



PATIENT

Mouse Vanderwater

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

10 Years

WEIGHT

11.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mark Schlinggen

HOSPITAL NAME

Sherwood Family Pet
Clinic

REFERRING VET

Dr. Mark Schlinggen

INVOICE

13470

DATE

01/30/26

PRESENTING CLINICAL SIGNS

- 4d hx vomiting. Initially bits of fake pine needles off Xmas tree, then food, now just bile, decreased appetite, only ate a tbs of food ~18 hrs ago, decreased thirst and decreased urination, last bm 48+ hrs ago, indoor only, chews on plastic but none recently known, no plants or other FB known, hx of elevated liver values and pancreatitis at time of pyometra 1 yr ago

Abnormal PE/Chem/CBC/UA Results: exam, fractious, sedated for exam with DKT. moderate dehydration. slightly doughy abdomen on palpation (also overweight). normal vitals. normal CBC/Chem/fPLI today. UA unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra to a depth of 1.0 cm were unremarkable for the level of repletion presented. The urine, however, did present some moderately echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Slight pyelectasia (0.30 cm) and echogenic debris were present. The left kidney measured 3.3 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.1 cm width and was folded upon itself caudally.

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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

The **stomach** was fluid filled with echogenic material/chyme. The pylorus appeared patent. The small intestine and colon were unremarkable.

Pancreas

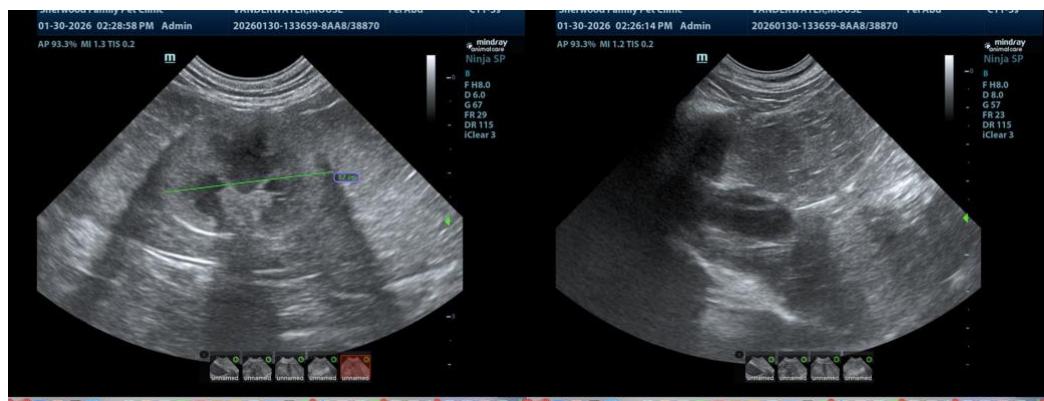
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain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

- Gastric ileus with suspended nonobstructive debris.
- Moderate chronic renal changes with slight pyelectasia- potential pyelonephritis depending upon urinalysis findings.
- Age-related abdominal changes.
- Folded spleen with scalloping contour.
- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Iv fluid support, full urinary work up and GI protectants are all indicated. If clinical signs persist, recheck sonogram is warranted. There is no overt evidence of obstructive disease. Supportive medical care should prove effective with a focus on assessment of urinary tract for potential UTI/pyelonephritis.





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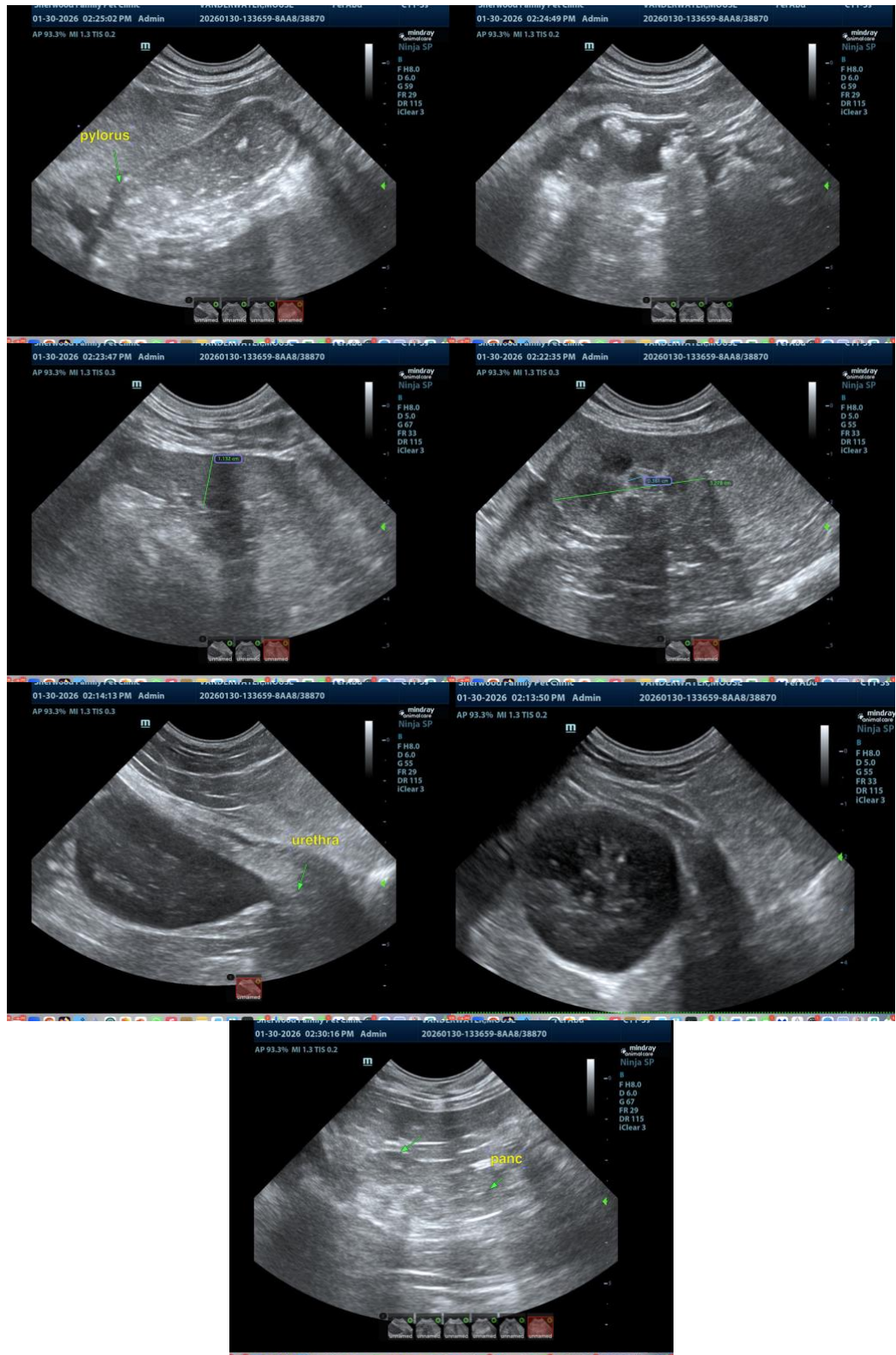
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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