



PATIENT

Blackie Nowicki

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed Female

AGE

15 Years

WEIGHT

8.36 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Glen Rock Veterinary
Hospital

REFERRING VET

Dr. Stekler

INVOICE

72737

DATE

12/23/25

PRESENTING CLINICAL SIGNS

Distended abdomen, anorexia Current meds: Azithromycin, Cerenia, Mirataz
Abnormal PE/Chem/CBC/UA Results: PLT 161

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 2.0 cm beyond the cystourethral junction.

The **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortex presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. A 1.5 cm anechoic cyst was noted at the caudal pole of the left kidney. Left kidney measured 4.3 cm.

The **right kidney** presented normal size and contour with mild increased cortical echogenicity, expected with age related changes. The right kidney measured 3.9 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. Right measured 0.44 cm. Left measured 0.32 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 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** revealed a large, progressively shadowing hairball type density. The small intestine and colon were unremarkable. Some transit of chyme appeared to be present.



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Pancreas

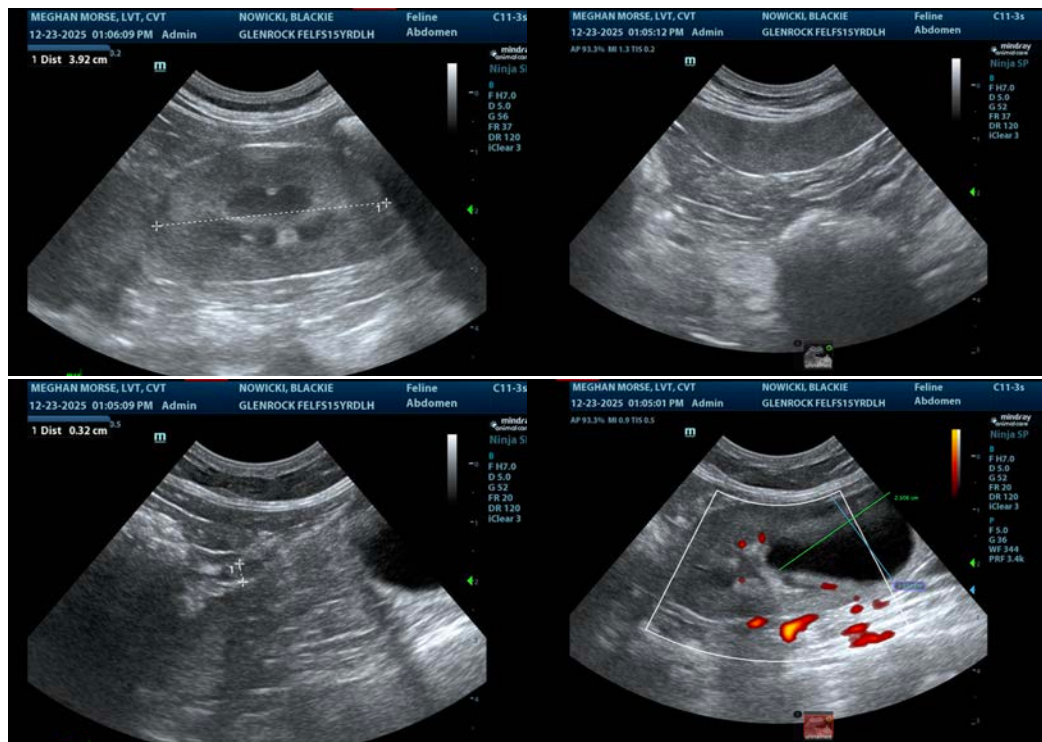
The right limb of the **pancreas** revealed a 1.0 cm x 1.5 cm hypoechoic, ill-defined area with surrounding hyperechoic inflammation, suggestive for pancreatitis.

ULTRASONOGRAPHIC FINDINGS

- Left renal cyst, age related renal changes otherwise.
- Focal right limb pancreatitis.
- Hairball density in the stomach.
- Age related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care with GI lubricants, hairball dissolution protocol, as well as broad-spectrum antibiotics, diet change to geriatric hydrolyzed diet may be appropriate.





