



## PATIENT

Sweet Pea Lindahl

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

9.3 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Michael  
Wasserman

## HOSPITAL NAME

Morningside Animal  
Hospital

## REFERRING VET

Dr. Kellie Lindahl

## INVOICE

72990

## DATE

1/6/26

## PRESENTING CLINICAL SIGNS

Acute history of slight inappetence, waxing and waning. Patient has been seen vomiting once every few weeks. Today, improved without treatment. 4 other cats present in the house. Housemates are asymptomatic.

Abnormal PE/Chem/CBC/UA Results: CBC, Chem 17 w/Lytes, t4: no clinically significant findings. All within normal ranges 12/30/25.

## 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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Right kidney measured 3.6 cm. Left kidney measure 3.58 cm with slight pyelectasia noted.

### 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 0.27 cm. Right measured 0.35 cm.

### Spleen

The **spleen** was mildly enlarged (1.02 cm) 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. A slight hyperechoic nodule was noted measuring 0.50 cm, subjectively benign.

### 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 wall was mildly echogenic. 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.



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## Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

## Pancreas

The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery, primarily in the right base.

## Free Abdomen

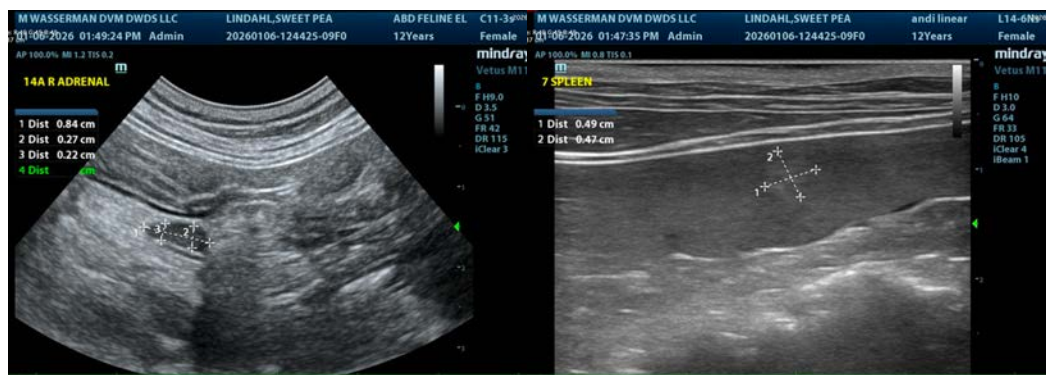
Reactive mesentery noted in the mid abdomen.

## ULTRASONOGRAPHIC FINDINGS

- Cholangitis liver pattern.
- Scalloping spleen.
- Suspect chronic active pancreatitis in the right base.
- IBD GI pattern with reactive mesentery.
- Age related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Underlying infectious agents should be ruled out. No evidence of neoplasia. Bartonella and toxoplasmosis titers indicated. Management for inflammatory bowel and pancreatitis with broad-spectrum antibiotics +/- Prednisolone trial may be appropriate. Pain management indicated. Hydrolyzed diet indicated. I cannot rule out a pre-neoplastic state. Ultrasound guided FNA of the spleen with cytology and culture could be considered. If liver enzymes elevate, FNA of the liver could also be justified.





