

PATIENT

Delilah Mae

PRESENTING CLINICAL SIGNS

None given.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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.

SEX

Spayed Female

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 and no evidence of pelvic dilation was present. Left kidney measures 4.0 cm and the right kidney measures 4.0 cm.

AGE

16 years 5 months

Adrenal Glands

WEIGHT

3.31 kgs

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 adrenal measures 0.4 cm. Right adrenal measures 0.5 cm.

INTERPRETED BY

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

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 were noted.

IMAGING PERFORMED BY

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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.

HOSPITAL NAME

Kind Care AH

REFERRING VET

N/a

Gastrointestinal

INVOICE

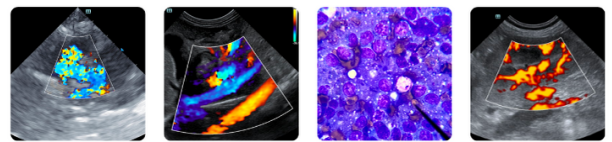
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The distal **small intestine** revealed minor hypertrophy of muscularis and reactive surrounding mesentery. Pyloric wall was mildly thickened without loss of mural detail.

DATE

1/7/2026

Pancreas



PATIENT

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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.

SPECIES

Feline

Free Abdomen

Mesenteric lymph node slightly enlarged measuring 5.0 mm.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Pyloric and distal small intestinal thickening with reactive a reactive mesenteric lymph node.
- Age related renal change.

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is likely an inflammatory bowel episode or subacute on chronic gastritis, and enteritis lymphadenitis. Cannot rule out a _____ state, however, no overt neoplastic criteria is present in this patient at this time. Endoscopy could be considered for further definition, or full thickness pyloric and distal small intestinal, lymph node biopsies and culture. Hydrolyzed diet, broad spectrum antibiotic trial to treat for lymphadenitis and bacterial infection, fecal test, low dose prednisolone trial would all be valid interventions.

