



PATIENT

Spot Main

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

13 years

WEIGHT

6.5 lbs

PRESENTING CLINICAL SIGNS

History: Acute onset of anorexia and nausea, weight loss.

Abnormal PE/Chem/CBC/UA Results: CBC okay. Chemistry low calcium, album; high glucose, ALT, AST, SAP, GGT and T Bili. Triglycerides greater than 500. E clinic was treating with fluids, Convenia, ampicillin and gabapentin. (12/24/25)

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 right kidney measured 3.6 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Harold Mike Beard

Spleen

HOSPITAL NAME

Animal Care VC

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.

REFERRING VET

Dr. Beard

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12/30/25

Liver

The **liver** was diffusely hyperechoic to the falciform fat with attenuating sound beam. The gallbladder and common bile duct was unremarkable. Occasional, hypoechoic nodular change was noted. The nodule measured 0.4 cm in the left lateral liver.



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Gastrointestinal

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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

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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

Hepatic lipidosis pattern with occasional nodular change.

WEIGHT

Minor heterogenous pancreatic changes.

6.5 lbs

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Coagulation panel and 25-gauge FNA is indicated of the general hepatic parenchyma and nodule to ensure that more significant disease is not present. Lipidosis protocol is warranted in the meantime. The patient may have had prior episodes of pancreatitis playing a role in this patient. Level of active inflammation is likely minor if present at all.

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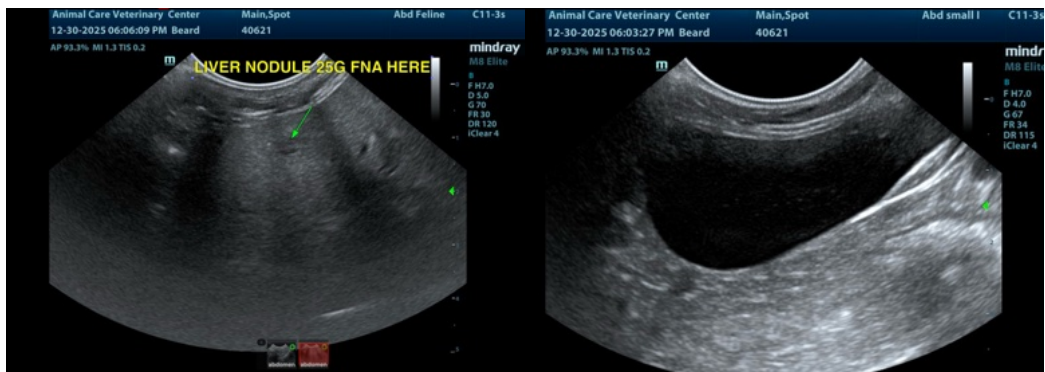
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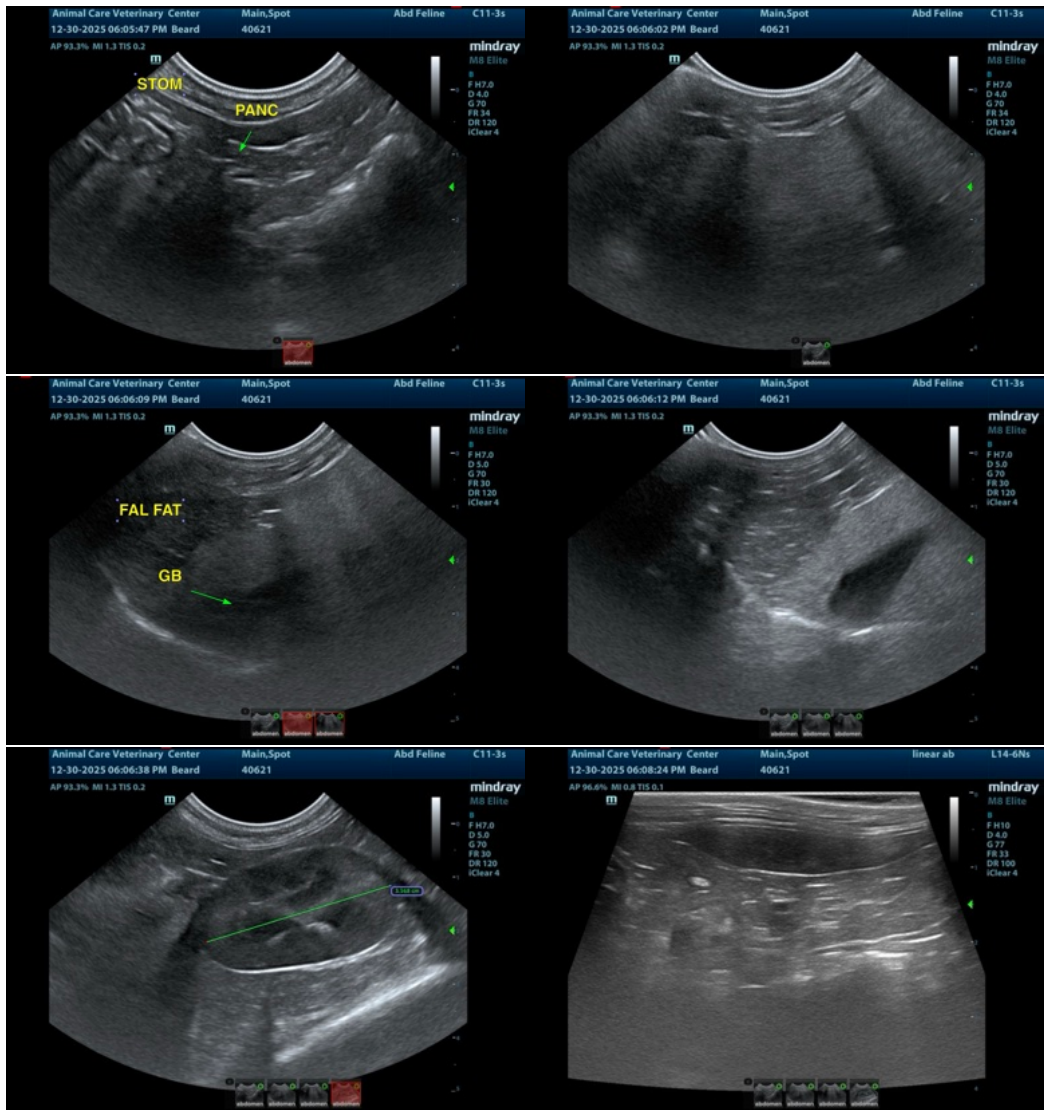
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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