



PATIENT

Mimi Vorech

SPECIES

Feline

BREED

Siamese

SEX

Spayed female

AGE

14 years

WEIGHT

11.25 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jaime Uren

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Uren

INVOICE

69781

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Ultrasound to investigate abnormalities noted on bloodwork (elevated ALP and spec fPL) about 1 month after I-131 therapy for hyperthyroidism. Pt has also been having decreased defecation frequency and sitting longer (r/o straining) to defecate. On exam, small amount of firm feces in colon. Pt is on transdermal prednisolone (5 mg q48hr if O is able to catch the cat to administer) for suspected IBD. Pt does have normal appetite, no anorexia noted. Labwork abnormalities 12/26/25: creatinine 1.6, potassium 5.3 high, TCO2 23 high, ALP 80 high, TGs 1,256 high, spec fPL: 5.0, T4: 2.4 wnl
Abnormal PE/Chem/CBC/UA Results: 12/26/25: creatinine 1.6, potassium 5.3 high, TCO2 23 high, ALP 80 high, TGs 1,256 high, spec fPL: 5.0, T4: 2.4 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 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. Slight renal mineralization was noted. The right kidney measured 3.83 cm. The left kidney measured 3.9 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.

Spleen

The **spleen** was mildly enlarged with slight scalloping contour. The spleen measured 1.26 cm in width. This may be normal if the patient was sedated; however, screening FNA is indicated.

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,



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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 **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as 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

Geriatric abdomen.

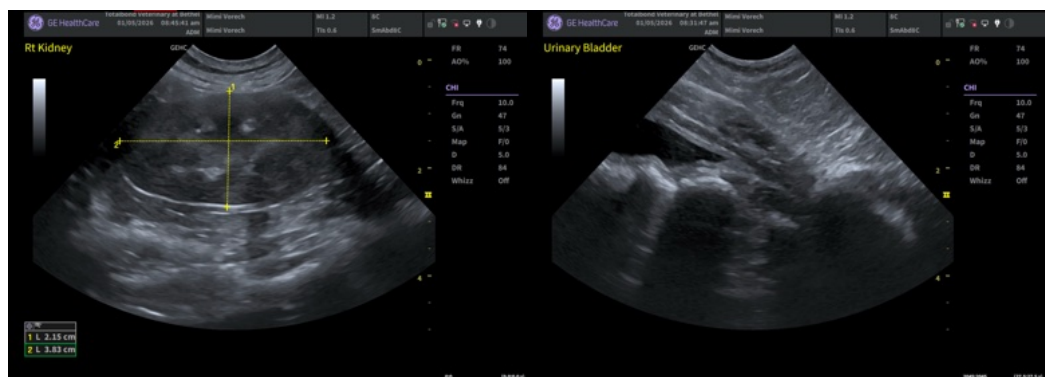
Slight renal mineralization.

Minor intestinal thickening.

Slight splenic enlargement. Differentials include sedation, reactive spleen or emerging round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver can be considered given the liver enzyme elevations, yet structurally appears benign. Screening FNA of the spleen could be considered. There was no overt evidence of pancreatic inflammation noted at the time of the sonogram.





