



## PATIENT

Patchespuma  
Biezewski

## SPECIES

Feline

## BREED

Maine Coon

## SEX

Spayed female

## AGE

1 years

## WEIGHT

13.41 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Heather Platzer

## HOSPITAL NAME

Hershire AH

## REFERRING VET

Dr. Bohling

## INVOICE

71097

## DATE

1/30/26

## PRESENTING CLINICAL SIGNS

- Patient's appetite has been decreasing over past few weeks/month. Patient was only eating a few bites of wet food, clients have dry food out at all times but have multiple cats- so unsure if patient eating dry. Patient no longer interested in treats, etc. Patient is having loose stool. Patient has lost weight. Patient is not vomiting. Patient is not as playful as usual.
- Fecal Keyscreen: Undetected
- Bloodwork on 1/16/26 - CBC: WNL, CHEM: GGT increased 8, Pancreatic Lipase: 0.7 - WNL

## 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 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. The left kidney measured 4.2 cm. The right kidney measured

### 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. The right adrenal gland measured 0.4 cm and the left adrenal gland measured 0.35 cm.

### 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 was noted.

### 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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

The **stomach** was filled with progressively shadowing luminal material. A hairball type density was noted. Transit of chyme appeared to be occurring in the small intestine. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

**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.

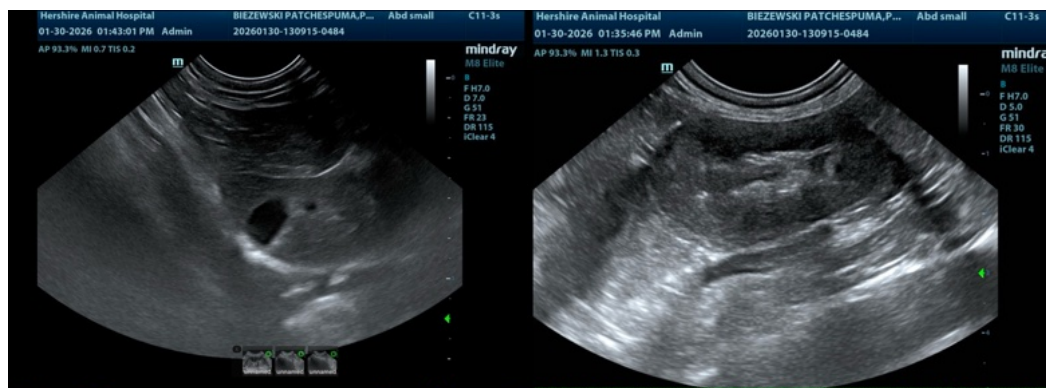
**ULTRASONOGRAPHIC FINDINGS**

Hairball density in the stomach. Soft foreign matter in the stomach is a potential.

Otherwise, unremarkable abdomen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming the patient was n.p.o. at the time of the sonogram, soft luminal foreign matter is suspected. If it is confirmed that the patient was n.p.o. at the time of the sonogram then direct, gastrotomy and evacuation of the stomach with GI biopsies would be indicated.





