



## PATIENT

Blueberry Hustun

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

~2 Years

## WEIGHT

5.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jeremiah Gabriel

## HOSPITAL NAME

Central Jersey Animal  
Hospital

## REFERRING VET

Dr. Jeremiah Gabriel

## INVOICE

71867

## DATE

11/15/25

## PRESENTING CLINICAL SIGNS

Owner found her by his house unable to move and lethargic per exam the cat is 10 % dehydrated paresis both hind limbs labor breathing x ray is unremarkable.

Abnormal PE/Chem/CBC/UA Results: Mild anemia leukocytosis high BUN FIV/FLV neg

## 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. 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 4.1 cm. Cortical infarct noted at the caudal pole of the right kidney. The right kidney measured 3.1 cm.

### Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

### 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** 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 duct was mildly tortuous.

### Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Some reactive mesentery noted associated with the intestinal tract. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.



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## Pancreas

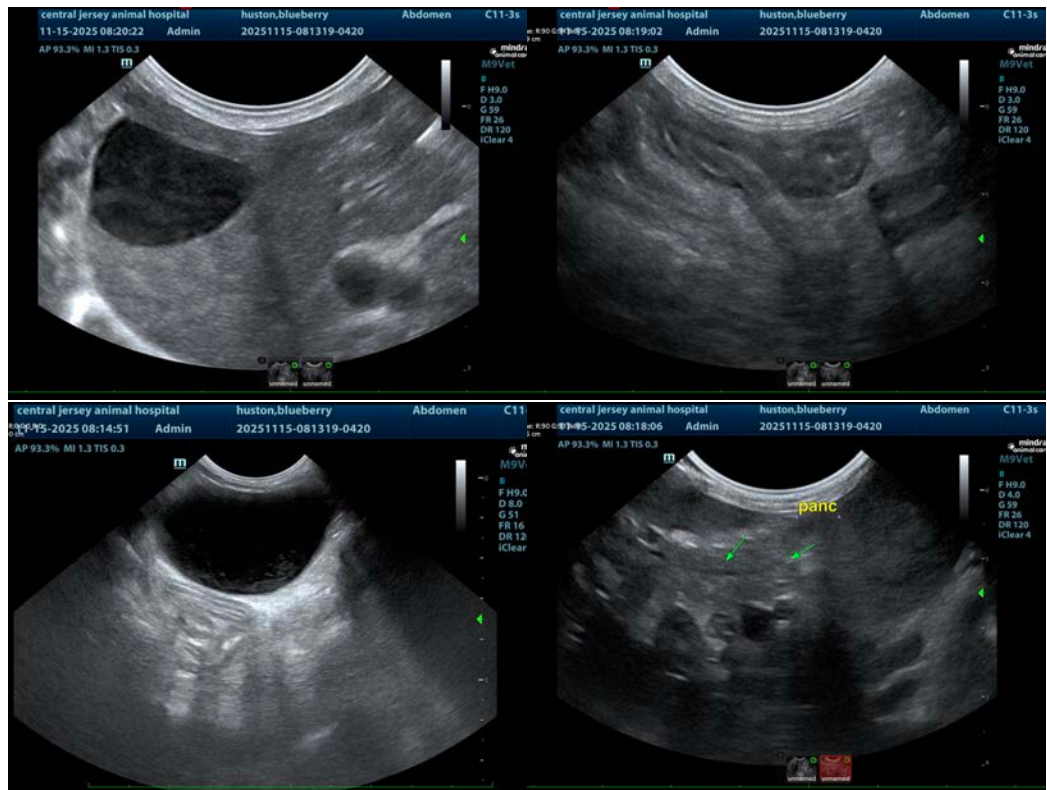
The **pancreas** was prominent and hypoechoic, measuring 0.80 cm.

## ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening with reactive mesentery.
- Prominent, hypoechoic pancreas.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multifocal inflammatory bowel primary involving the intestinal tract and pancreas. No evidence of neoplasia. Underlying chronic infectious disease such as bartonella and toxoplasmosis should be considered. Supportive care should prove effective.





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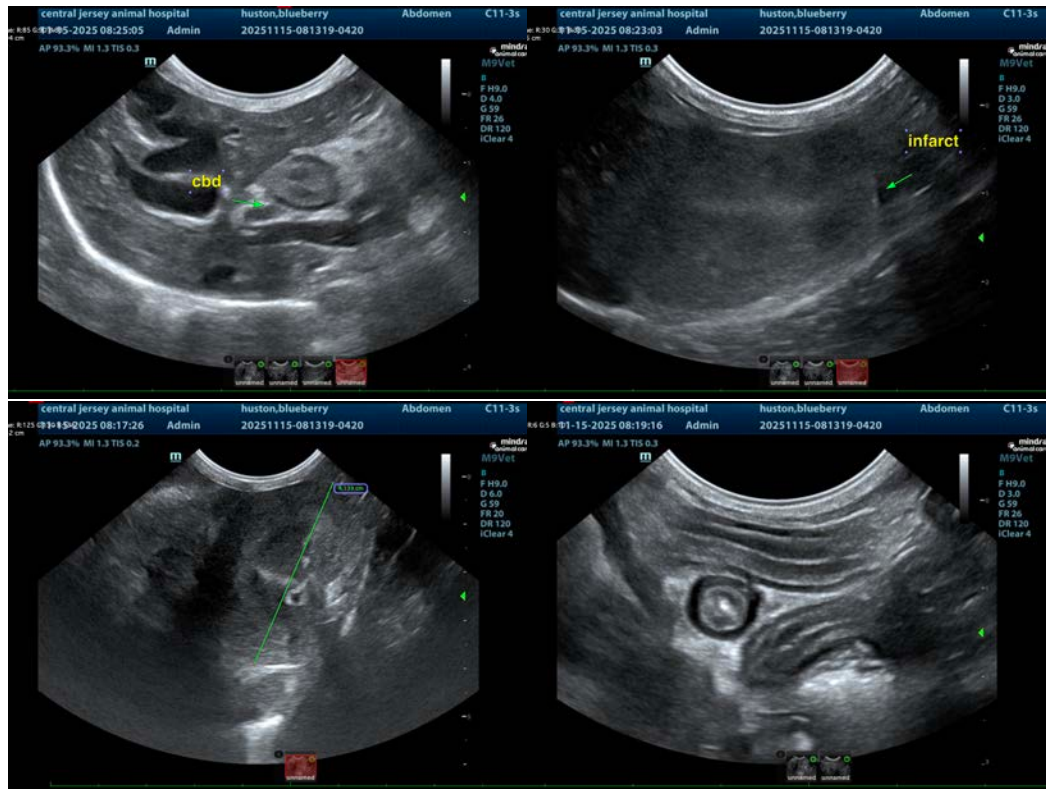
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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