



## PATIENT

Klaus Hamilton

## SPECIES

Feline

## BREED

Siamese

## SEX

Neutered Male

## AGE

7

## WEIGHT

16.3

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

Dr. Ascot

## INVOICE

35476

## DATE

11/10/25

## PRESENTING CLINICAL SIGNS

History: acute onset chronic vomiting , digested food and bile , emerging anemia r/o IBD gastric fb , other Owner also reports they noticed cat was eating their flowers (baby's breath ) Current meds Cerenia.

Abnormal PE/Chem/CBC/UA Results: WBC 18.6 Lymph 7K HCT 32%.

## 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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 left kidney measured 3.9 cm. The right kidney measured 4.3 cm.

### Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

### 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

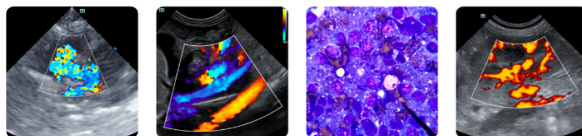
The **liver** was diffusely hyperechoic to falciform fat, consistent with mild hepatic lipidosis. A gallbladder calculus was noted, measuring 1.2 cm, nonobstructive.

### Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### 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.



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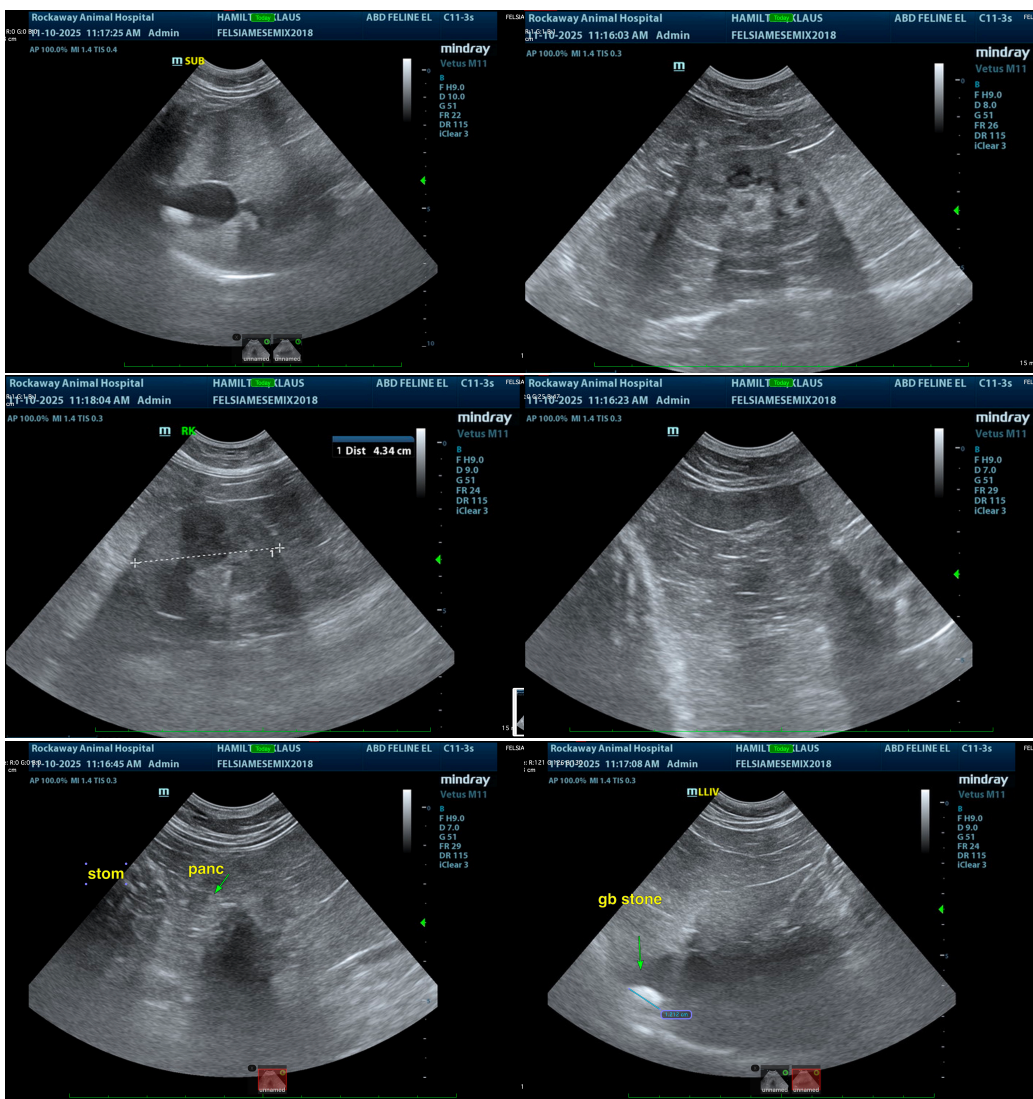
11/10/25

## ULTRASONOGRAPHIC FINDINGS

- Gallbladder calculus
- Mild hepatic lipidosis pattern
- Structurally unremarkable abdomen otherwise

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of anemia is unclear. Movement of the gallbladder calculus may be playing a role in the vomiting, yet at the time of the sonogram, there is no evidence of obstruction. Supportive care is warranted. Ursodiol therapy could be considered, however, this is highly variable patient to patient, regarding the potential of dissolution of gallbladder calculi. Otherwise, surgical removal of the gallbladder calculus would be indicated yet not an immediate issue.



The information and recommendations provided are based on the images presented by the



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**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)