



## PATIENT

Holly Hollebeke

## SPECIES

Feline

## BREED

Tonkinese

## SEX

Spayed female

## AGE

15 years

## WEIGHT

3.2 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Biederbeck

## HOSPITAL NAME

Lomsnes VH

## REFERRING VET

Dr. Biederbeck

## INVOICE

69596

## DATE

12/11/25

## PRESENTING CLINICAL SIGNS

History: ADR- wt loss, decreased appetite UTI tx with veraflox- diarrhea Gallop rhythm/hypertensive- vomiting started once owner started amlodipine  
BUN 37 mg/dL U/A- Has continued WBC/RBC in urine with no bacteria. (Prev u/a had abundant bacteria).

## 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. The capsules were acceptably uniform without significant irregularities. Slight mineralization was noted. The largest calculus in the right kidney measured 0.17 cm. The right kidney measured 3.1 cm. The left kidney revealed slight pyelectasia with echogenic debris. The left kidney measured 3.6 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.

### Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

### 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.



## PATIENT

Holly Hollebeke

## SPECIES

Feline

## BREED

Tonkinese

## SEX

Spayed female

## AGE

15 years

## WEIGHT

3.2 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Biederbeck

## HOSPITAL NAME

Lomsnes VH

## REFERRING VET

Dr. Biederbeck

## INVOICE

69596

## DATE

12/11/25

## 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. Soft stool was noted in the colon. The mesenteric lymph nodes were enlarged and rounded measuring up to 1.8 x 0.9 cm.

## 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

Mesenteric lymphadenopathy.

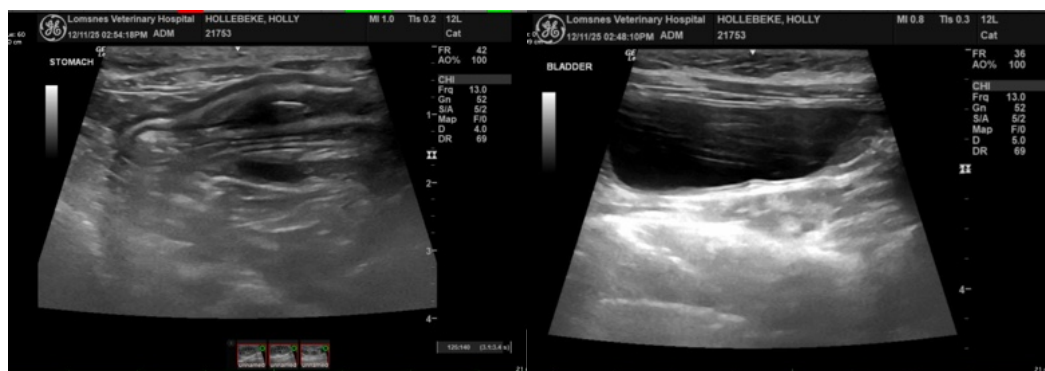
IBD GI Pattern.

Left renal pyelectasia. Scarring or UTI/pyelonephritis is possible.

Volume contracted spleen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work up is warranted if not already performed. Ultrasound-guided FNA, cytology and culture of the accessible lymph nodes are indicated. Lymphadenitis versus round cell neoplasia. FIP is a mild potential. Given the patient's history residual low grade pyelonephritis is suspected. 2-4 week antibiotic protocol is warranted with reassessment of the sonogram and any evidence of inflammatory sediment. However, the most concerning pathology lies in the in the lymph nodes cytology. The prognosis is guarded.





