

INVOICE

16299

DATE

06/03/26

PRESENTING CLINICAL SIGNS

recheck AUS d/t sudden increased azotemia, asymptomatic at home. Azotemia first found incidentally 5/19/2026 and has persisted despite daily SCF therapy; no renal value abnormalities when last checked Nov 2025. P has >1 y history of hyperglobulinemia, no underlying cause seen with lab/imaging work up Dec 2025. P has a picky appetite and vomits bile every 10 days or so. There has been 0.2 lb weight loss from Dec 2025 to Jun 2026.

Minimum database: -CBC May 2026: mild nonregenerative normochromic/normocytic anemia 5/19/2026 that was improved to low NL RBCs by 5/26/2026. NL WBCs and platelets. -chem May 2026: azotemia persistent 5/19-5/26, today SDMA 19, creat 3.1, BUN 57. Mild hyperglobulinemia (6.0) similar to prev. NL potassium, calcium, phosphorus -T4 May 2026: WNL -u/a May 2026: USG 1.025, 2+ protein, quiet sediment secondary testing: -pending urine UPC (submitted today) -pending anemia PCR panel (submitted today) -pending whole body radiographs (submitted today) -lepto antibody 5/26/2026 neg -urine culture 5/20/2026 neg -serum protein electrophoresis Nov 2025: gamma globulin elevation most consistent with targeted immune response

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 **iliac trifurcation** was unremarkable.

The **right kidney** revealed a slight cortical infarct and relatively normal size measuring 3.9 cm in length. The corticomedullary calculus measured 0.2 cm. Slight pyelectasia was present measuring .13 cm with slight pinpoint calculi.

The **left kidney** revealed slight pyelectasia measuring 0.17 cm with slightly thickened cortices and normal size. Blood flow appeared to be adequate on color flow assessment. The left kidney measured 4.4 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

Spleen

The **spleen** revealed micronodular changes with slight enlargement measuring 1.1 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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



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elevations regarding any clinical significance to this presentation. The liver revealed subtle hypoechoic nodule in the left lateral liver measuring 0.40 cm.

Gastrointestinal

Minor amount of fluid filled **gastric** lumen was noted. The small intestine and colon were unremarkable.

