



PATIENT

Charlie Olds

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16

WEIGHT

10.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kathleen Laux

HOSPITAL NAME

Rondout Valley
Veterinary Associates

REFERRING VET

Dr. Jesse Page

INVOICE

72640

DATE

1/30/26

PRESENTING CLINICAL SIGNS

Vomiting after eating 4-5 hrs later for the past 4-5 days

Abnormal PE/Chem/CBC/UA Results: Pending

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 **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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Right kidney measured 4.1 cm. Left kidney measured 4.0 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. Left measured 0.31 cm. Right measured 0.25 cm.

Spleen

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

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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** was overdistended with fluid, with multifocal areas of dense shadowing material up to 1.3 cm. The pylorus appeared to be patent. Some soft shadowing luminal material noted in the pylorus. Some transit of chyme into the small intestine appeared to be occurring. 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 parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed.



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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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

- Retention of ingesta or soft shadowing foreign matter in the stomach with delayed outflow pattern.
- Age related renal, hepatic and pancreatic changes.
- Volume contracted spleen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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If the patient was not NPO at the time of the sonogram, recheck sonogram at complete NPO status indicated. The structures in the stomach measure up to 1.3 cm and should be paired with feeding history. Medical management with canned feedings warranted +/- recheck sonogram. Structurally, the GI tract is unremarkable with normal peristalsis. No evidence of mural disease noted.

