



## PATIENT

Dusty Stamp

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

7 years

## WEIGHT

9.3 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Nikki Kollman, RVT

## HOSPITAL NAME

Airpark AH

## REFERRING VET

Dr. Hawkesworth

## INVOICE

69806

## DATE

1/5/26

## PRESENTING CLINICAL SIGNS

History: Presented on 12/9 for lethargy. CBC/ Chem sent out all WNL. Normal thyroid and ProBNP. Negative FeLV and FIV test. Returned on 12/30 for not getting better, decreased urination, vomiting white film, and excessive drooling in the car that is not typical. Urinary bladder small. Urine obtained and WNL. Radiographs performed today (1/5) showed some gas and normal ingesta in the small intestines and descending colon. Normal shape and size of kidneys, moderate urinary bladder, normal heart and lungs and liver. No abnormalities detected.

## 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 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. The left kidney measured 4.15 cm. The right kidney measured 3.8 cm.

### Adrenal Glands

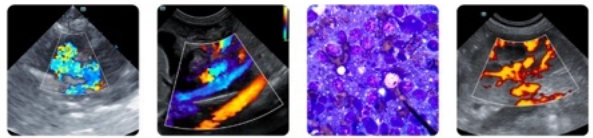
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.3 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



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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

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A portion of jejunum appeared to be thickened with surrounding steatitis pattern. The intestine in that position measured 0.5 cm and appeared to be jejunal. Reactive mesenteric lymph nodes were also noted and measured up to 1.0 cm.

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## Pancreas

## AGE

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The **pancreas** revealed subtle heterogenous parenchymal changes.

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9.3 lbs

## ULTRASONOGRAPHIC FINDINGS

Steatitis and enteritis pattern in the distal small intestine.

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain in the region of the pancreas.

Management for enteritis, lymphadenitis with enrofloxacin and Clindamycin combination as well as hydrolyzed diet are all indicated. Prognosis is guarded.

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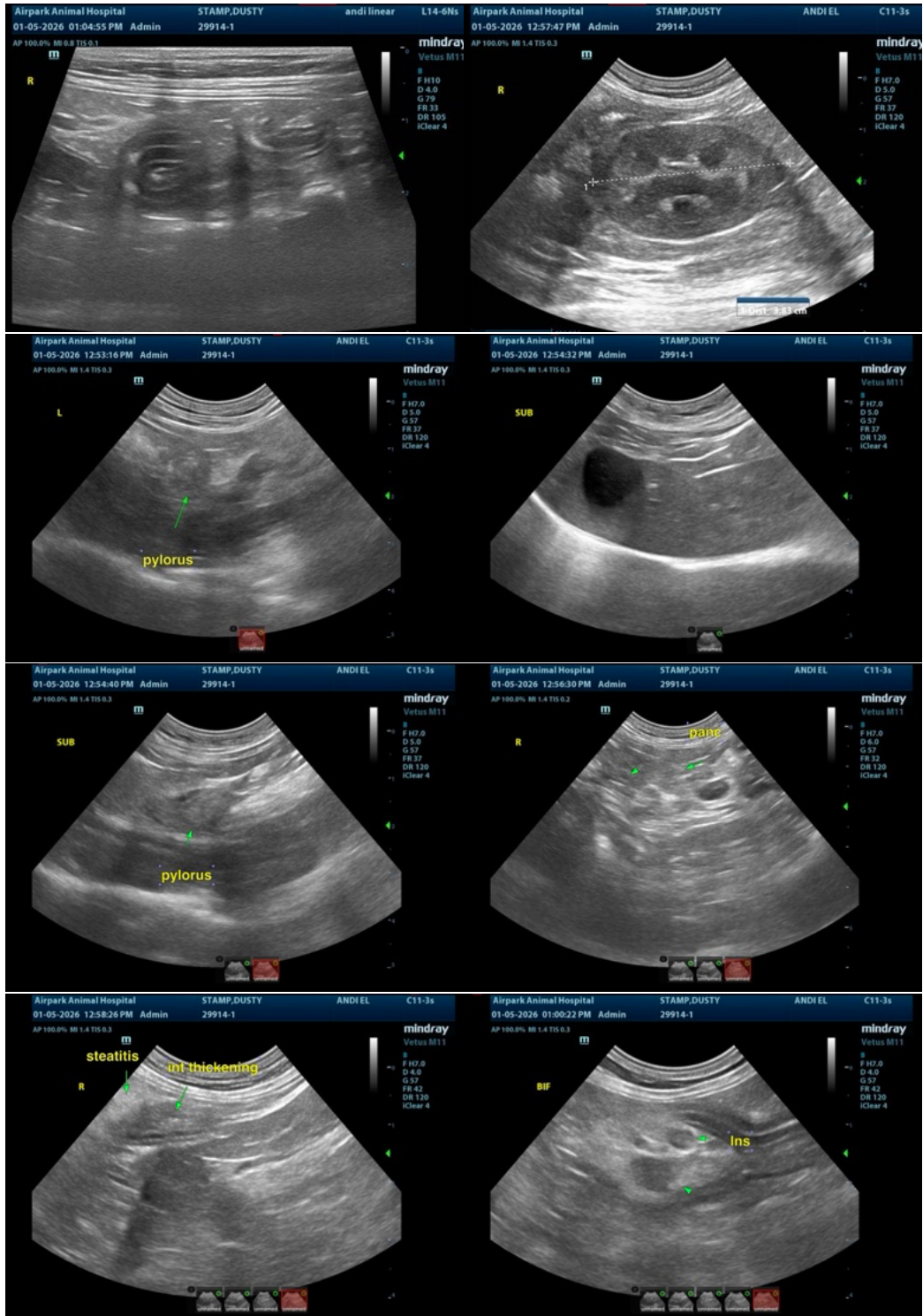
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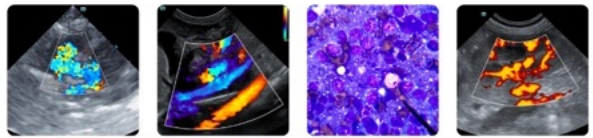
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)