



## PATIENT

Max Matthews

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

11 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Christina CVT

## HOSPITAL NAME

Animal Health  
Veterinary Clinic

## REFERRING VET

Dr. Rodriguez

## INVOICE

13305

## DATE

01/22/26

## PRESENTING CLINICAL SIGNS

- P had quick scan ultrasound 11/2025 and thickened jejunum was found, concern for IBD vs emerging Lymphoma, O declined referral to specialist so empirical treatment done with Prednisolone.
- P presented 1/20/26 for not eating and losing weight, no V/D, still on Pred, gave SQ fluids, Cerenia, B12, Pen G and Mirtazapine
- UA done in house today and positive for ketones (50) and Glucose (500)

Abnormal PE/Chem/CBC/UA Results: 1/20/26 - HCT - 26.7%, WBC - 21.8, Glucose - 305, Creat - 0.5, K- 3.4, Cl - 110 Fructosamine - 466, Antech Glucose - 288

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and slight pinpoint mineralizations. The left kidney measured 4.5 cm in length. The right kidney measured 4.0 cm in length.

### Adrenal Glands

The **left adrenal gland** was 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 0.33 cm width.

The **right adrenal gland** was not visualized.

### 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** revealed diffusely hyperechoic to falciform fat consistent with early lipodosis, however, not likely a clinical issue given the lack of liver enzyme elevations.

The gallbladder was duplicated. Both lobes of the gallbladder appeared to be nearly empty with a minor amount of debris.



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## Gastrointestinal

The **stomach** revealed progressively shadowing luminal material consistent of a likely hairball accumulation. The small intestine and colon were unremarkable.

## Pancreas

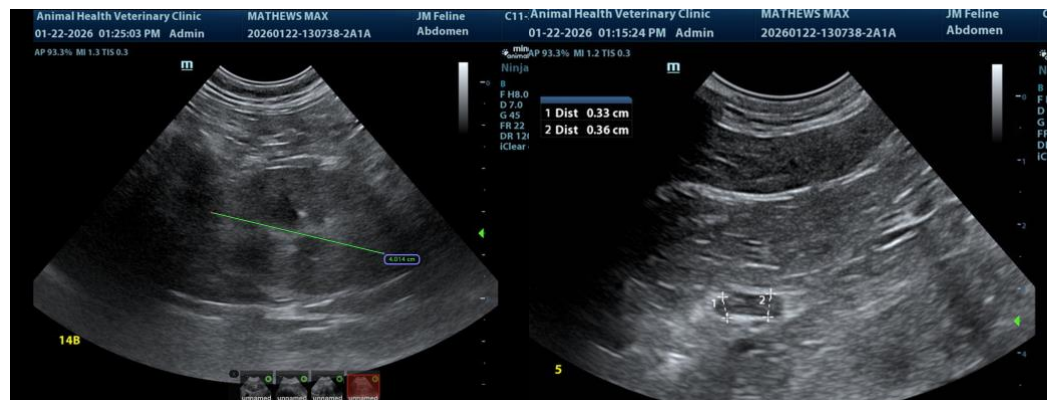
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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

- Hairball density in the stomach.
- Mild hepatic lipidosis pattern.
- Mild age-related renal changes with slight pinpoint mineralization.
- Age-related pancreatic changes.
- Duplicated gallbladder.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no structural evidence of inflammation in this patient, however, the anorexia may be caused by the underlying presumed hairball/trichobezoar in the stomach. The cause of the weight loss was not evident. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. The prednisone may be suppressing a more significant presentation.





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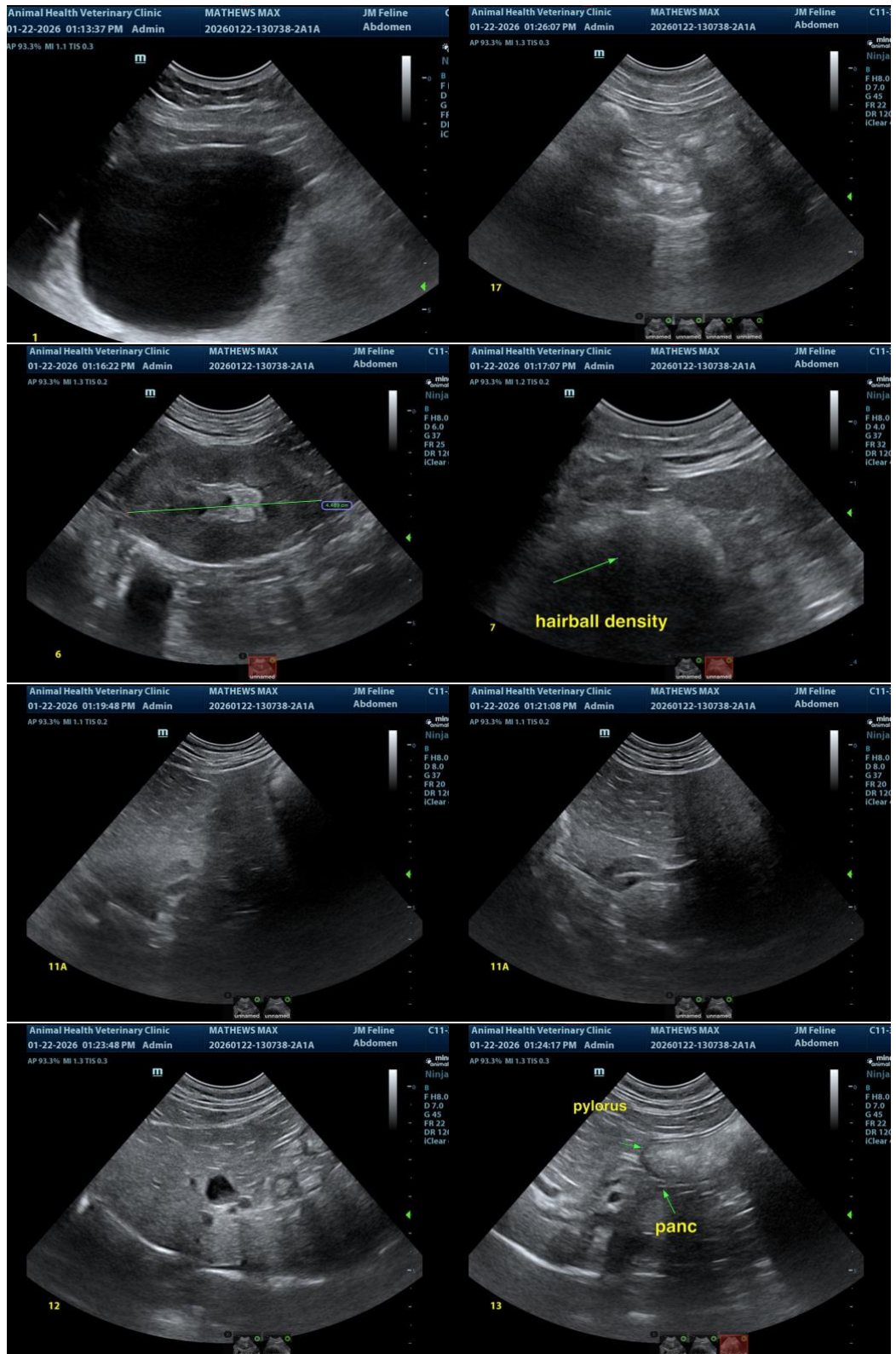
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

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