

PATIENT

Pip Sheets

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

12 Years

WEIGHT

9.59

INTERPRETED BY

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

IMAGING PERFORMED BY

Sativa Romero

HOSPITAL NAME

Petroglyph AH

REFERRING VET

Dr. Cassidy Stone

INVOICE

35312

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: Pyelonephritis diagnosed last week. P was hospitalized and sent home. Intermittent appetite
Abnormal PE/Chem/CBC/UA Results: Elevated BUN 41

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 **left kidney** revealed slight irregular contour to the cranial pole and slight pyelectasia. Potential for emerging neoplastic event.

The **right kidney** comprised a mass with loss of structural detail and generalized irregular enlargement. Subcapsular halo was noted around the right kidney. Peripheral inflammation was noted around the right kidney.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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 0.85 cm. Caudal folding of the spleen was noted. A trace amount of free fluid was noted at the splenic fold.

Liver

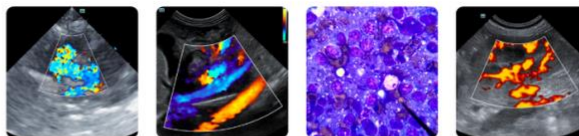
The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume, 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 elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** and pylorus were unremarkable. The pylorus was patent. However, portions of small intestine appeared to be mildly thickened. The colon was unremarkable.

Pancreas

The right **pancreatic** limb was enlarged irregular and hypoechoic with peripheral hyperechoic surrounding fat, consistent with inflammation.



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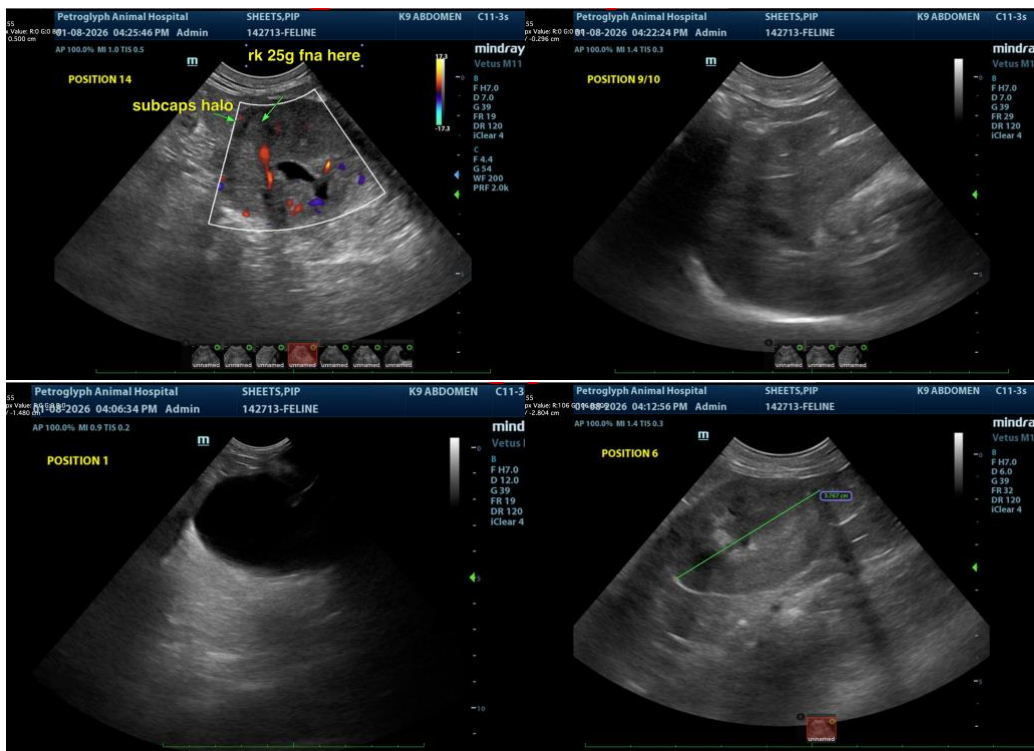
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ULTRASONOGRAPHIC FINDINGS

- Right renal mass- strong concern for lymphoma versus carcinoma
- Potential left renal involvement
- Minor intestinal thickening
- Concurrent pancreatitis
- Caudal folding of the spleen
- Trace amount of free fluid at the splenic fold
- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the right renal presentation, I'm concerned for multicentric round cell neoplasia/lymphoma. Ultrasound guided 25-gauge of the right renal mass +/- left kidney would be ideal for staging. Otherwise, direct exploratory with right renal nephrectomy and intestinal biopsies could be considered. Prognosis is guarded to poor. There is a possibility this is a severe pyelonephritis with secondary pancreatitis, however, neoplastic criteria is present in the right kidney. Sampling is strongly recommended, or direct right nephrectomy. Given the regional inflammation, escape of a neoplastic process into the retroperitoneal space is a potential.





