



PATIENT

Baby Girl Corr

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

7.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Melissa Rosen

HOSPITAL NAME

South Bellmore VG

REFERRING VET

Dr. Franko

INVOICE

70840

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- History on 1/20: QAR, eating very minimal, possibly not eating at all last few days. Seems thinner. Multiple cats at home and Baby Girl hides a lot so it is difficult to assess. No diarrhea or vomited noted in the litter box or around the house. Historically healthy. No c/s u/d fine. Baby girl is an indoor cat but other cat at home does go outside. Started on meds yesterday and did eat 2x since then, fasted for u/s, meds: doxycycline orally, prednisolone orally, mirtaz transdermal.
- Chem17,CBC: Hct: 22.2% retic 98.4 K/uL plt 101 k/uL ALT: 482 U/L ALP: 314 U/L Tbil 1.5 mg/dL UA: pending T4- 1.4 ug/dL fiv/felv test- declined dehydrated, icteric mm

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Corticomedullary and pelvic calculi were noted in the left kidney measuring up to 0.5 cm. The right kidney revealed pinpoint calculi that were non-obstructive. The left kidney measured 3.2 cm. The right kidney measured 3.8 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.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. The spleen measured 0.5 cm.

Liver

The **liver** was diffusely hyperechoic to the falciform fat. The gallbladder and common bile duct were unremarkable. There was no evidence of post hepatic obstruction.



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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.

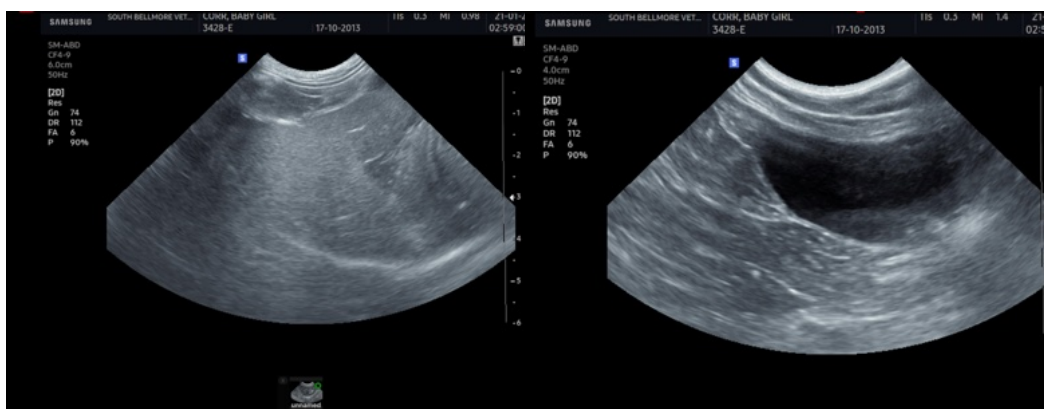
ULTRASONOGRAPHIC FINDINGS

Non-obstructive nephrolithiasis.

Hepatic lipidosis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of anemia is unclear. I cannot rule out underlying neoplasia. Coagulation panel and 25-gauge FNA of the liver is indicated. CBC path review, +/- bone marrow aspirate is indicated to assess for causes of anemia.





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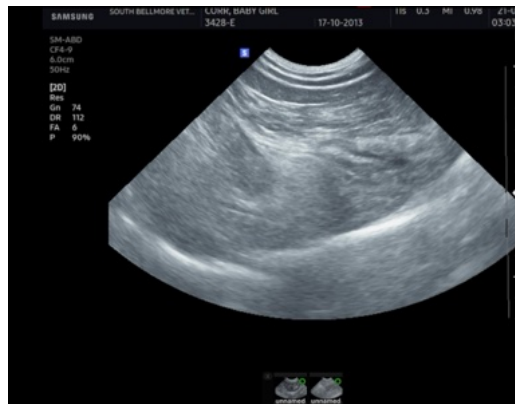
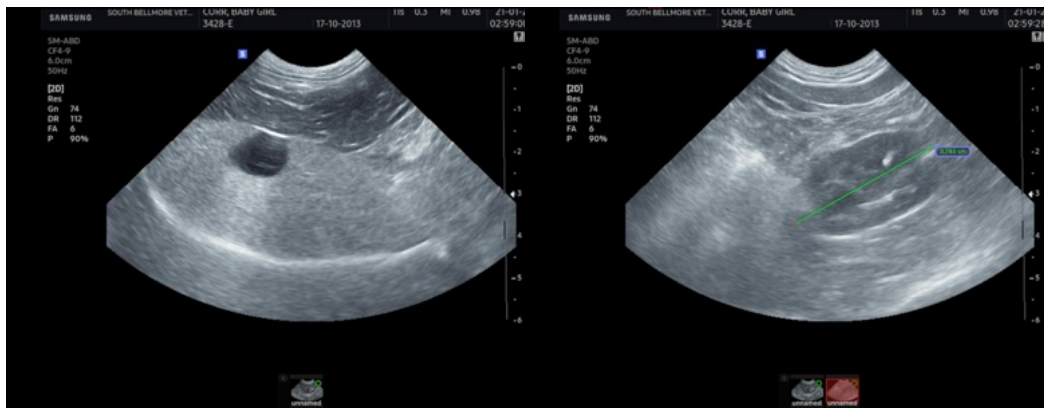
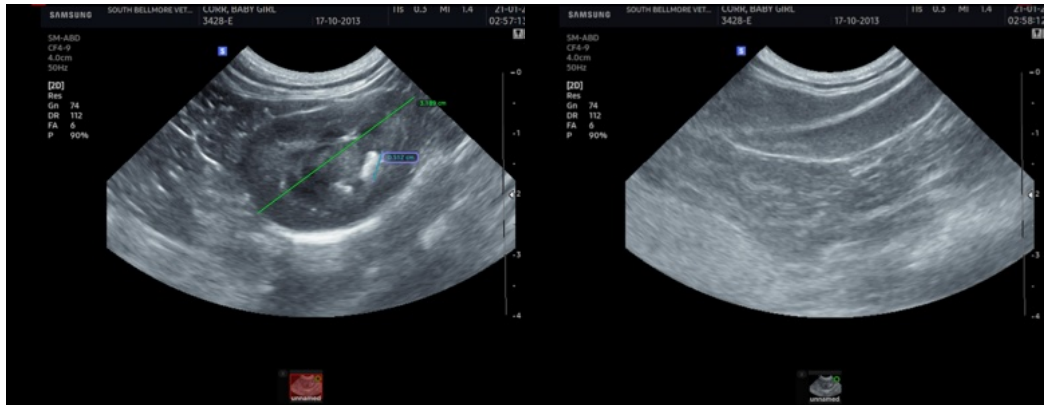
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com