



PATIENT

Sprout Skiver

SPECIES

Feline

BREED

Domestic Longhair

SEX

Female

AGE

4 months

WEIGHT

3.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Buck

INVOICE

69983

DATE

1/9/26

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL and HX: Intermittent abdominal pain, lethargy and hypersalivation
Sprout presents for an abdominal ultrasound for evaluation of intermittent clinical signs. The owner reports that since the day before New Year's Eve, Sprout has had bouts of salivation, heavy breathing, and reluctance to move. During these episodes, her abdomen will contract, and she is reluctant to move her back legs. The episodes are waxing and waning, and she tends to get better on her own.

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.06 cm. The left kidney measured 3.14 cm.

The iliac trifurcation was unremarkable.

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 left adrenal gland measured 0.24 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. the spleen measured 0.82 cm.

Liver

The visible **liver** was uniform. The portal vein, vena cava and aorta were imaged in this patient with a 1:1: ratio. There was no evidence of portosystemic shunting noted. The hepatic vein branching appeared to be normal. There was no evidence of intrahepatic shunting. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

The **stomach** was filled with progressively shadowing luminal material. This is presumed ingesta; however, soft foreign matter cannot be ruled out depending on when the patient ate prior to the sonogram. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

Pancreas

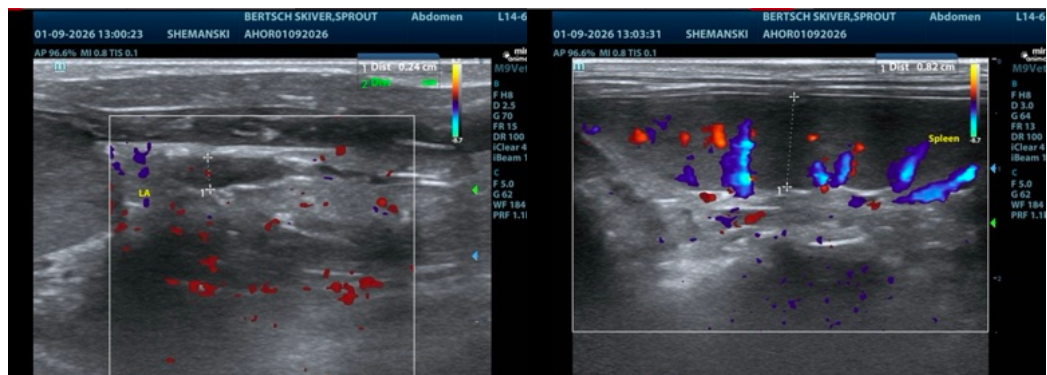
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Normal abdomen with full stomach, possible soft foreign matter depending upon when the patient ate prior to the sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of visceral disease.





