



PATIENT

Melon Thomas

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years 7 Months

WEIGHT

10.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Megan Cassels-
Conway, DVM

HOSPITAL NAME

Central Broward
Animal Hospital

REFERRING VET

Janeen Lezcano, DVM

INVOICE

72811

DATE

12/27/25

PRESENTING CLINICAL SIGNS

P has had chronic vomiting for over 12m. No d/c/s noted. P appears to only do well on Ultamino but in spite of strict feeding p has had a relapse of vomiting in last 7-10 days. P also has barbering in all distal extremities. P appears to be responding well to symptomatic treatment since 12/24. PE is pretty unremarkable.

Abnormal PE/Chem/CBC/UA Results: Repeat UA, UCS pending, BP: 168mmHg 12/24: CBC: WNL, Chem: creat: 1.9, BUN: 14, gluc: 202H, T4: 2.4, UA: SG: 1.027, quiet sediment., no protein Radiographic Conclusions: 1.Bilaterally small kidneys with smooth margins, consistent with chronic renal disease, age-related change, or prior renal insult. 2.Mildly decreased definition and wispy soft tissue to fluid opacity in the cranial retroperitoneal space; differential considerations include mild retroperitoneal effusion, inflammation, or less likely early infiltrative disease. 3.Unremarkable thorax. no evidence of cardiomegaly, pulmonary disease, or pleural effusion identified. 8/25: UA: SG: 1.050 5/25: UA: SG: 1.046, 1+ prot, quiet sediment AUS: sonographically normal GI tract, sonopath: invoice #: 18509 CBC: WNL, Chem: creat: 1.6, T4: 2.3

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 **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. Right measured 3.3 cm. Left kidney measured 3.5 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 measures 0.15 cm. Left measures 0.20 cm.

Spleen

The **spleen** was folded upon itself caudally. Parenchyma was uniform, no evident pathology.

Liver

The **liver** revealed slightly coarse architecture. Minor increased gallbladder wall echogenicity. Changes were subtle.

Gastrointestinal

The **stomach** revealed shadowing luminal material, consistent with likely hairball accumulation or similar, measuring 1.8 cm, non-obstructive. The small intestine was unremarkable.



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Pancreas

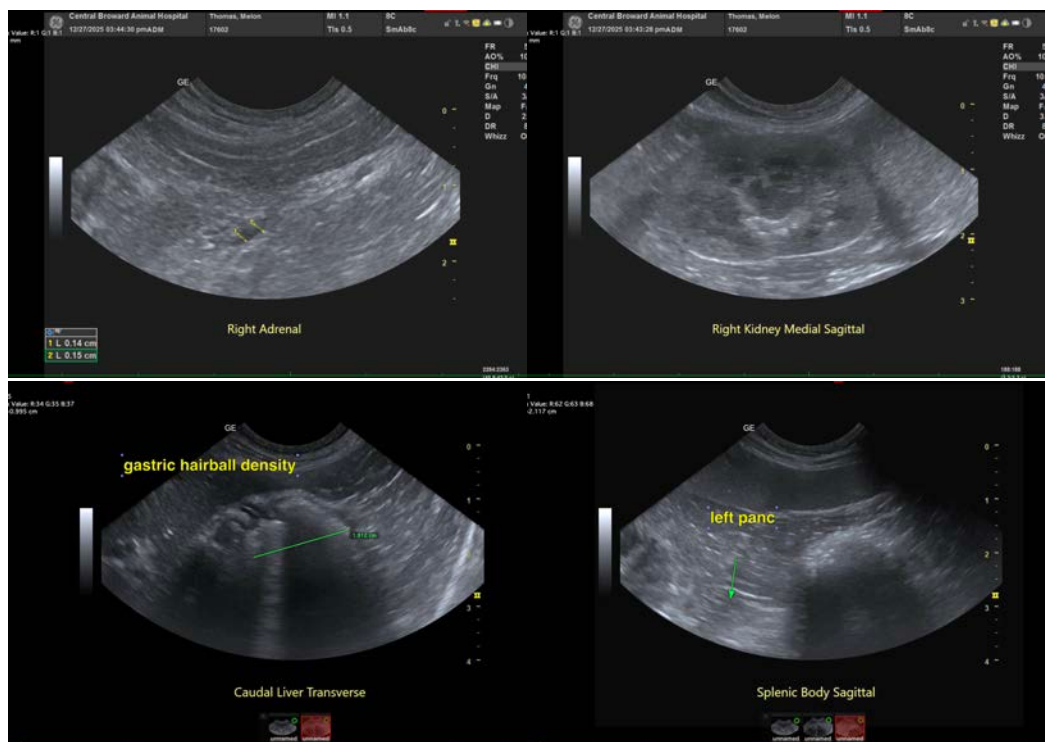
The caudal aspect of the left **pancreatic** limb revealed hypoechoic, irregular contour. The right limb was slightly hypoechoic and mildly edematous.

