



PATIENT

Hex Halverson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

4 Years

WEIGHT

4.08 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Clinton Wayland

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Clinton Wayland

INVOICE

72253

DATE

1/16/26

PRESENTING CLINICAL SIGNS

Has not eaten for almost two weeks. Seen here on Sunday. Went to rDVM on Tuesday and they did bloodwork and xrays. Told O that there is something/fecal matter in her colon and that it should be on it's way out. Pt has started hiding.

Abnormal PE/Chem/CBC/UA Results: Labs showed elevated ALT (470) and GGT (18), and radiographs showed possible foreign material in the colon but no obstructive pattern. The physical exam revealed the patient to be mildly to moderately dehydrated. Abdominal palpation was significant for firm, ropey intestines. The colon was empty, with no stool palpated. The remainder of the physical exam was otherwise unremarkable.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Left kidney measured 3.6 cm. Right kidney measured 3.6 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.

Liver

The **liver** was diffusely hyperechoic to falciform fat. The gallbladder and common bile duct 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.



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Pancreas

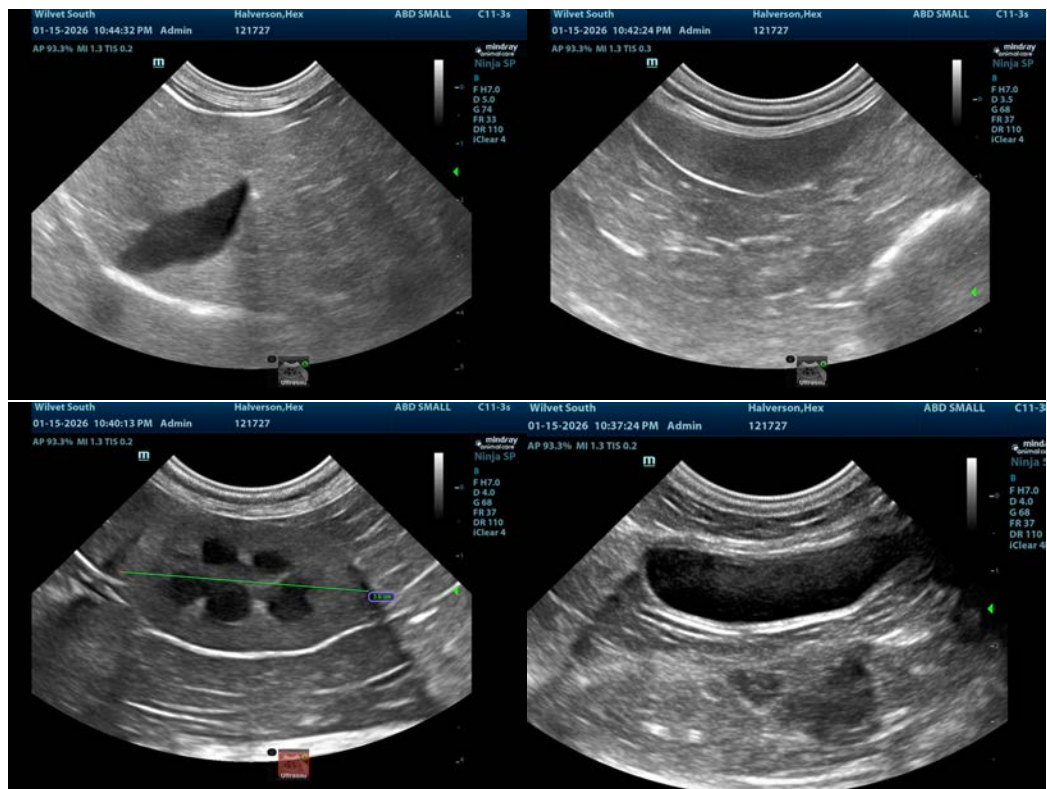
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatic lipidosis liver pattern, unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and 25-gauge FNA indicated to confirm suspicion of lipidosis but also assess for any underlying inflammatory cell type. Bile acid profile indicated. Other causes of the hyporexia such as pain related disease, CNS or thoracic disease should all be considered.





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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,
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