



PATIENT

Daisy Lachance

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years 7 Months

WEIGHT

8.73 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Nicole Goldstein

HOSPITAL NAME

Hudson Animal
Hospital

REFERRING VET

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INVOICE

13013

DATE

01/08/2026

PRESENTING CLINICAL SIGNS

Pet has a chronic history of vomiting, and a more recent history of reduced appetite, weight loss, and potential pica (eating cat litter). 7/2/25 weight was 10.5 lbs. Current weight is 8.7 lbs. Energy level also recently lower. Currently fed novel protein diet but owner supplements with OTC canned. Long standing history of severe pruritis, alopecia/barbering, and recurrent pyoderma (suspect food or environmental allergy) managed with minimal break through symptoms using 2.5 mg prednisolone PO q 24 hours. Pet has a history of cholelithiasis managed with Ursodiol and also has a history of a positive single toxoplasma IgM titer at 1:128 and IgG 1:64 in Spring 2025 that was not repeated. This is of unknown significance as pet is asymptomatic. Titer was run to evaluate candidacy for starting Atopica in place of prednisolone, though owner elected not to try medication for other reasons. Abdominal ultrasound 4/2025 with boarded internist indicated a single, large, cholelith, as well as a fluid-filled duodenum. Please see lab section for most recent blood work abnormalities. Imaging to evaluate weight/appetite changes, as well as lab work changes- particularly new anemia/eosinophilia and hyperglobulinemia. Owner declined plain abdominal films prior to ultrasound.

Abnormal PE/Chem/CBC/UA Results: FeLV/FIV: negative Toxoplasma: IgG 1:64, IgM 1:128
12/18/25: CBC: HCT 26% (29-48), Eos 1221 (H), PLT 549 (200-500), Hgb 7 (9.3-15.9), MCHC 27 (30-38) Chem: TP 9.4 (5.2-8.8), Glob 6.1 (2.3-5.3), Na/K ratio 30 (32-41), Na 153, K 5.1, Trig 271 (25-160), Cl 103 (104-128) T4 2.8 USG 1.041, pH 6, 1+ protein, trace glucose, inactive sediment Unremarkable physical exam aside from weight loss

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 1.0 cm) 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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The left kidney measured 4.18 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

Both **adrenal glands** were not definitively visualized.

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.

Liver



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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** revealed calculi. A cholelithiasis was embedded in the neck of the gallbladder measuring up to 0.88 cm.

Gastrointestinal

The **stomach** was overdistended with progressively shadowing luminal material consistent with likely hairball accumulation or postprandial presentation. The distal small intestine revealed a minor amount of stasis, however, no overt obstruction was noted.

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

- Mild nonobstructive cholelithiasis.
- Age-related renal/pancreatic changes.
- Hairball type density in the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gross visceral disease. Hairball management is indicated with recheck sonogram in 10-14 days. Stasis may be a passing hairball or trichobezoars periodically. Ursodiol therapy could be considered as an attempt to dissolve the choleliths. Deep subxiphoid palpation could be considered to assess for any discomfort associated with cholelithiasis yet the common bile duct did not appear involved.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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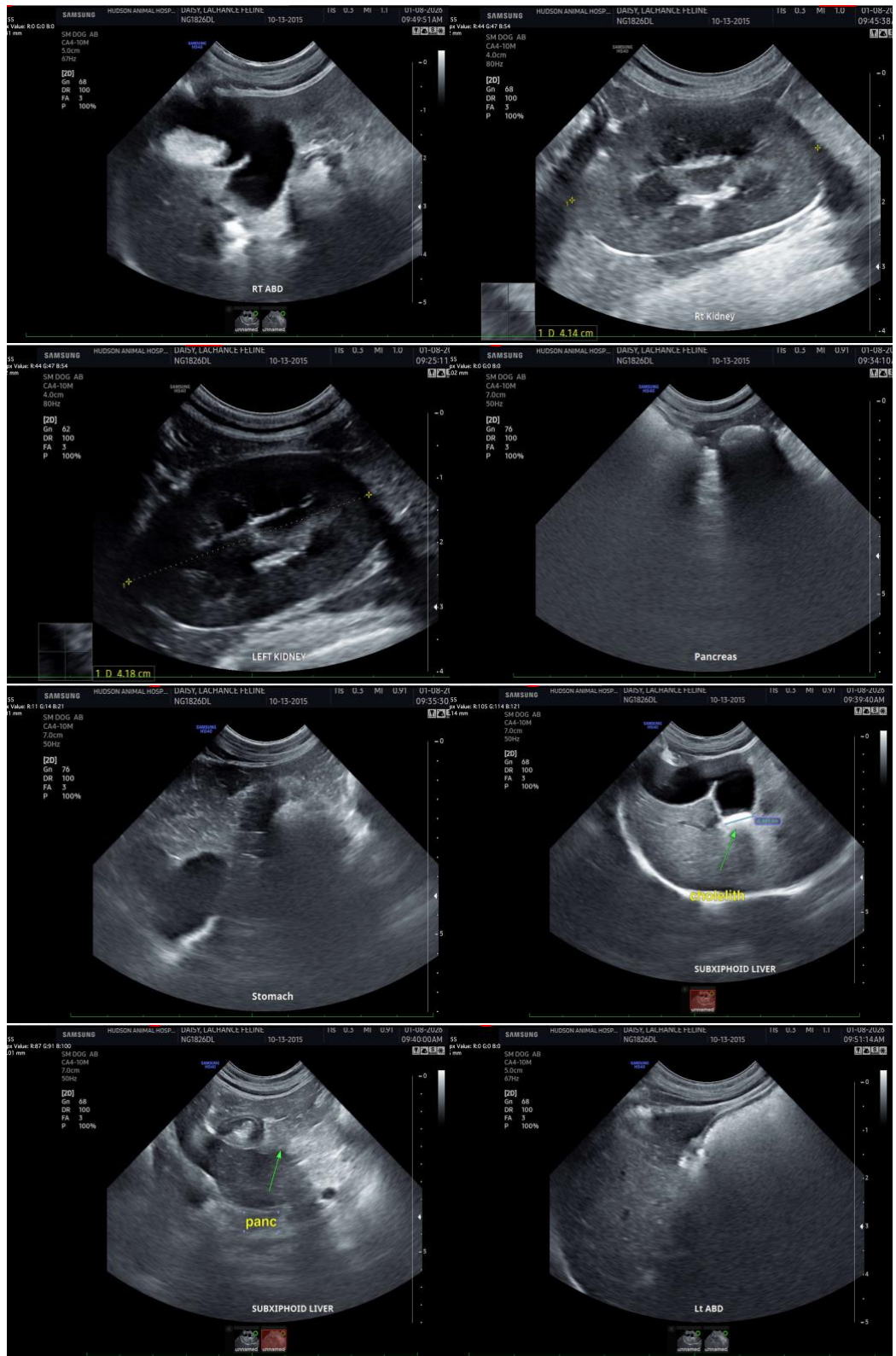
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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