



PATIENT

Vera Proctor

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years 3 Months

WEIGHT

6.48 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary
Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

75748

DATE

6/5/26

PRESENTING CLINICAL SIGNS

Seen on 5/21/26 for lethargy, hiding, and not eating well. Lab work noted a sudden increased in kidney values compared to lab work ran on 3/7/26. Ultrasound to assess for underlying cause. Current medications: Amlodipine for hypertension, Buprenorphine for oral pain, Rx kidney diet. Recently completed Veraflox course for potential pyelonephritis

Abnormal PE/Chem/CBC/UA Results: Physical exam: BCS 3/9, 6-8% dehydrated, severe dental calculus, no obvious pain on abdominal palpation Lab work: 5/22/26 cbc/chem BUN high 69 creat high 3.8 SDMA high 25.9 neut high 10584 lymph low 1134 monocytes high 756 pt/ptt normal P normal 5.9 BP average today 95 doppler Recheck cbc/chem pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

38 still images and 8 videos submitted.

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** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.16 with slight pinpoint mineralizations and pyelectasia of 0.76 cm. The left kidney measured 3.76 cm with slight pyelectasia of 0.58 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. Right measured 0.32 cm. Left measured 0.30 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. Spleen measured 0.42 cm.

Liver

The **liver** presented slight uniform enlargement, not overtly pathological. 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

The **gastrointestinal tract** was largely unremarkable other than minor intestinal stasis.

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

Slight pockets of free fluid noted in the abdomen.

A mesenteric **lymph node** presented normal length to width ratio with slight, swollen contour, measuring 0.60 cm x 2.0 cm. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable kidneys with pyelectasia owing to scarring or potential infection.
- Reactive mesenteric lymph nodes.
- Volume contracted spleen.
- Age related hepatic changes.
- Minor intestinal stasis.
- Slight pockets of free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity indicated. I'm concerned that the free fluid may be owing to lymphatic congestion. Management for acute on chronic renal failure indicated. The kidneys do not appear end stage. IV fluid support indicated. Assessment for toxin exposure and infectious agents indicated. Prognosis is guarded. Potential emerging round cell neoplasia or FIP a remote potential. Cytology and culture of the mesenteric lymph nodes would be ideal.

