



PATIENT

Squeaker Dalmas

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

12.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. John Bucha VMD

HOSPITAL NAME

Harvey's Lake
Veterinary Clinic

REFERRING VET

Dr. John Bucha VMD

INVOICE

12583

DATE

12/04/25

PRESENTING CLINICAL SIGNS

Diabetic for the past 4 years and owner manages it very well at home. 11-30-25 Squeaker didn't urinate all day and started vomiting Sunday night around 8pm. Severely dehydrated, gave 250ml SQ fluids LRS then fluid therapy @home (150ml per day SQ) Convenia injection 0.56mL Cerenia injection 0.74 mL

Abnormal PE/Chem/CBC/UA Results: CBC, CHEM, CPL, URINE is attached

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. Adequate repletion was present. Urine production appears to be adequate.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.06 cm in length. The right kidney measured 4.75 cm in length. Blood flow to the kidneys was mildly subnormal on power doppler assessment.

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 0.50 cm width. The right adrenal gland measured 0.64 cm width.

Spleen

The **spleen** presented mildly enlarged measuring 1.18 cm width.

Liver

The **liver** presented with diffusely hyperechoic parenchyma and coarse architecture with a hypoechoic 4.0 mm nodule in the left lateral liver that was not particularly disruptive. The gallbladder was unremarkable with a minor amount of debris. Mild generalized hepatic enlargement was noted. Trace fluid was noted between the liver lobes. The common bile duct was unremarkable. A separate hypoechoic liver nodule was noted in the caudal aspect of the left lobe.

Gastrointestinal

The **gastrointestinal** presentation revealed minor 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. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative



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ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Some fluid stasis was noted in portions of the small intestine. Soft stool was noted in the colon.

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Pancreas

Feline

Areas of hypoechoic irregular parenchyma were noted in the **pancreas**, consistent with pancreatitis and with generalized enlargement measuring up to 1.0 cm.

BREED

ULTRASONOGRAPHIC FINDINGS

DSH

- Age-related renal changes.
- IBD pattern.
- Pancreatitis pattern- cannot rule out underlying neoplasia such as pancreatic carcinoma.
- Undefined hepatic nodules.
- Mild splenic enlargement.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

14 Years

FNA of the liver nodules and spleen is indicated. Cytology and culture are also indicated. Management based on cytology results. Prognosis is guarded. Management for pancreatitis is warranted in the meantime.

