



## PATIENT

Edward Simon

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

6 years

## WEIGHT

13.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Chloe Lowe

## HOSPITAL NAME

Northvale VC

## REFERRING VET

Dr. Simon

## INVOICE

72200

## DATE

3/4/26

## PRESENTING CLINICAL SIGNS

- Recheck from pyelonephritis- started 10/11/25,
- rechecked 12/1/25, then again 1/7/26
- off all antibiotics x1 month
- bloodwork came back normal
- doing great
- Normal 3/3 SDMA 9 , Cre 1.3, BUN 21, all else wnl UA pending

## 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 was noted. Ureteral papillae were normal.

The **kidneys** revealed remodeling, yet no evidence of active inflammation. The changes to the kidneys were mild with normal size and contour with increased cortical echogenicity. The left kidney appeared stable with a stable infarct at the cranial pole. The degenerative changes are similar to the prior sonogram. No pyelectasia was noted. Slight pinpoint mineralization was noted in the right kidney. The left kidney measured 4.2 cm. The right kidney measured 4.33 cm. Blood flow to the kidneys was subnormal.

The iliac trifurcation was unremarkable.

### *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 0.31 cm. The right adrenal gland measured 0.28 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 was noted.

### *Liver*

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of



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normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

The **stomach** revealed shadowing luminal material that is consistent with ingesta +/- hairball accumulation. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

**Pancreas**

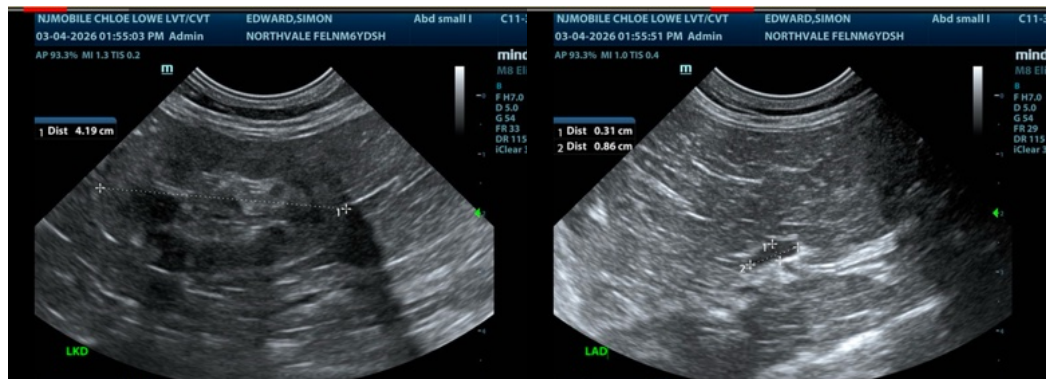
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

Moderate degenerative left kidney with stable infarct.  
Mild degenerative right kidney and slight renal mineralization.  
Hairball density.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Prophylactic hairball management is indicated. I recommend continuation of the current management for the prior insult in this patient.





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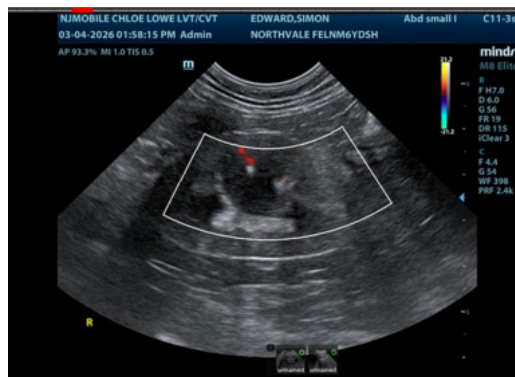
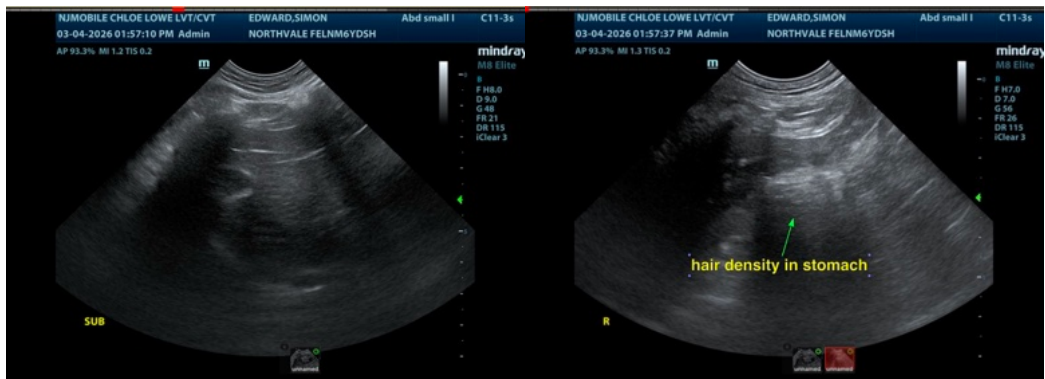
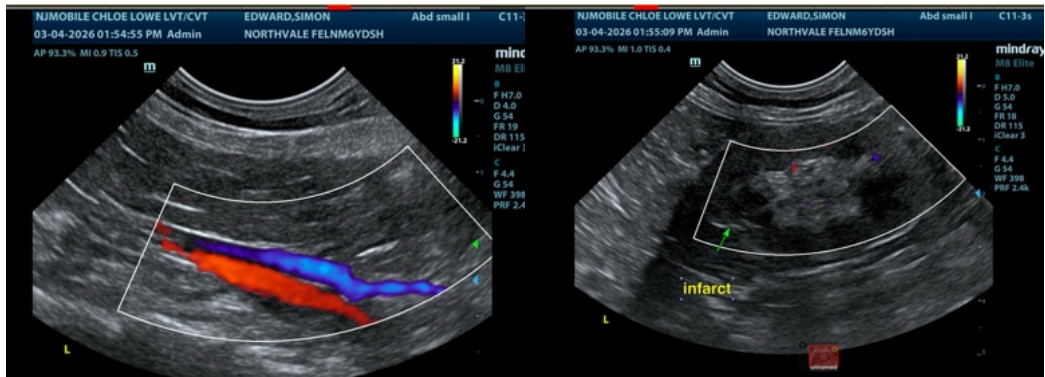
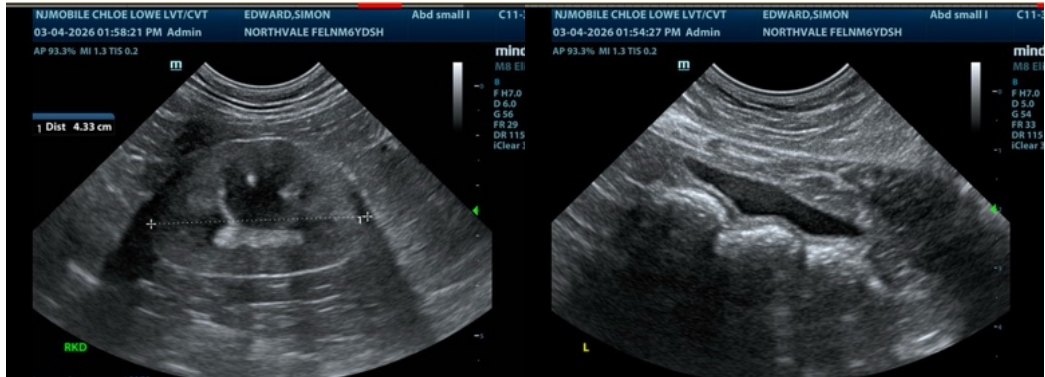
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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