



PATIENT

Trixie Haddaway

SPECIES

Feline

BREED

Maine Coon

SEX

Spayed Female

AGE

2 Years

WEIGHT

12.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Stacy Sather

HOSPITAL NAME

Emergency AH of
Crystal Falls

REFERRING VET

Dr. Sabelhaus

INVOICE

72126

DATE

11/26/25

PRESENTING CLINICAL SIGNS

P presents for vomiting for the last 2 days. P is not known for getting into things or eating this she is not supposed to. indoor only. E/D: Still eating okay did eat churu today, O has not seen P drink water V/D: no diarrhea, vomited 2-3x, in the last 2 days, 1st vomit was hairball, on what kibble and bile, rest were bile. Meds/Supps: hairball supplement, Atopica sometimes for scabs on head last applied 2 days ago.

Abnormal PE/Chem/CBC/UA Results: Diagnostics Performed: - CBC: Lymphopenia (0.38) otherwise WNL - PCV/TS: 42%/8.2g/dL - Chem/lytes: TP 8.1, Alb 3.9, Glu 149; otherwise WNL - 3 view abdominal x-rays: Moderate gastric dilation with diffuse gas dilation of the small intestines, some segments are more dilated than others. Lagre intestine also appears dilated with gas opacity and formed stool. Spleen appears more visible than normal. - Plan for SDEP tomorrow

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 iliac trifurcation was unremarkable.

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 3.8 cm. The right kidney measured 3.8 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 and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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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

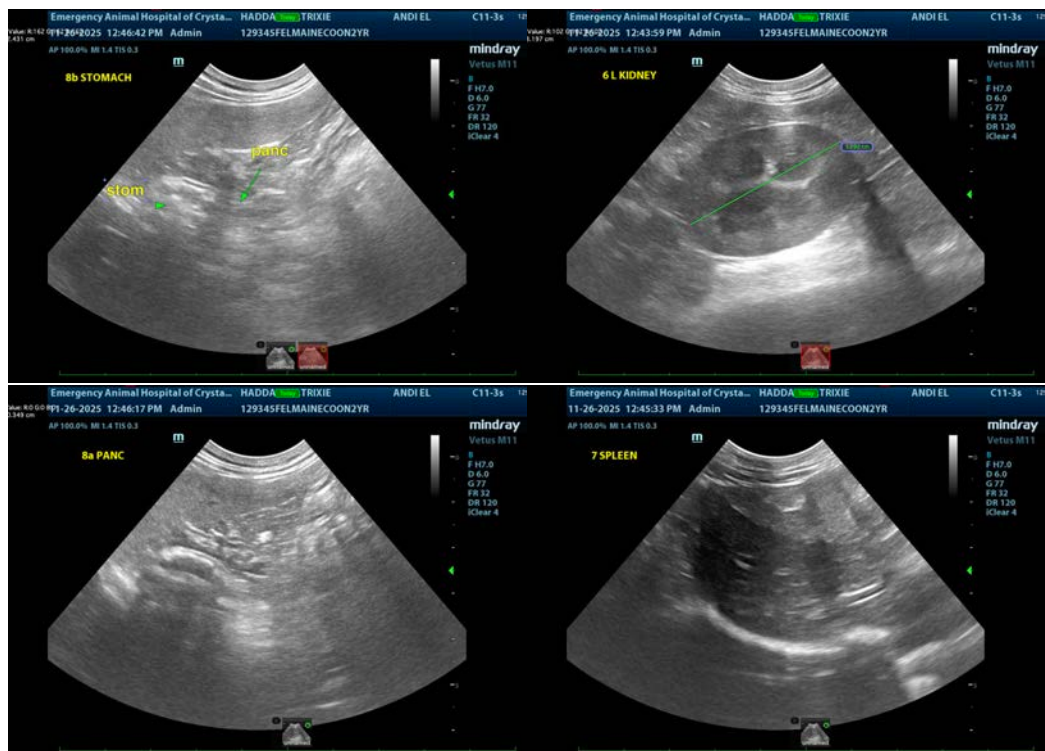
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with potential pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology. Protein electrophoresis warranted if elevated globulins are persistent. Chest radiographs with intercostal approach warranted, as one view demonstrated potential pleural effusion, yet no evidence of abdominal pathology related.





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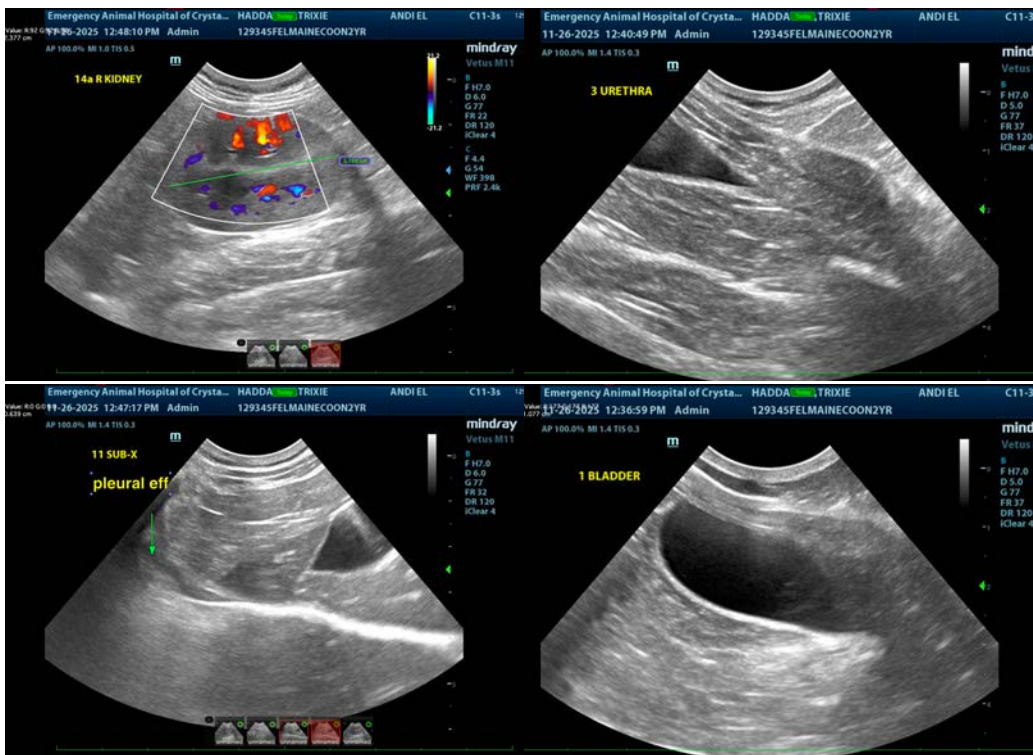
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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