



PATIENT

Teega Zimmerman

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years

WEIGHT

8.34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg Animal
Hospital

REFERRING VET

Dr. Mary Pearce

INVOICE

71809

DATE

11/14/25

PRESENTING CLINICAL SIGNS

2024, started with diarrhea, giardia positive, was treated and confirmed cleared, intermittent diarrhea continued with some vomiting. She also was noted to have bladder stones, started on c/d diet. Mineralized region of bladder persisted, and a cystotomy was performed. However, no stones identified, and an ultrasound was done post-op which found that mineralization appeared to be within the bladder wall. Urine cultures have been negative, and p has been asymptomatic for urinary symptoms. Persistent small area of mineralization in bladder region on radiographs. GI workup with a BW panel was normal, and diet was changed in May 2025 to z/d and Provable. Diarrhea resolved and p had been doing well up until the last few days. There has been a recurrence of diarrhea, which is liquid in consistency and occurs a couple of times a day. Teega is still using the litter box, and no urinary issues have been observed. She has been bothering her ears and a mild ear infection was noted.

Abnormal PE/Chem/CBC/UA Results: Blood drawn today for B12/folate/TLI recheck. Serum noted to be grossly lipemic despite overnight fast, added serum triglycerides to pending tests. 11/12/25: HCT 46.7%, WBC 3.25, neut 1.77 (L), lymph 0.88 (L). Chem and lytes otherwise normal, Cholesterol 239. Pancreatic lipase normal. T4 normal. Radiographs show gas and looser fecal material in colon which is moderately distended, otherwise unremarkable abdomen and thorax. Scant hazy mineralization near dorsal trigone area of bladder. 5/20/25: GI panel fPL 0.9, TLI 32.5, B12 943, Folate 17.8 (all normal) 4/8/25: Negative fecal

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.

There is a focal area of mineralization of approximately 4.0 mm that appears to be adjacent to or associated with the uterine stump, cystourethral junction and bladder wall. This does not appear to be causing any issue. No evidence of inflammation.

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 3.23 cm. The left kidney measured 3.28 cm.

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 0.40 cm. The right adrenal gland measured 0.42 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



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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** 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.

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. Soft stool noted in the colon.

Pancreas

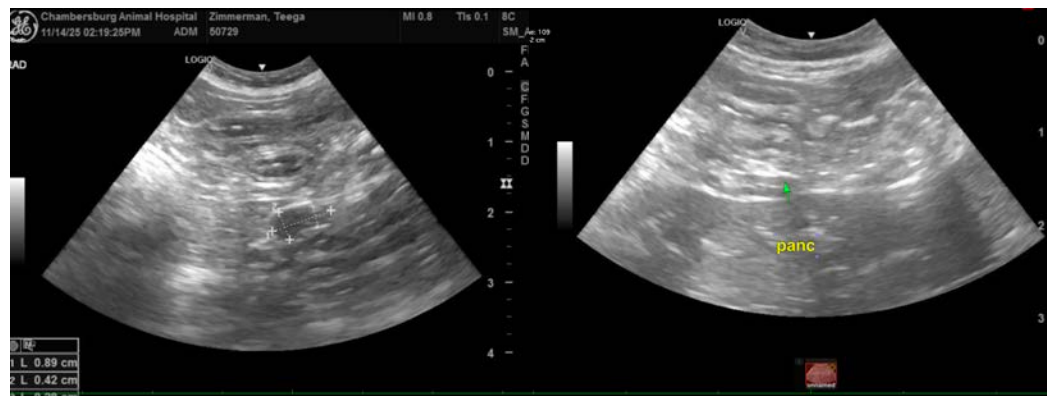
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mineralization associated with the uterine stump, cystourethral junction and bladder wall – suspect secondary to spay procedure and does not appear to be causing any issues.
- Soft stool in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any straining to urinate is an issue, then surgical liberation of the lesion would be indicated. Unremarkable abdomen otherwise.