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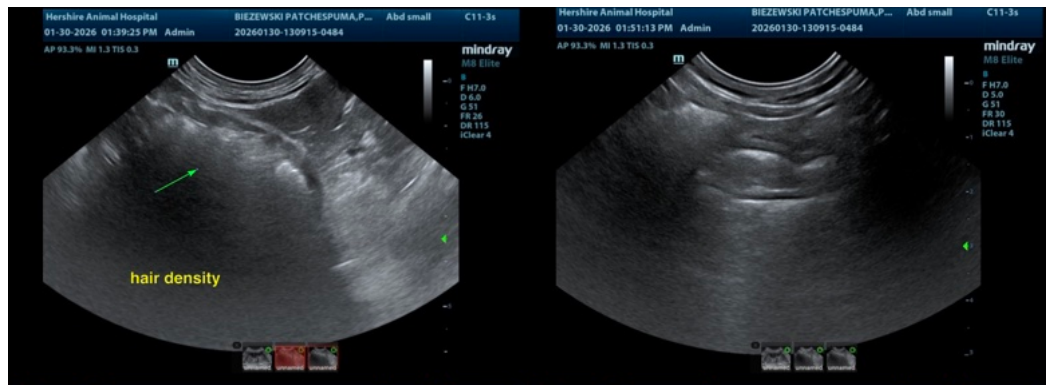
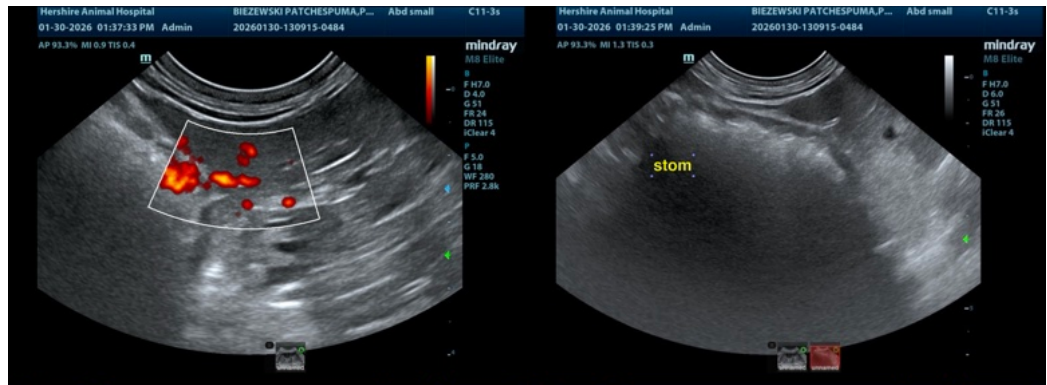
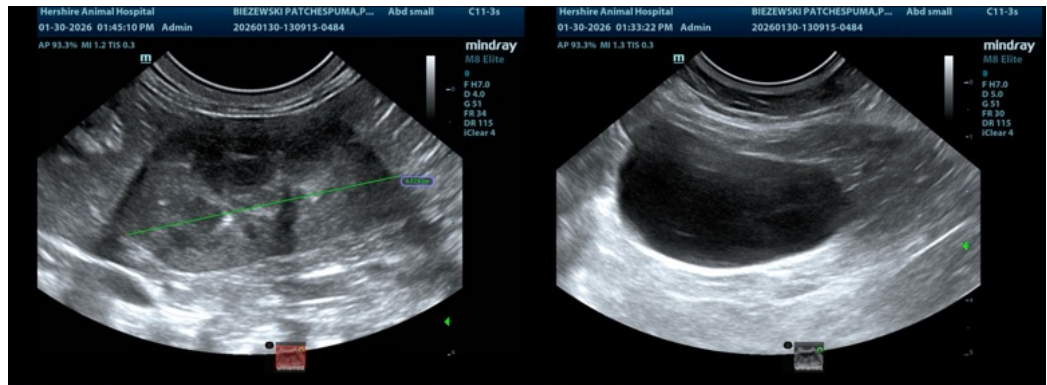
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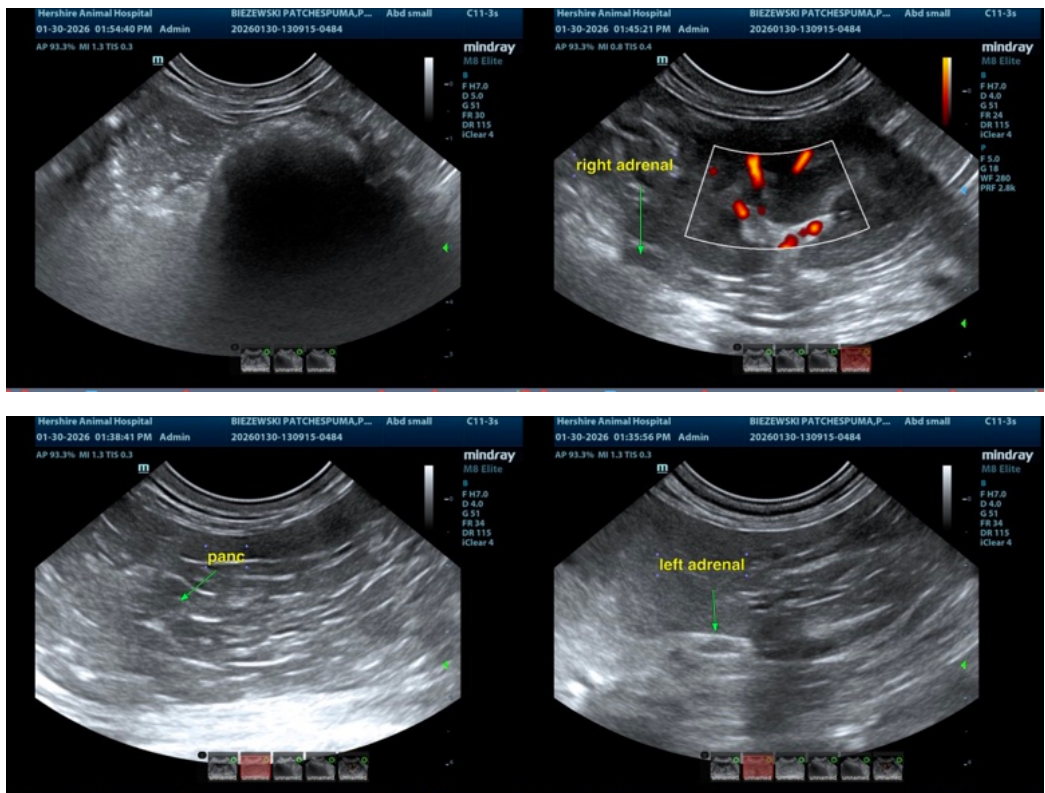
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)