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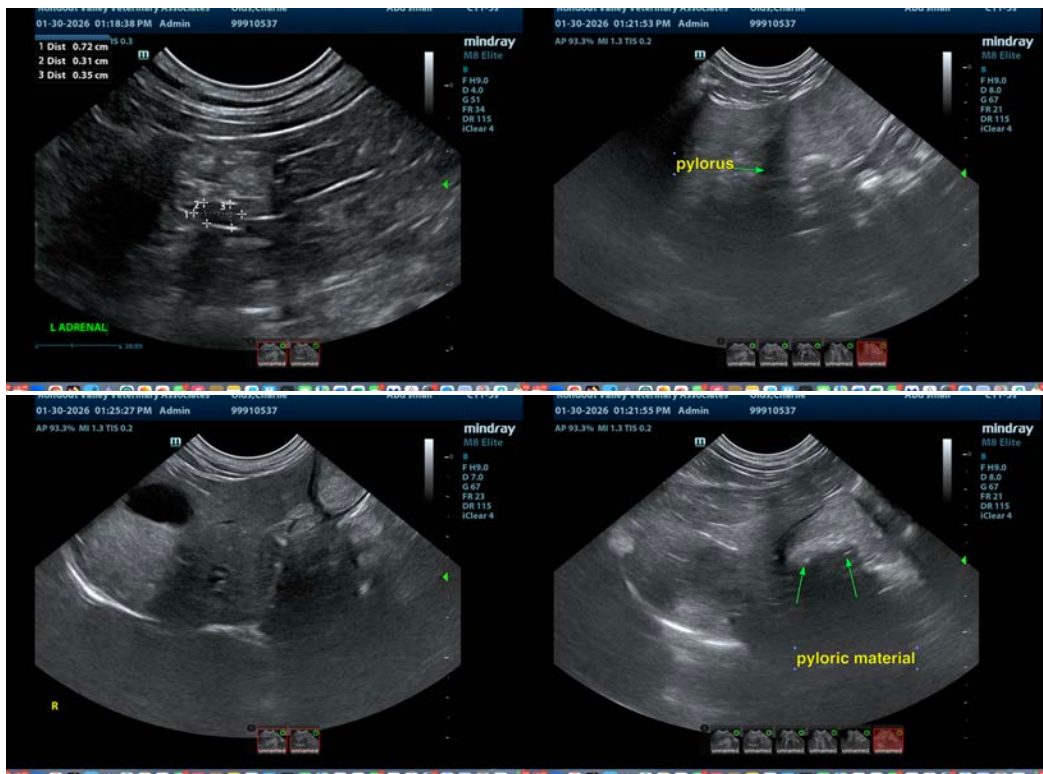
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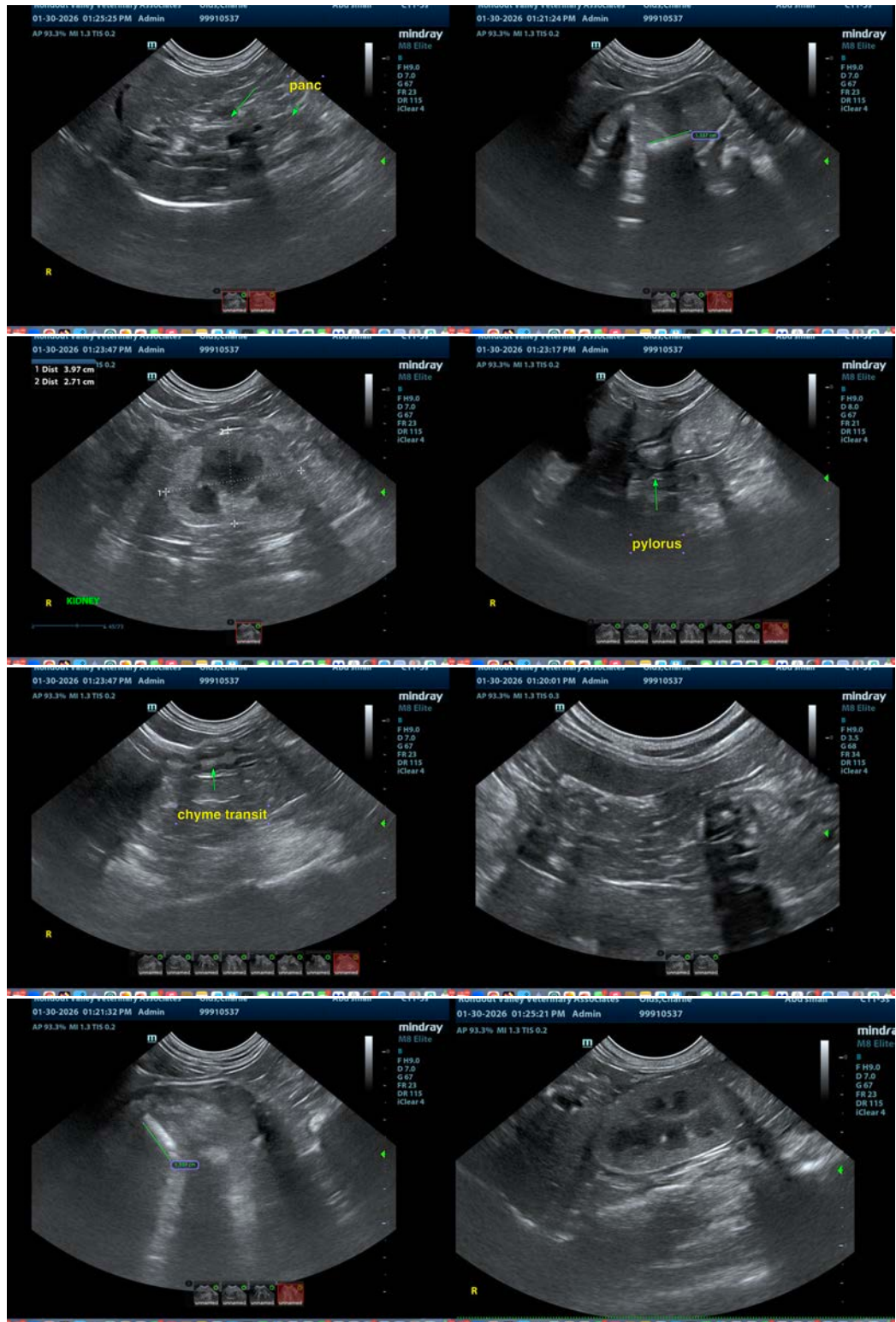
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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