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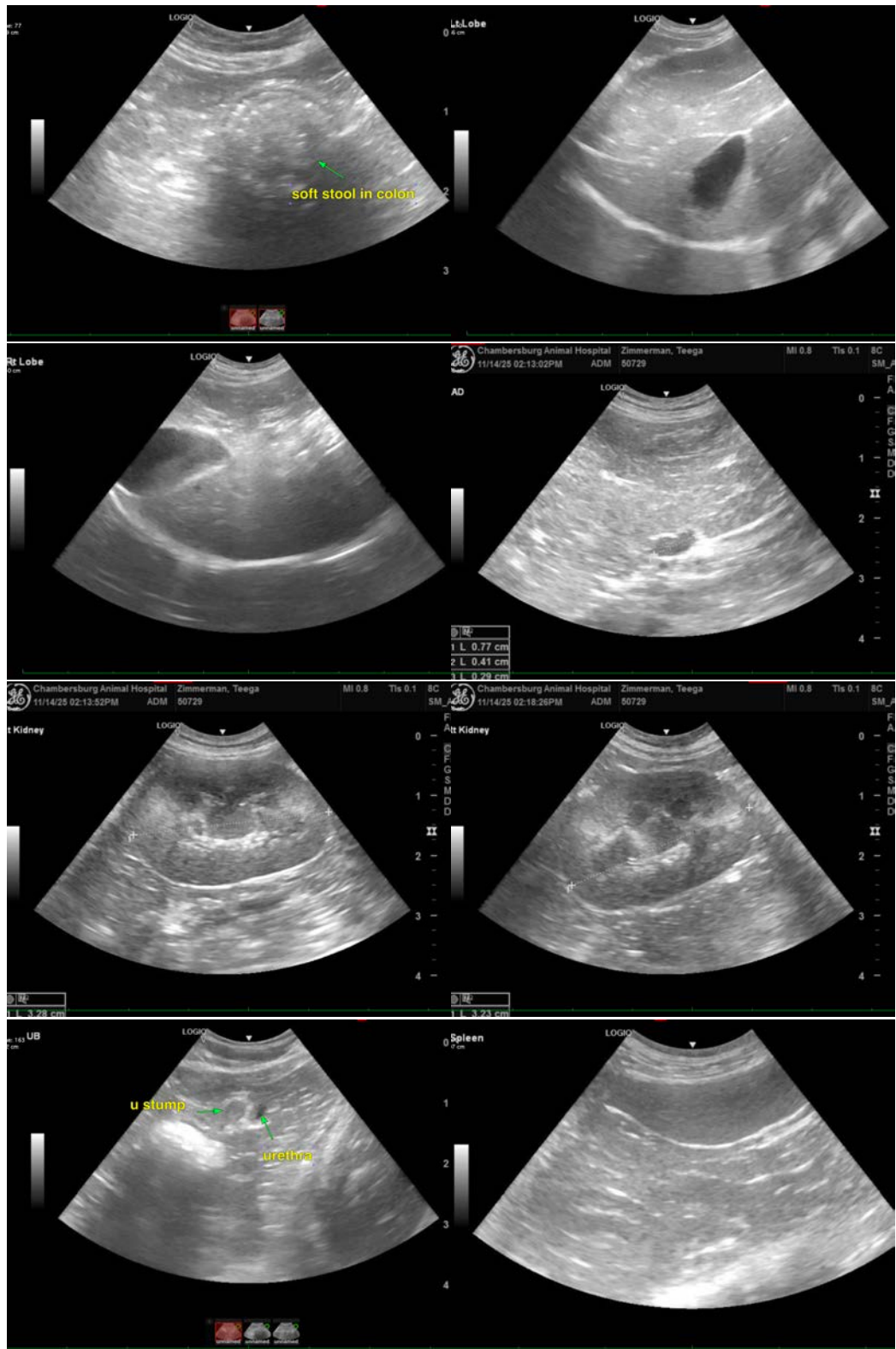
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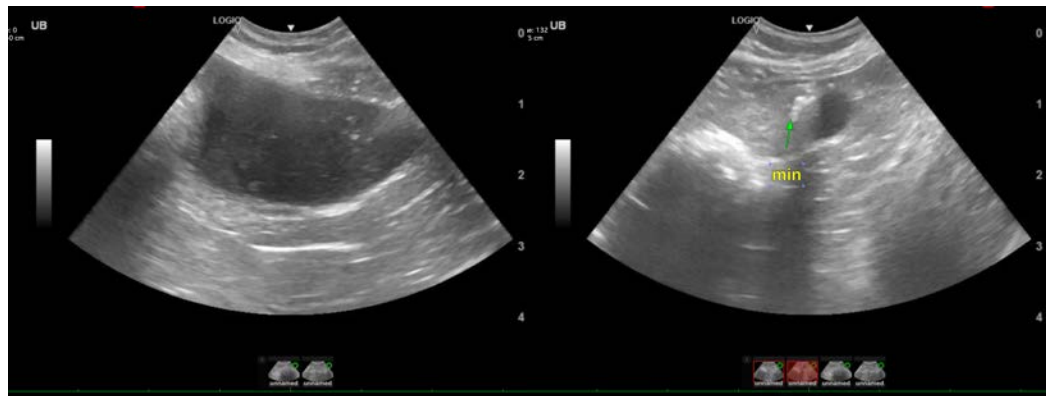
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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