



PATIENT

Clio Haines

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

8.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dyer

HOSPITAL NAME

Countryside VC
Richmond

REFERRING VET

Dr. Dyer

INVOICE

70140

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: Long standing hx of recurrent vomiting, 2-3x/week and intermittent weight loss. No other recent symptoms Prior hx of hypert4 disease, tx w/ l-131 in 6/2025, t4 has since been wnl. Steady weight gain since 131 therapy.

Abnormal PE/Chem/CBC/UA Results: Chem17 on 11/2025 was nearly wnl, with a T4 of 1.3, and a mild alt elevated at 192 (normal 12-130) Initial thyroid level 6/2025 was 8.5

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 2.0 cm beyond the cystourethral junction and appeared normal. 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 iliac trifurcation was unremarkable.

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.5 cm. The right kidney measured 3.5 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 0.4 cm. The right adrenal gland measured 0.4 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 normal volume with no evidence of congestion. The gallbladder wall was slightly echogenic and not pathological. The common bile duct measured 0.2 cm.



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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. The gastrointestinal tract revealed diffuse thickening with muscularis hypertrophy and increased submucosal echogenicity and thickness without overt loss of mural detail. Regional lymph nodes were slightly enlarged, hypoechoic, somewhat rounded and measured up to 0.8 cm. Reactive mesentery was noted associated with the mesenteric lymph nodes and distal intestinal tract.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

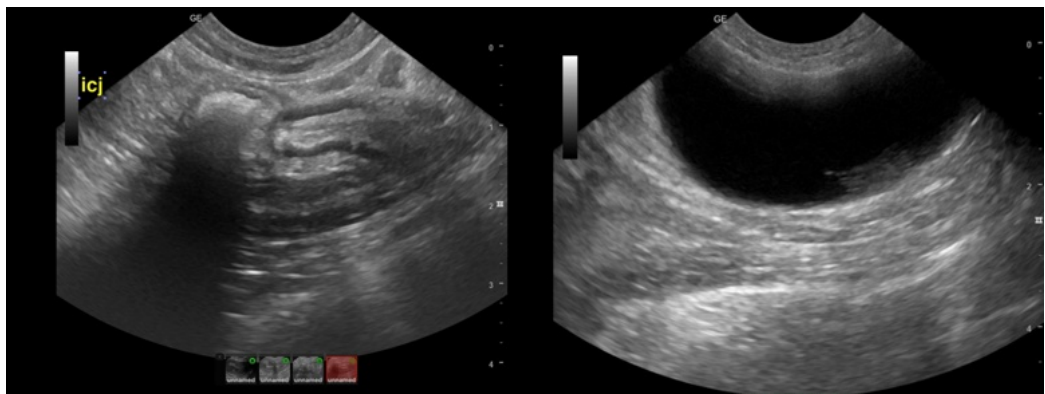
Chronic IBD GI pattern.

Lymphadenitis.

Chronic active pancreatitis. Potential low grade pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness GI biopsies would be ideal in this patient. I cannot rule out a preneoplastic state, yet no overt neoplastic criteria was present at the time of the sonogram. Empirical management for inflammatory bowel, parasites, food intolerance and pancreatitis is recommended.





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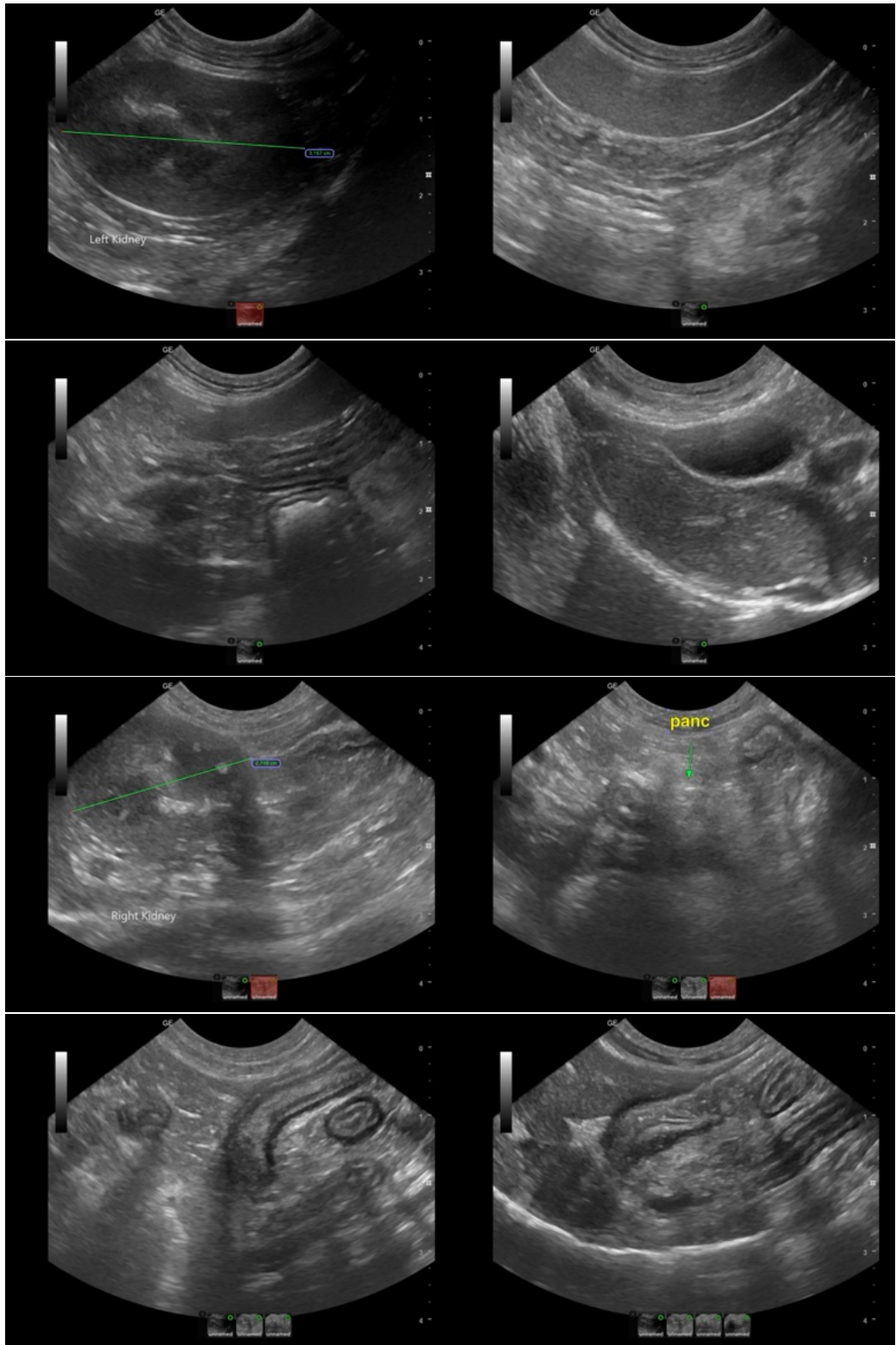
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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