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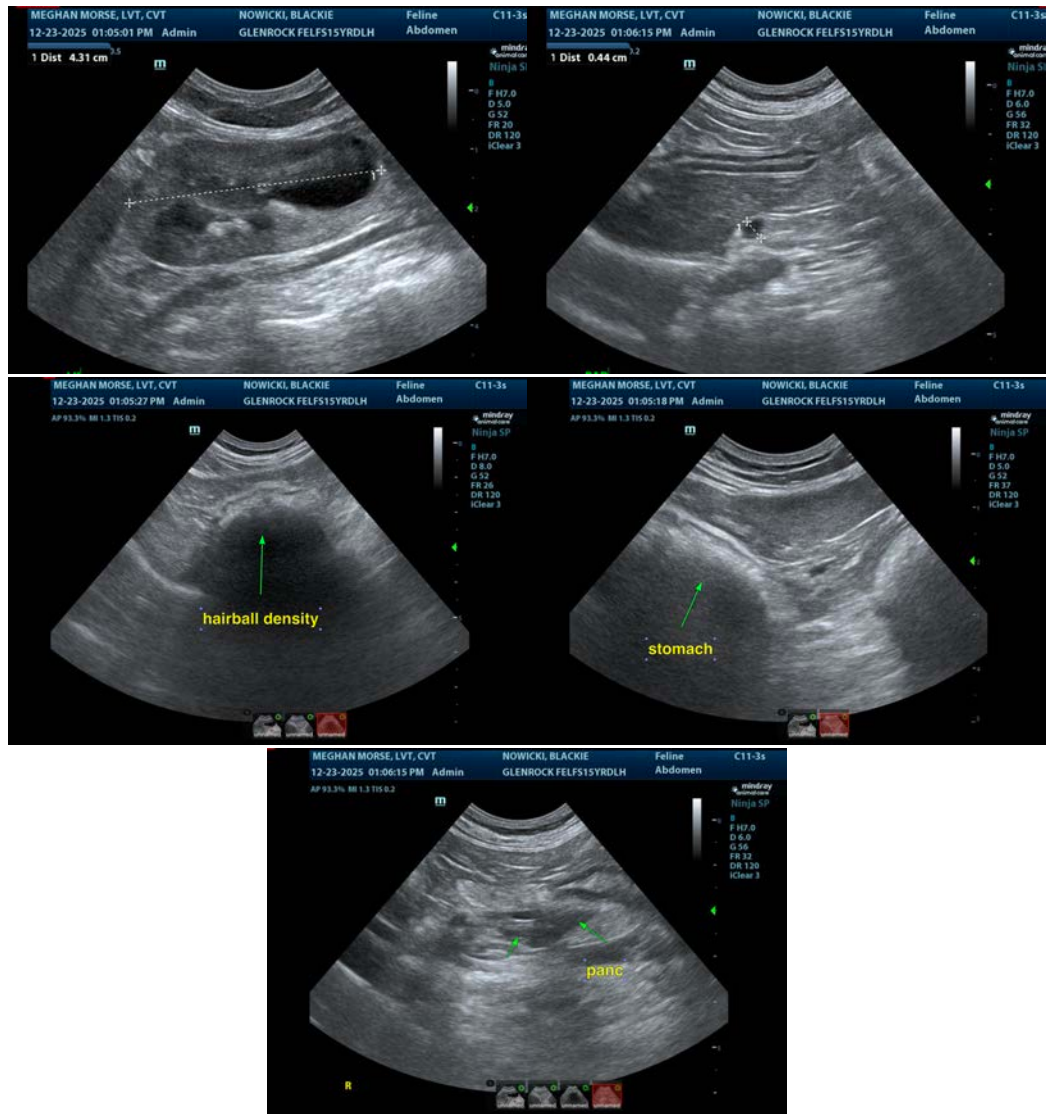
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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