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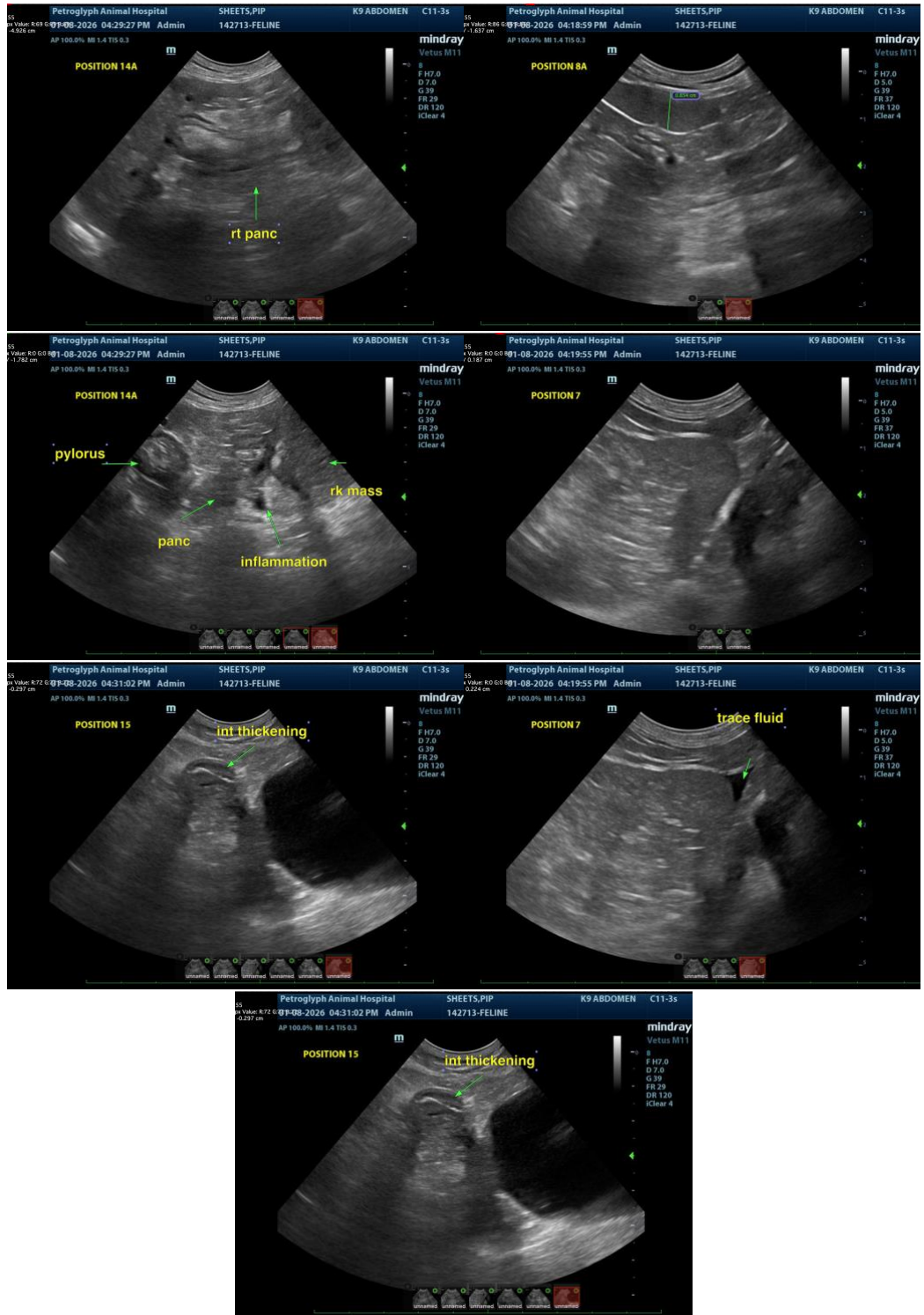
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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