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

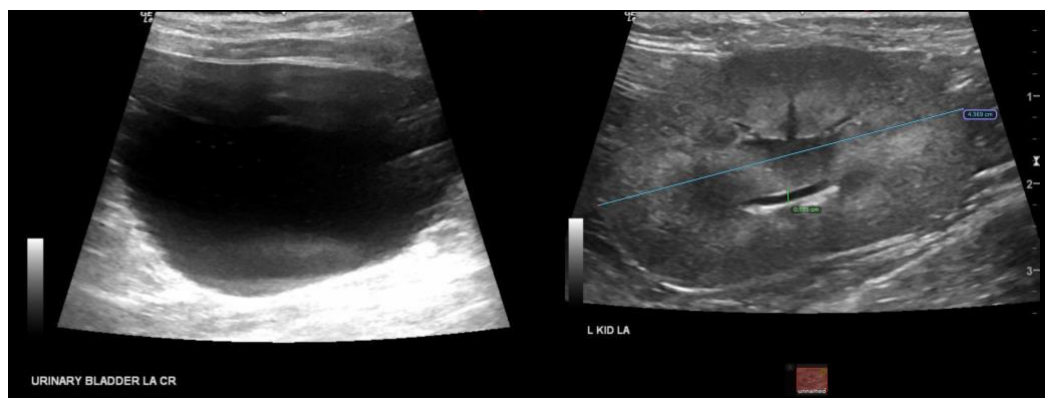
- Dystrophic changes of the right kidney with infarct and calculi.
- Mild degenerative left renal changes.
- Micronodular spleen- splenitis, round cell neoplasia, multiple myeloma, reactive spleen are all possible.
- Age-related hepatic changes with occasional minor nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strongly recommend ultrasound guided FNA of the spleen to ensure multiple myeloma is not an issue. The kidneys do not appear end stage. Pre-renal insult is suspected. This may be a perineoplastic manifestation.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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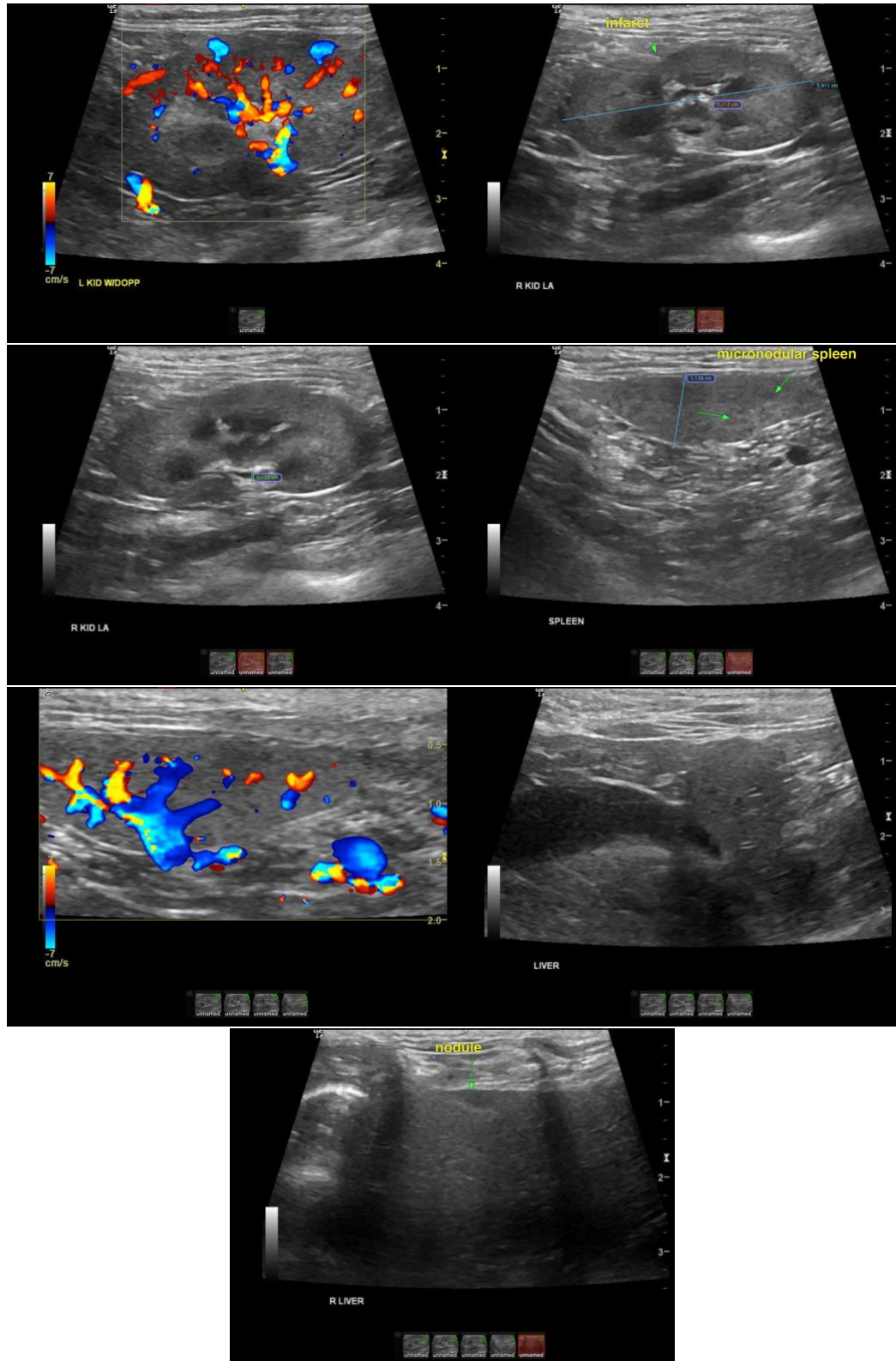
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

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