For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://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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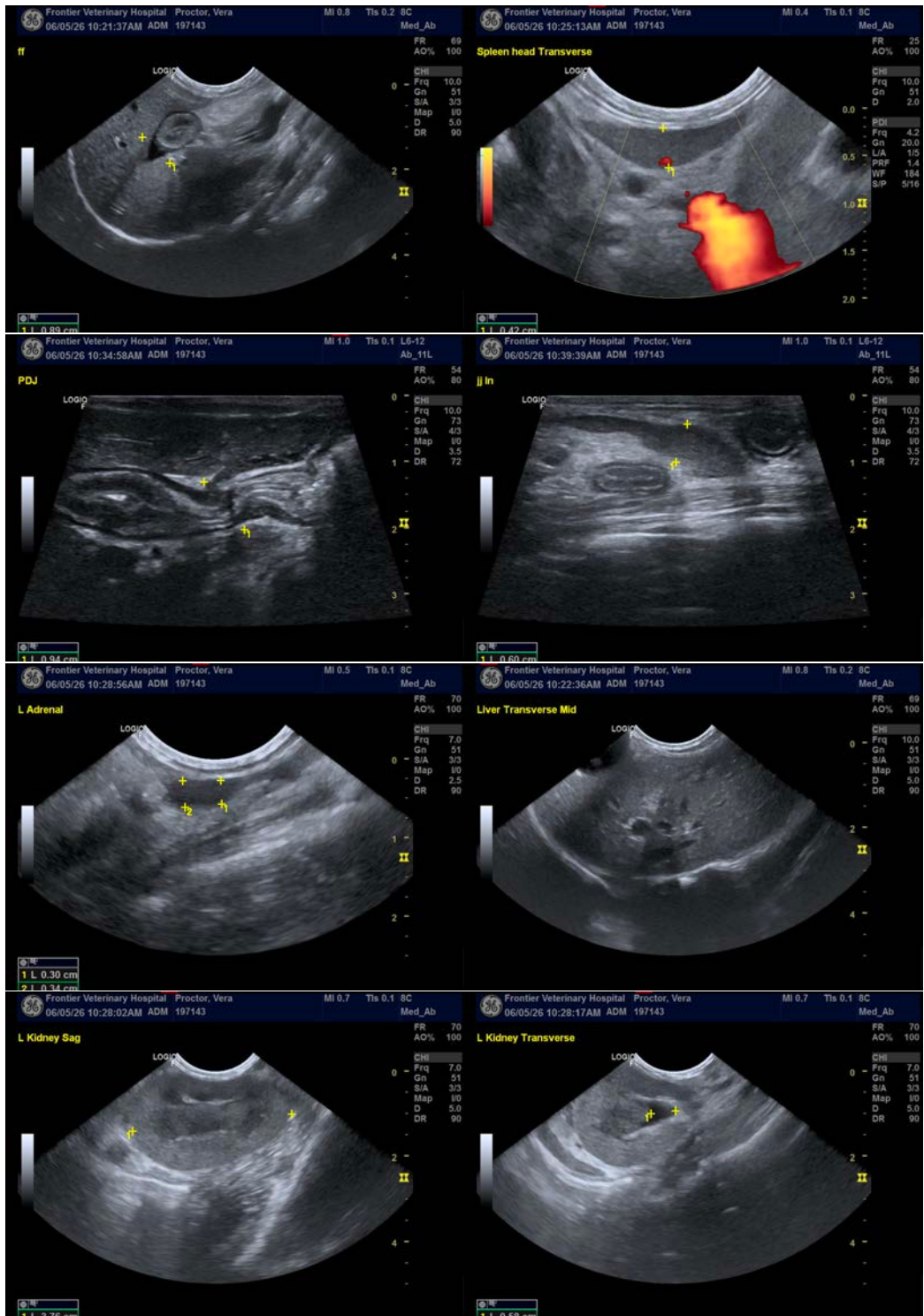
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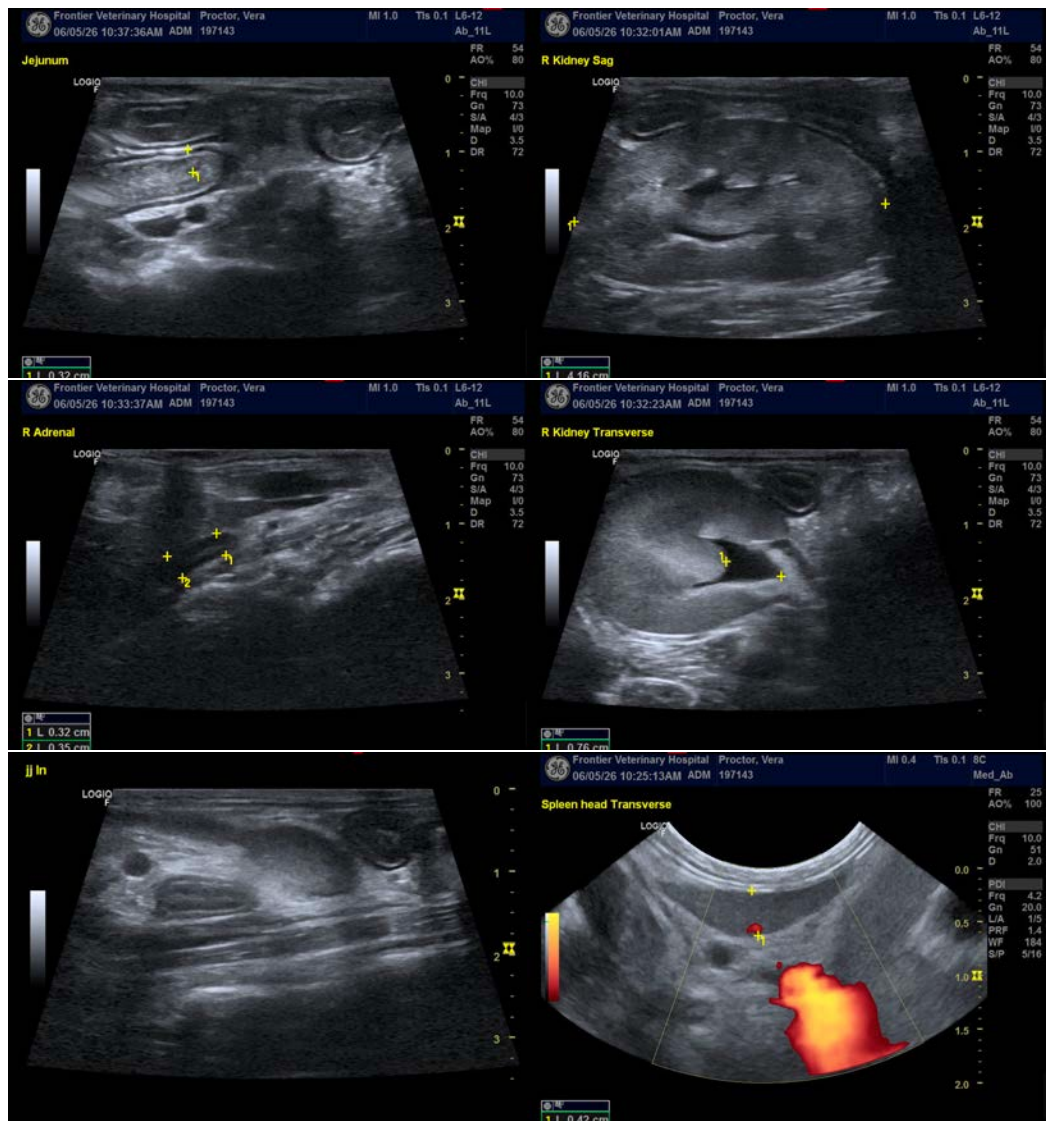
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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