## PATIENT

Holly Hollebeke

## SPECIES

Feline

## BREED

Tonkinese

## SEX

Spayed female

## AGE

15 years

## WEIGHT

3.2 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Biederbeck

## HOSPITAL NAME

Lomsnes VH

## REFERRING VET

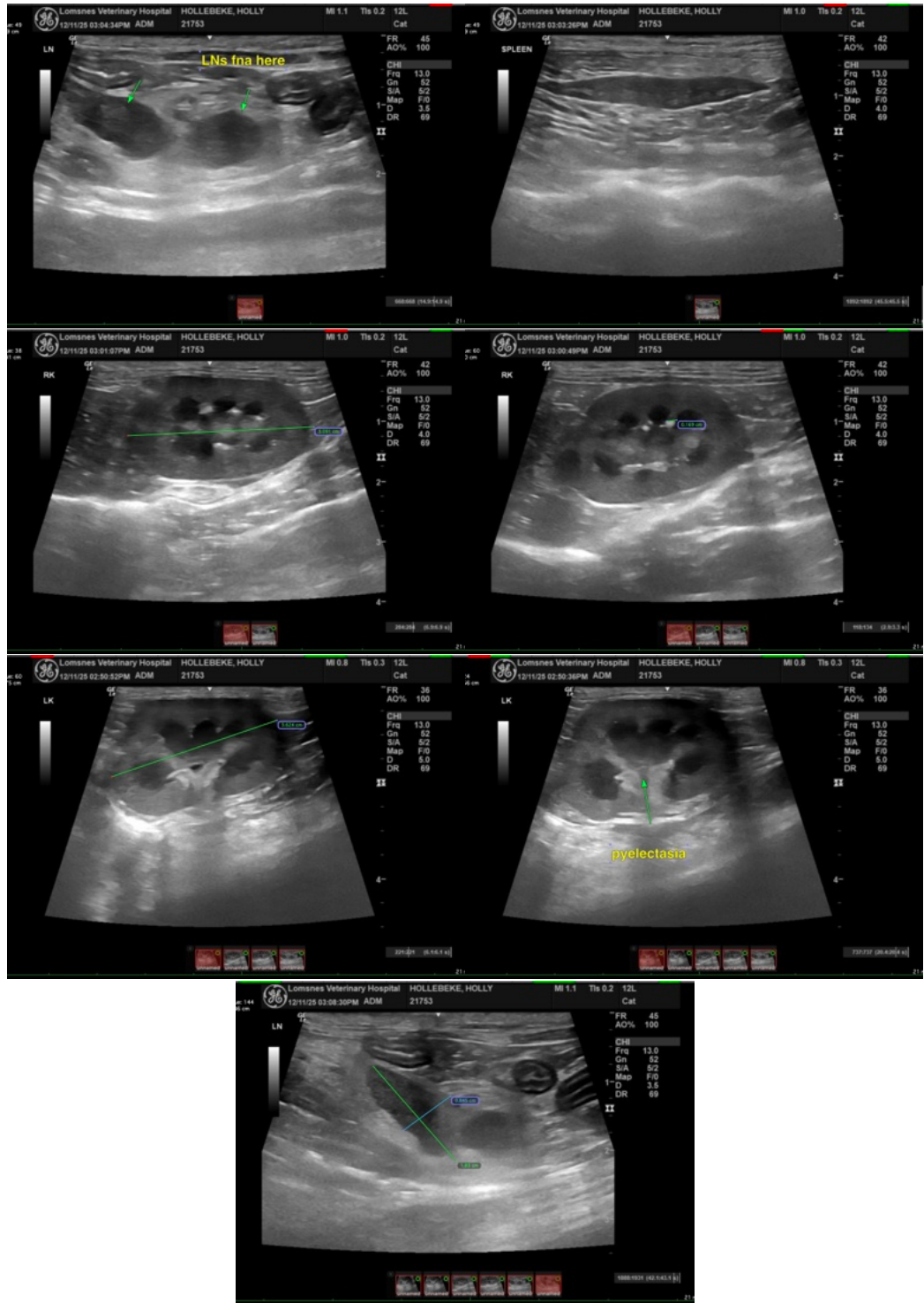
Dr. Biederbeck

## INVOICE

69596

## DATE

12/11/25



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.



## PATIENT

Holly Hollebeke

## SPECIES

Feline

## BREED

Tonkinese

## SEX

Spayed female

## AGE

15 years

## WEIGHT

3.2 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Biederbeck

## HOSPITAL NAME

Lomsnes VH

## REFERRING VET

Dr. Biederbeck

## INVOICE

69596

## DATE

12/11/25

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

[info@SonoPath.com](mailto:info@SonoPath.com)