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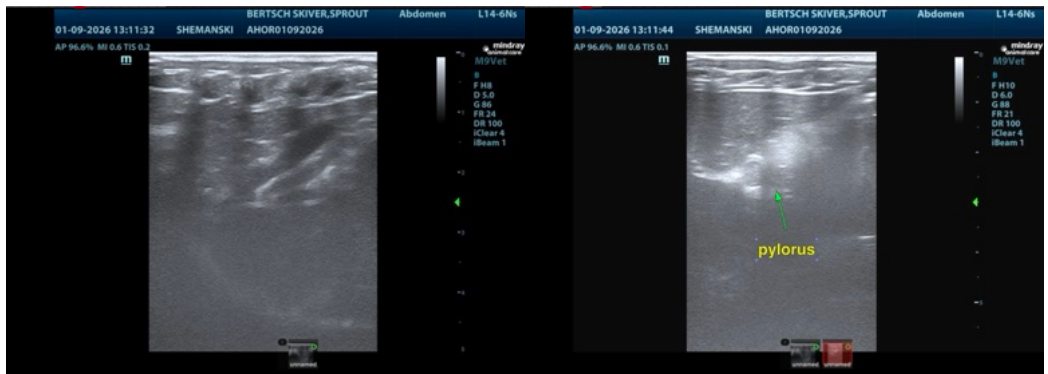
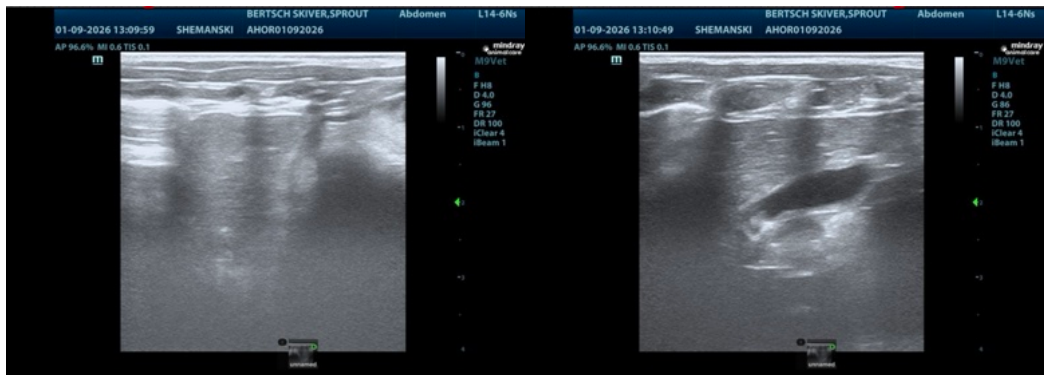
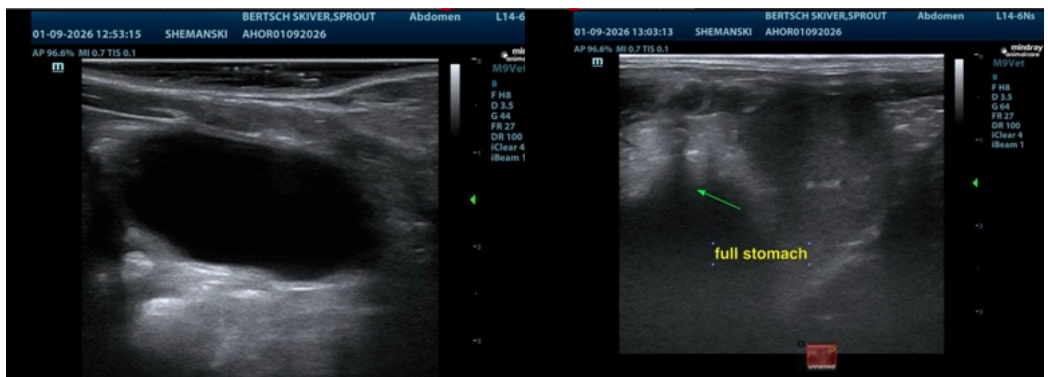
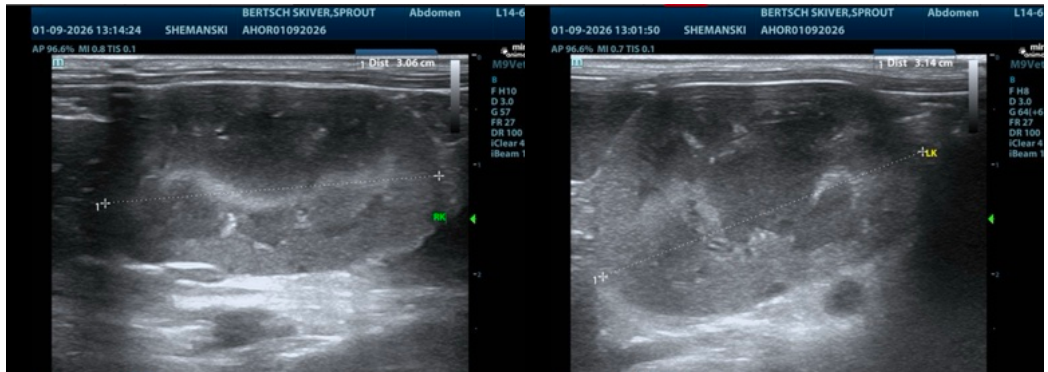
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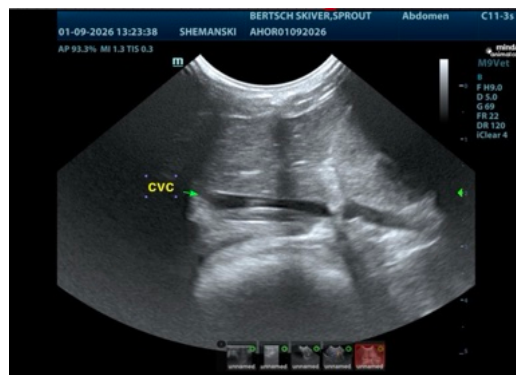
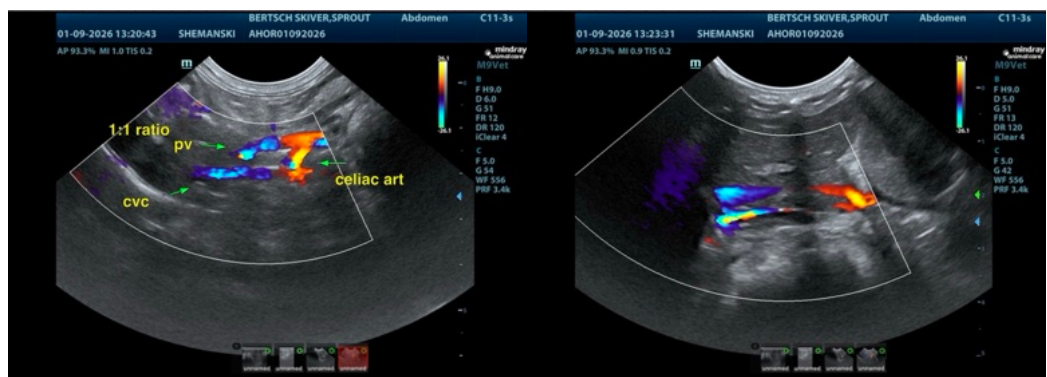
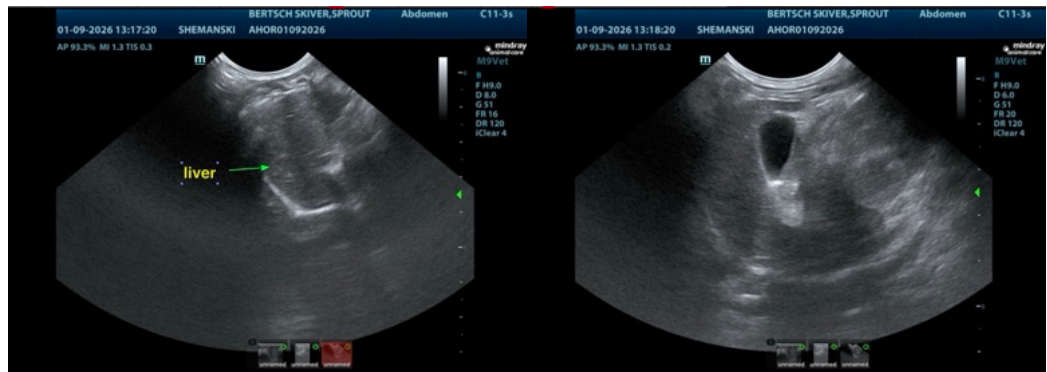
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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