ULTRASONOGRAPHIC FINDINGS

- Hairball density in the stomach.
- Potential pancreatitis.
- Slightly coarse hepatic architecture.
- Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Broad-spectrum antibiotics, pain management, and hairball therapy all indicated. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Diet change to hydrolyzed diet for long-term management may be appropriate. No evidence of neoplasia.





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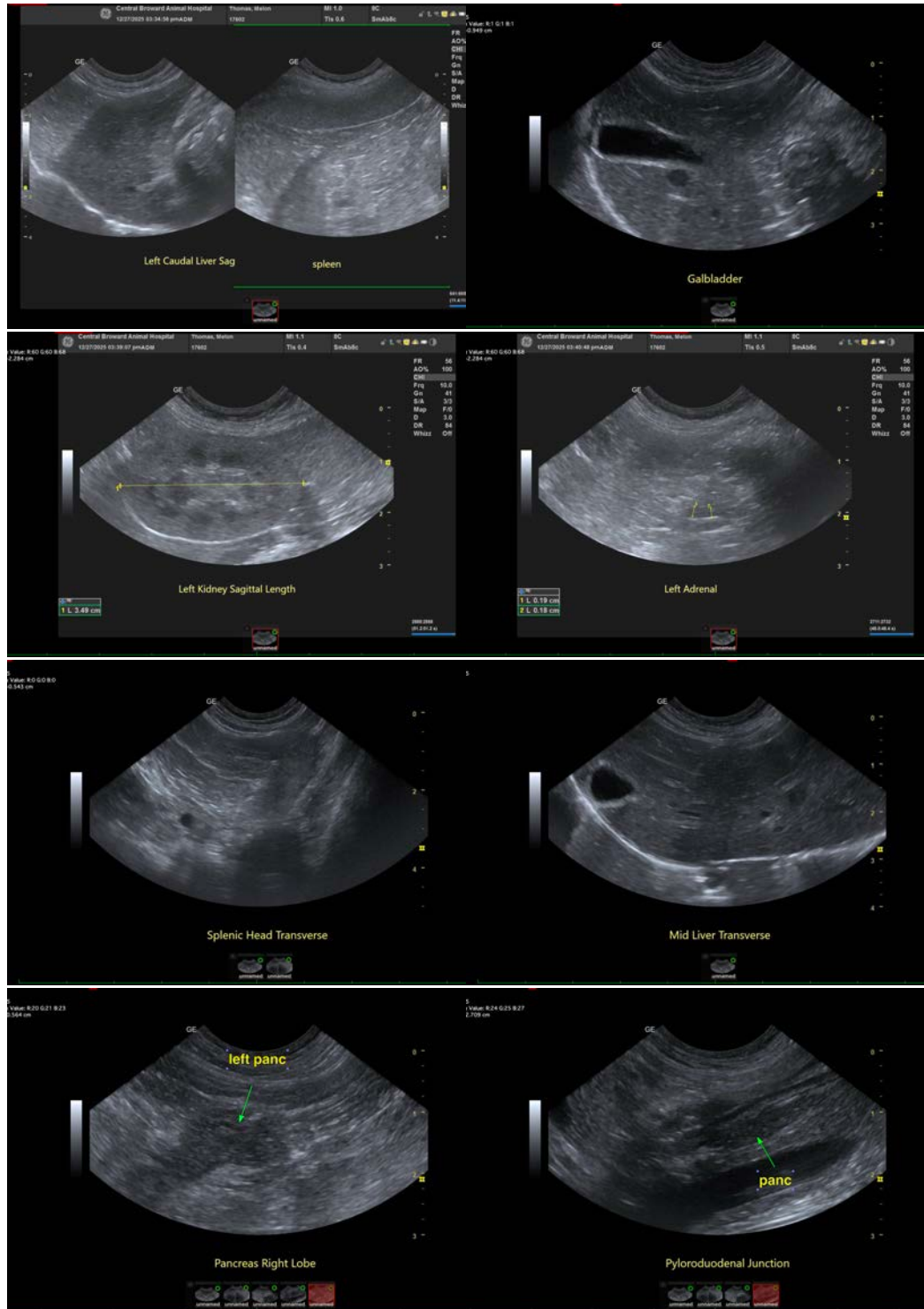
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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