



## PATIENT

Delta Hemler

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

11 years

## WEIGHT

10.9 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Tiffany Boomer

## HOSPITAL NAME

Moyock AH

## REFERRING VET

Dr. Eure

## INVOICE

69588

## DATE

12/11/25

## PRESENTING CLINICAL SIGNS

History: Delta presented for generalized ADR on 12/5/25. She had some protein and mild inflammation on her UA and a blood glucose of 201 but otherwise WNL. (See Attached). She presented today 12/11/25 for vomiting multiple times over the past 36 hours, decreased appetite, and continued lethargy.

Abnormal PE/Chem/CBC/UA Results: On physical exam today Delta is QAR and mildly tender on abdominal palpation. Her vitals are WNL. FELV/FIV/OHW test all negative

## 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 left kidney measured 2.96 cm. The right kidney measured 3.49 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 0.3 cm. The right adrenal gland measured 0.3 cm.

### Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

### Liver

The **liver** itself was unremarkable with uniform parenchyma. The gallbladder wall was slightly echogenic. The common bile duct was normal.



**PATIENT**

**Gastrointestinal**

Delta Hemler

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.

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**Pancreas**

Domestic Shorthair

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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**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen other than gallbladder calculi, non-obstructive.

**WEIGHT**

10.9 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the clinical signs is not overtly evident in the visceral abdomen. Supportive care should prove effective. Other concurrent causes of lethargy such as orthopedic pain, CNS or thoracic disease should all be investigated.