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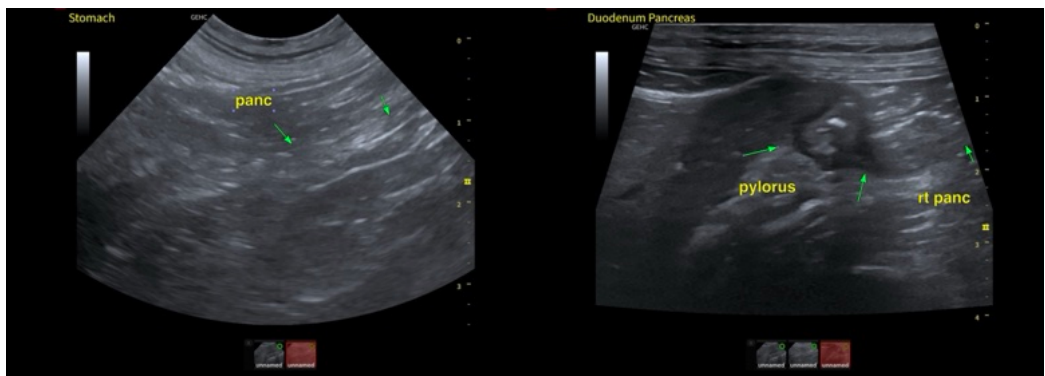
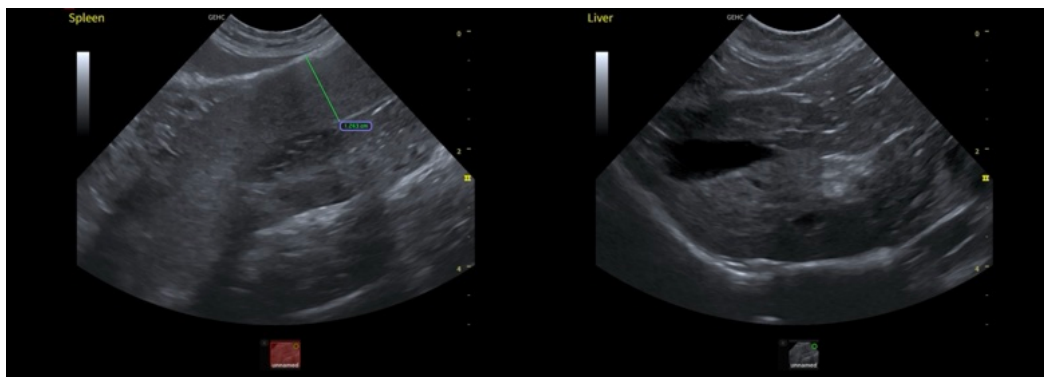
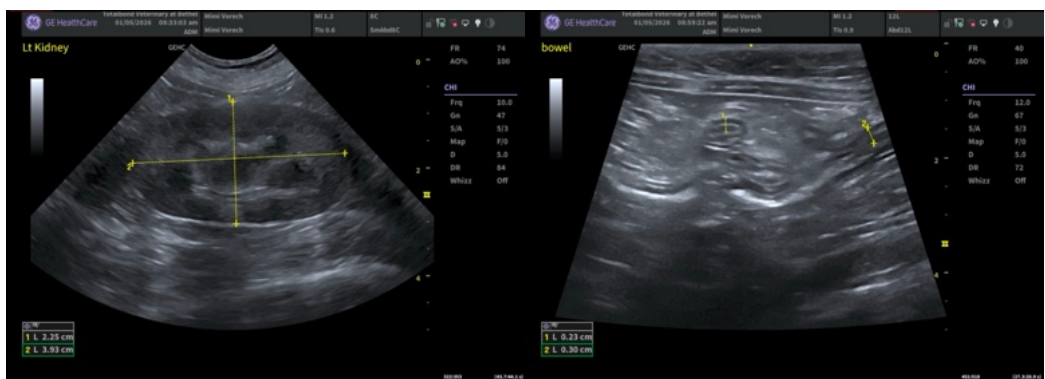
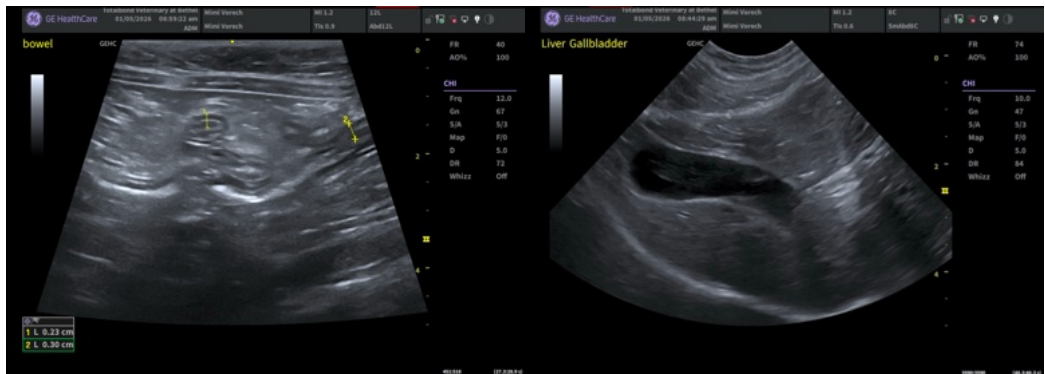
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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info@SonoPath.com

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