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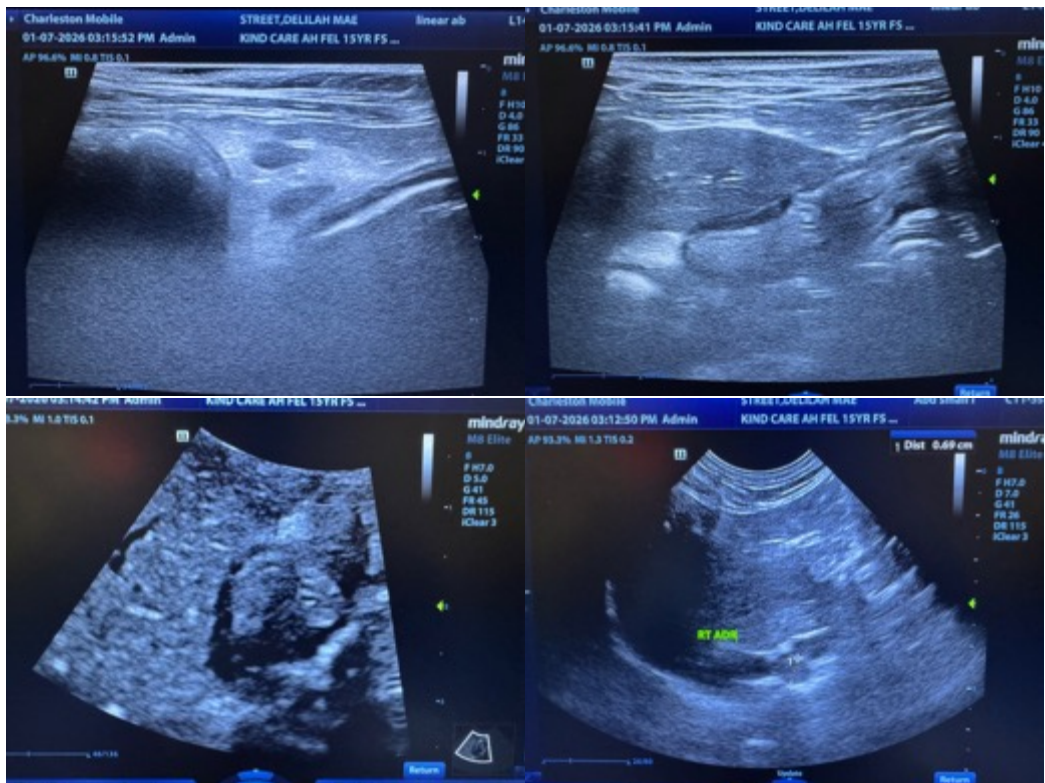
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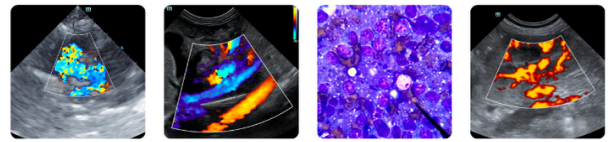
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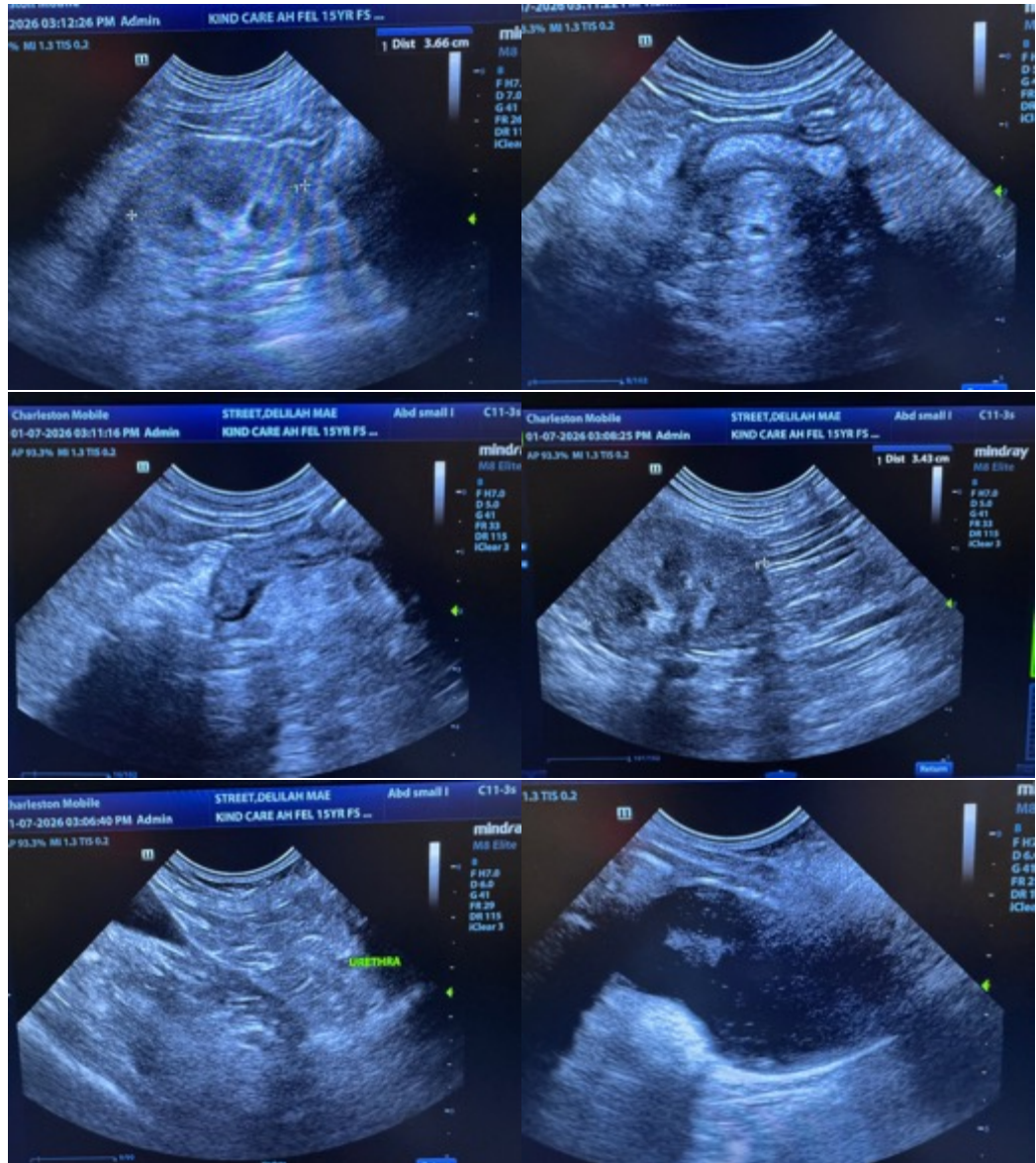
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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