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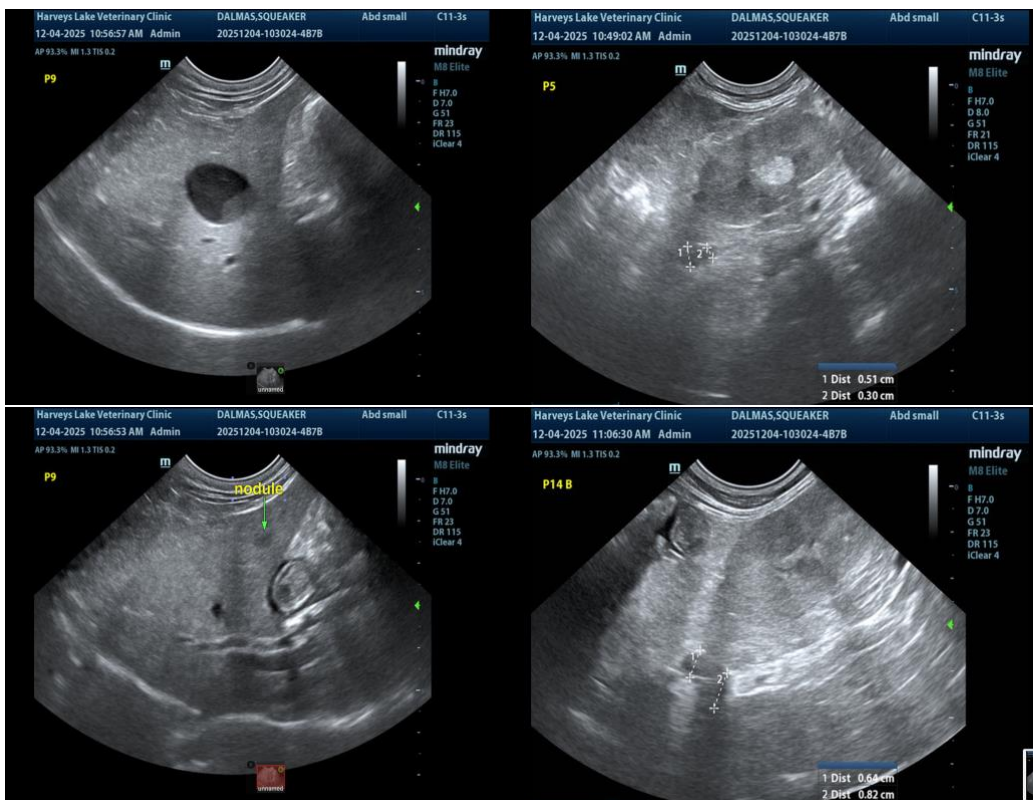
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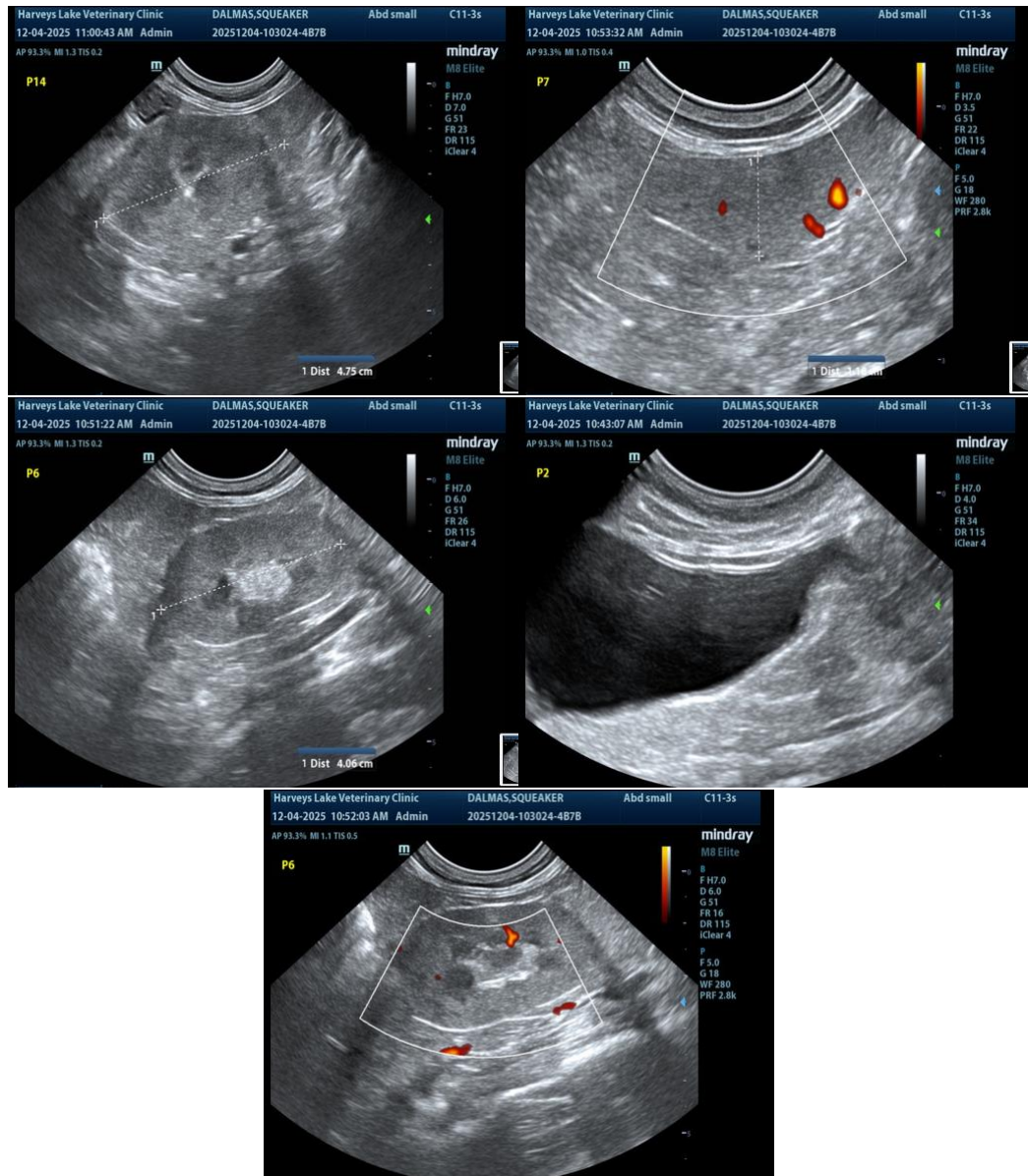
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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