



PATIENT

Hillary Clemens

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

14 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

IMAGING PERFORMED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

HOSPITAL NAME

Greenwood Lake AH

REFERRING VET

Dr. Louer

INVOICE

68551

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Chronic renal disease, IRIS stage 3. Hyporexia, PUPD, hiding.

BUN 68, creatinine 4.1, SDMA 31, PAOS 6.4.

CBC WNL

Urine specific gravity 1.025.

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 3.0 cm beyond the cystourethral junction and appeared normal. A minor amount of sand accumulation was noted and measured up to 1.1 cm. This was non-obstructive at the time of the sonogram. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **left kidney** was significantly irregular in contour with peripheral enhanced fat and subcapsular fluid as well as nephrolithiasis and hydronephrosis with echogenic debris. The left ureter was dilated to 0.9 cm in width with a stricture approximately 2.5 cm distal from the left renal pelvis. The left kidney measured 5.34 cm with hydronephrosis measuring 2.4 cm. Slight sublumbar fluid and retroperitoneal inflammation was noted. This is likely owing to recent passage of calculi from the left kidney with secondary stricture.

The right ureter was slightly dilated at 0.6 cm and appeared to be strictured approximately 3.0 cm distal from the **right renal** pelvis. There was no significant hydronephrosis noted on the right kidney; however, the right kidney presented cortical collapse at the caudal pole owing to infarct. The right kidney measured 3.05 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 and right adrenal gland measured 0.4 cm each.

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 was noted.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. A hypoechoic nodule was noted in the left cranial liver that measured 0.8 cm. This is most consistent with hyperplasia. 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.

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

- Hydronephrotic left kidney.
- Bilateral ureteral stricture, severe on the left with sublumbar retroperitoneal fluid and inflammation.
- Bladder sand.
- Otherwise, age related abdominal changes with undefined hepatic nodule, likely benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intervention is recommended on at least the left kidney with SUB placement or stent placement to decompress the left kidney is recommended at Animal Medical Center Dr. Berent and Dr. Weisse.



