



## PATIENT

Lily Meola

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

11 years

## WEIGHT

10 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Jeremiah Gabriel

## HOSPITAL NAME

Central Jersey AH

## REFERRING VET

Dr. Gabriel

## INVOICE

69563

## DATE

12/23/25

## PRESENTING CLINICAL SIGNS

History: vomiting, anorexia and lethargic for 2 days  
Abnormal PE/Chem/CBC/UA Results: high GGT otherwise normal

## 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 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 cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. Cortical infarcts and remodeling were noted. The right kidney measured 3.6 cm with slight pyelectasia. The left kidney measured 3.4 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 0.21 cm. The right adrenal gland measured 0.4 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 was 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**

The **stomach** revealed progressively shadowing luminal material that is consistent with likely hairball accumulation. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

**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**

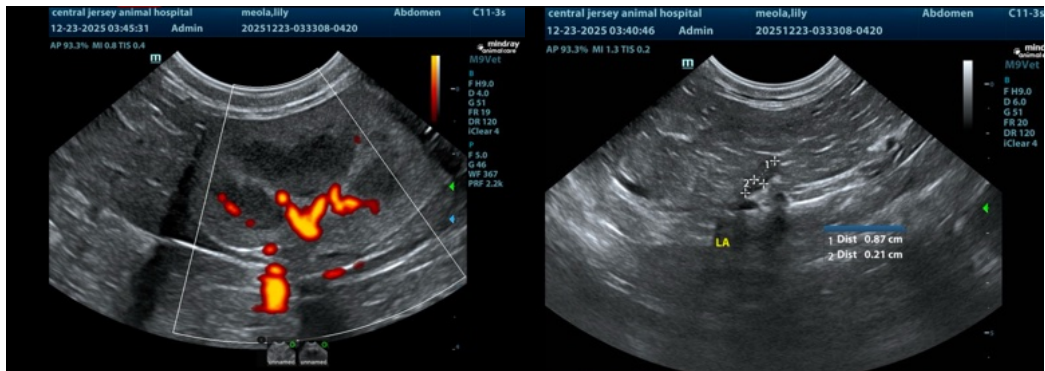
Hairball density in the stomach.

Mild degenerative renal changes.

Otherwise, structurally unremarkable abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hairball management and supportive care for GI upset is indicated. The cause of lethargy is unclear. Comorbidity of potential orthopedic pain related disease, CNS or thoracic disease should all be considered.





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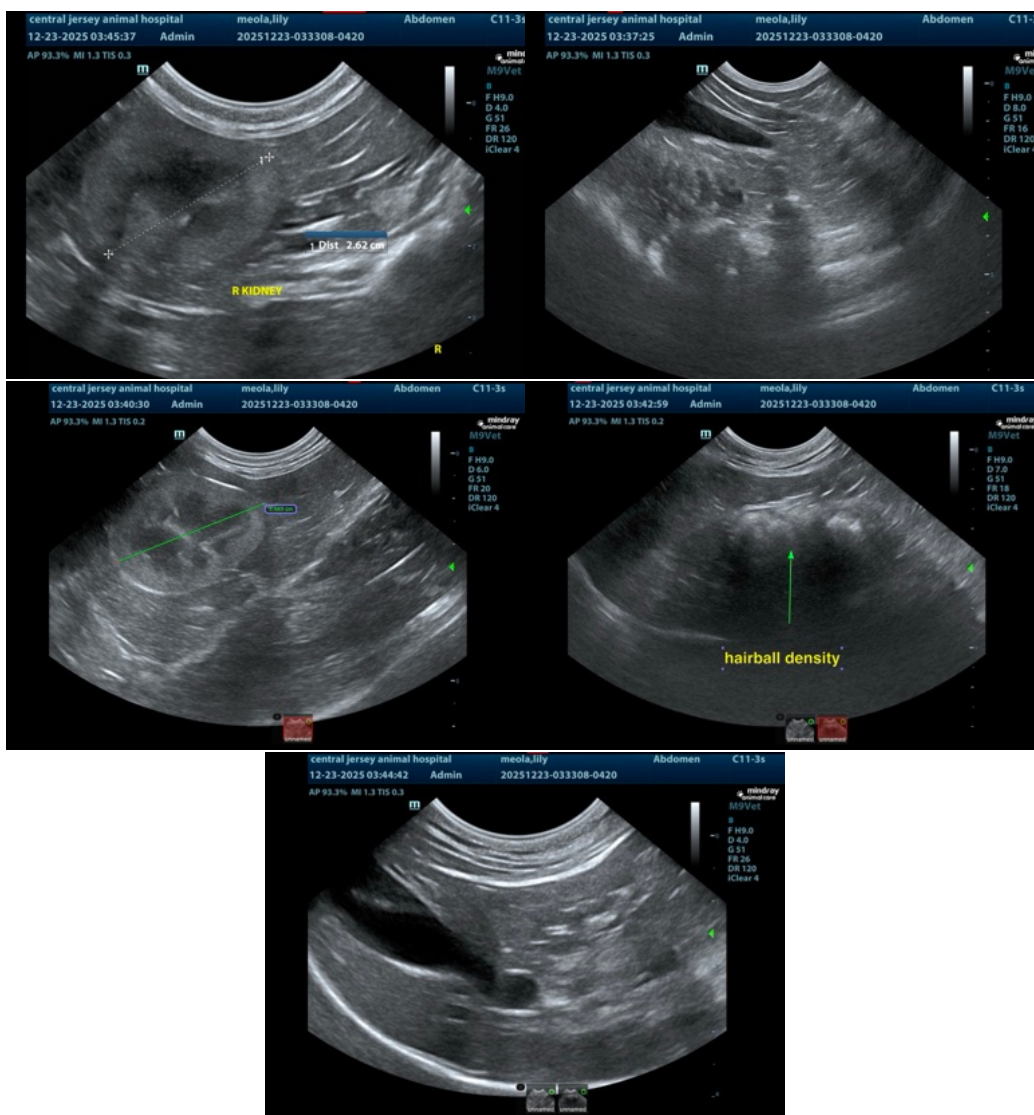
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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