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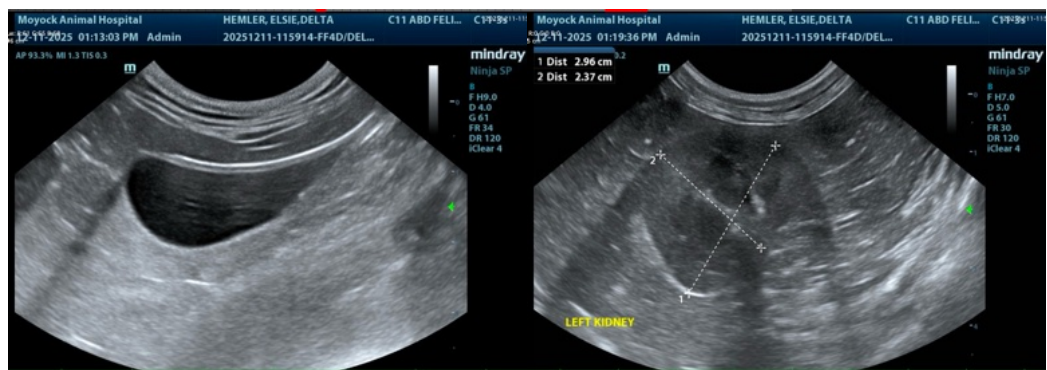
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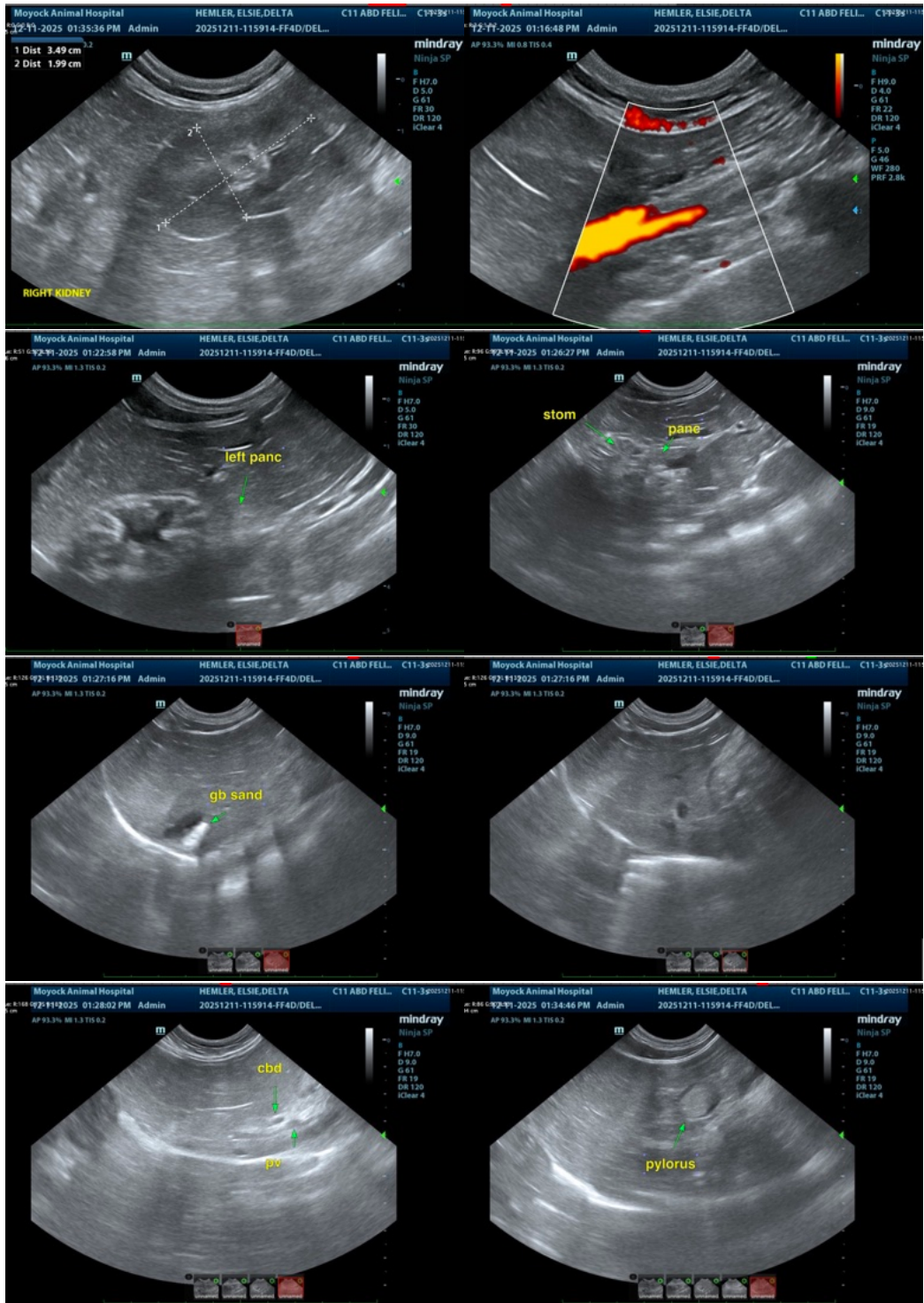
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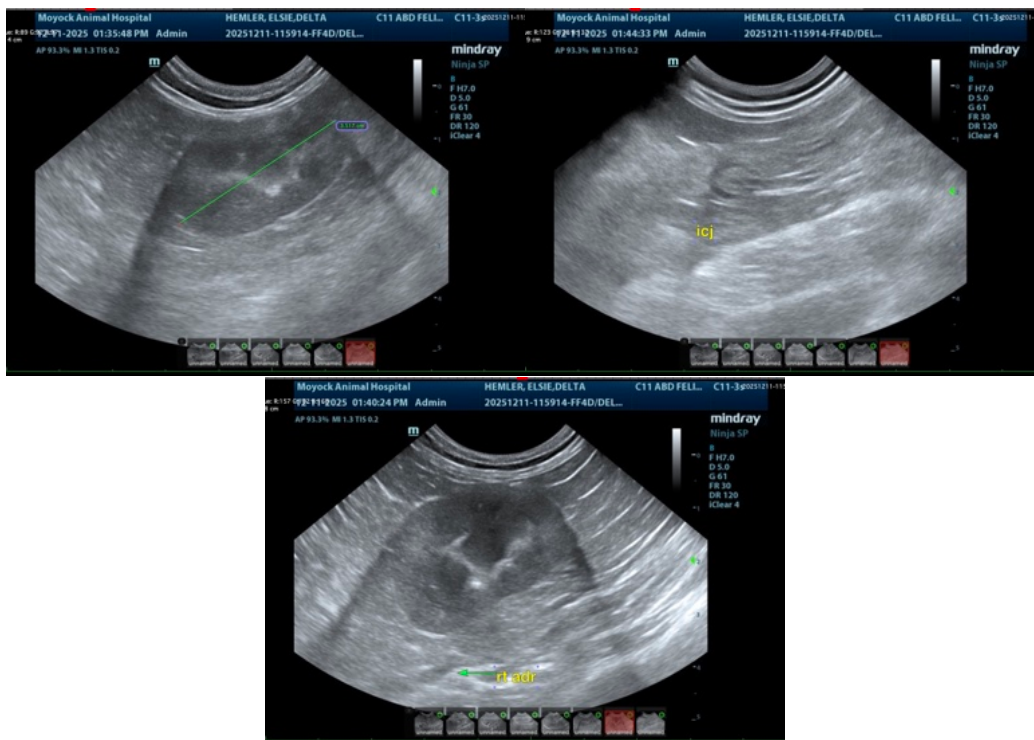
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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