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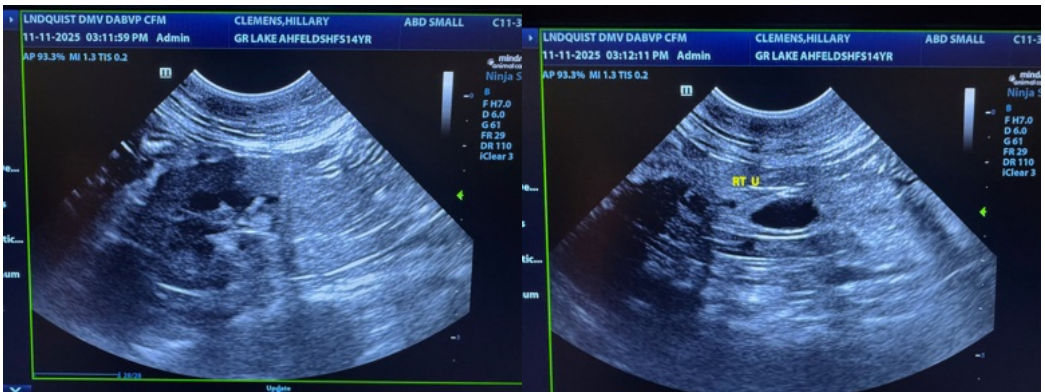
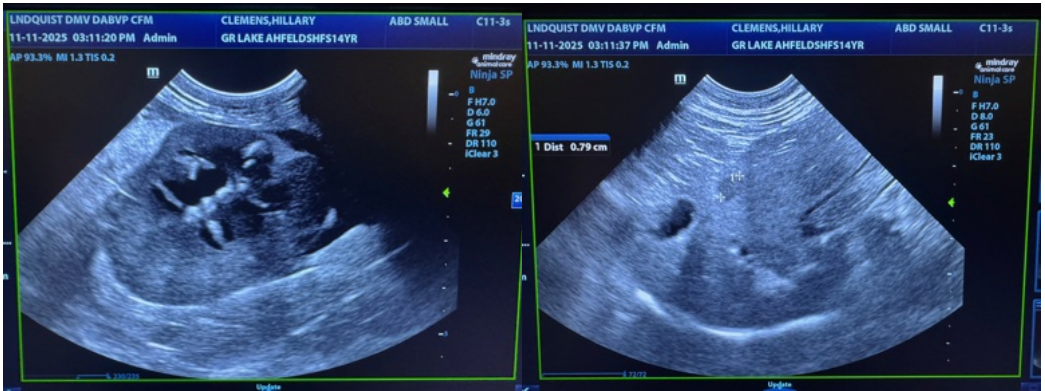
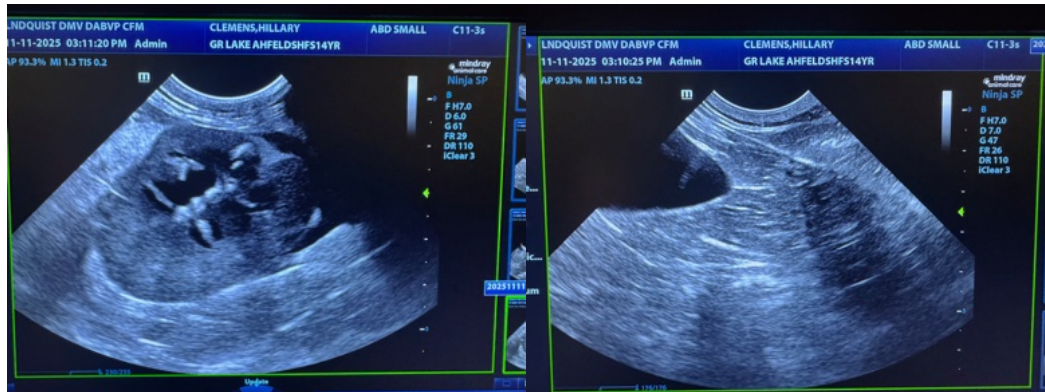
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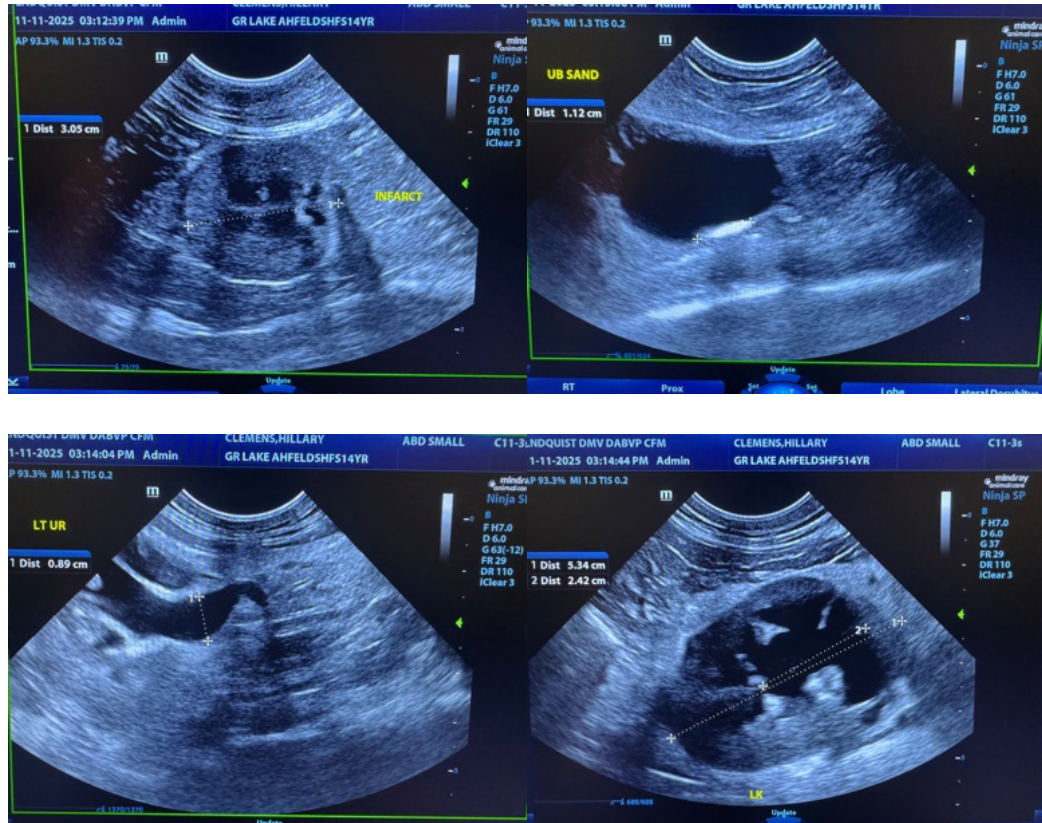
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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