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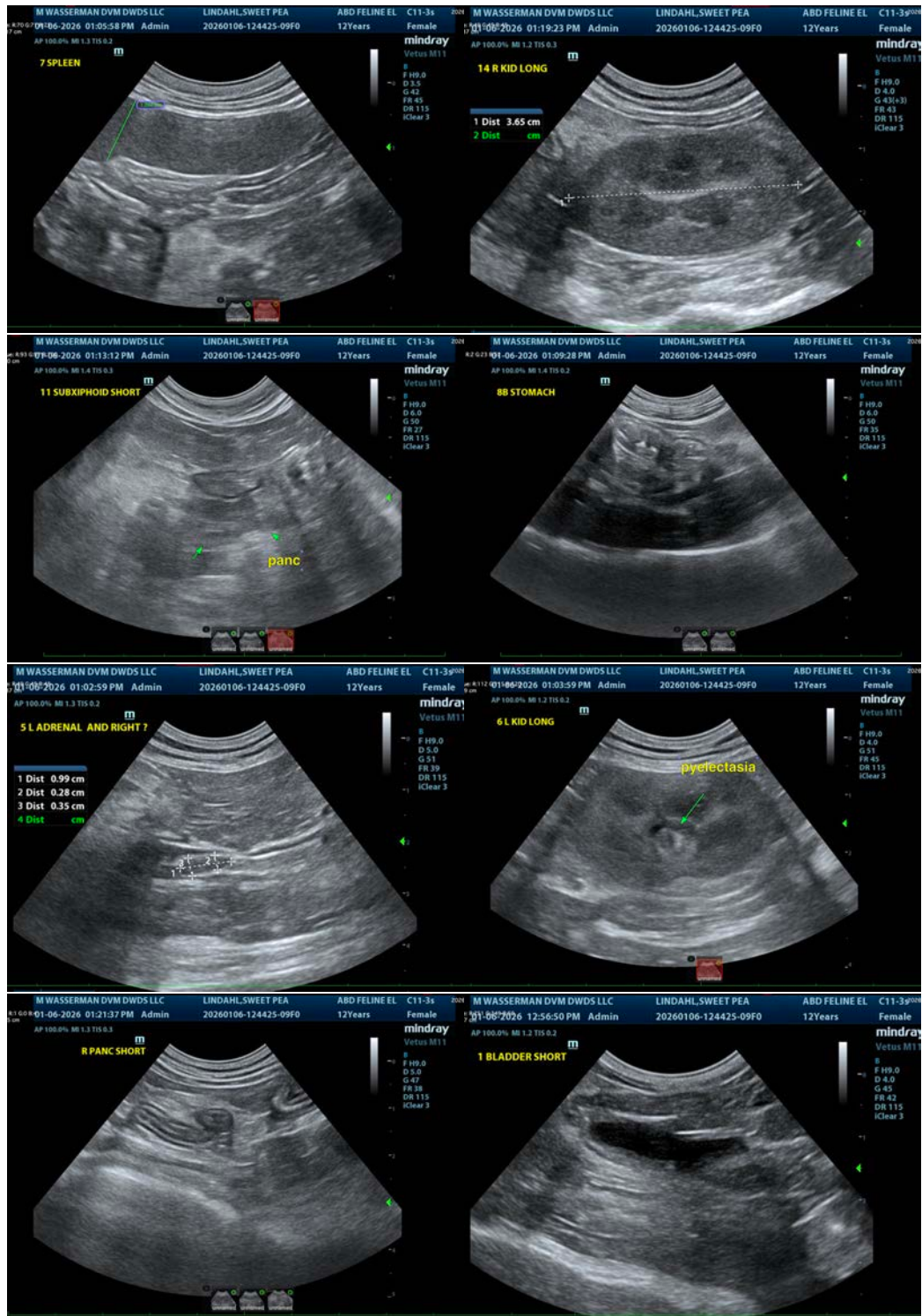
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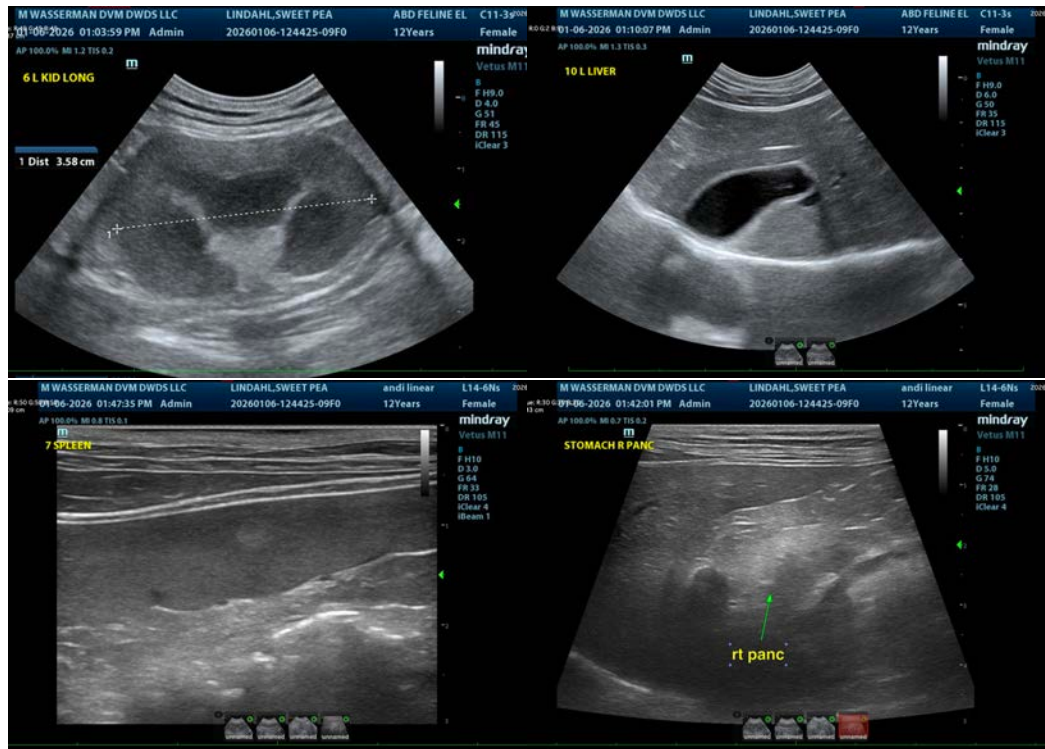
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)