



PATIENT

Steeler Dell Moser

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

15 years

WEIGHT

9.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Lake Brandt

REFERRING VET

Dr. Smith

INVOICE

69505

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History: P has history of HCM and CKD was getting fluid therapy twice weekly but last echo in October showed pericardial effusion so rec back off fluid therapy Presented for hypothermia 95, weight loss, lethargy, HCT 15.7%, BUN 54, Ca 7.9, CL 114, K 3.1, SDMA 17, usg 1.017

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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. Hyperechoic medullary rim band was noted. Areas of mineralization were noted. Slight pyelectasia was noted measuring 0.28 cm on the left. The left kidney measured 3.81 cm. The right kidney measured 3.92 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 0.33 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 were noted. The spleen measured 0.5 cm.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Hepatic vein dilation was noted in this patient, consistent with passive congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. Pleural effusion was noted through the diaphragm.

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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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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.

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Heart

Rapid view of the heart revealed significant volume overload in the left and right heart.

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ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen without primary pathology.
- Pleural effusion and likely left and right sided heart failure.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Management for heart failure ideally based on echocardiogram results. The cause of anemia is unclear. CBC path review +/- bone marrow aspirate is indicated. Azotemia is likely more prerenal than renal in this patient.

REFERRING VET

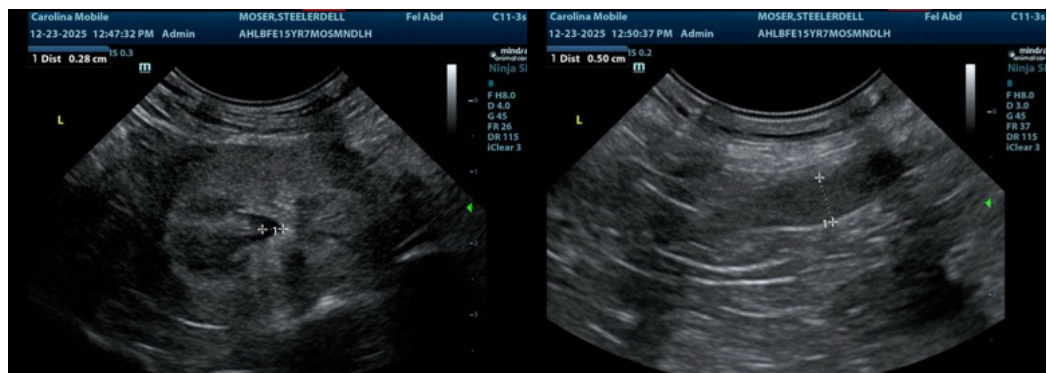
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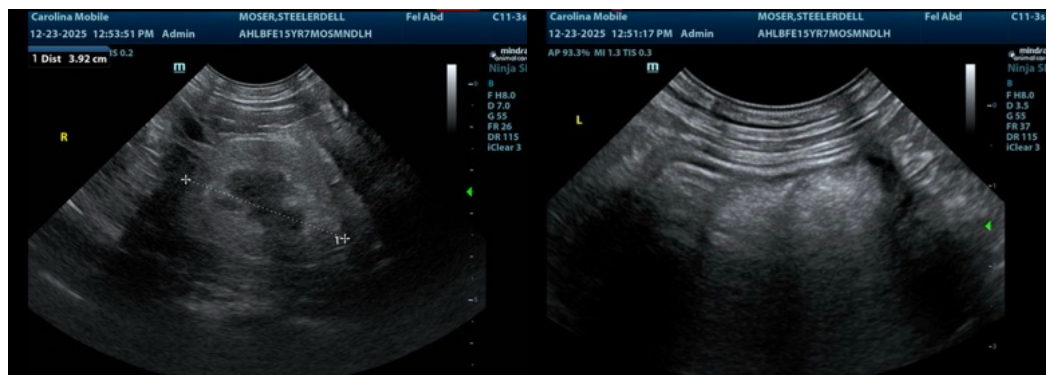
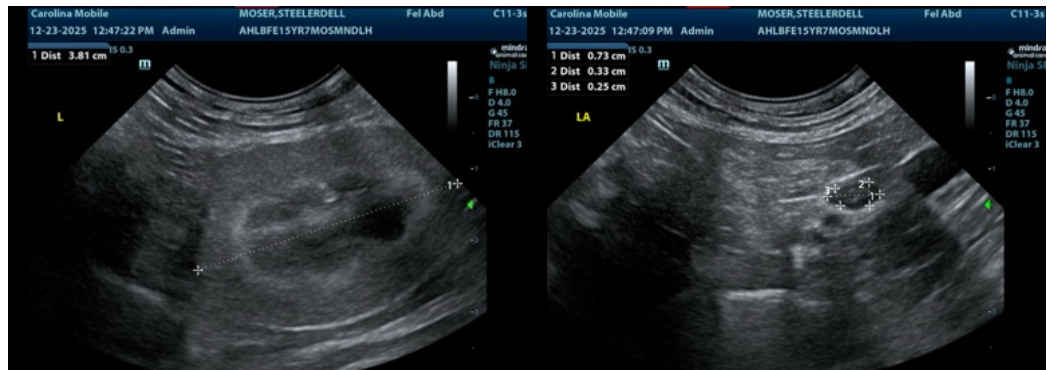
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com