



PATIENT

Otis Ahmed

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years 11 Months

WEIGHT

9.69 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sandra Jimenez

HOSPITAL NAME

Bramer Animal
Hospital

REFERRING VET

Dr. Sandra Jimenez

INVOICE

12625

DATE

12/05/25

PRESENTING CLINICAL SIGNS

On annual sedated groom and exam 3 lb weight loss in one year with no changes to diet, amount of food offered or activity level. Bloodwork performed while sedated showed mild non-regenerative anemia.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4 (10/23/25): RBC 6.18 M/uL (6.5-11.53), HCT 28.7% (31-51), Hemoglobin 9.2 g/dL (10.6-16.7) , BUN 38 (16-37), Crea 1.7 (<1.6) UA (cysto, 10/23/25): USG 1.039 PCV/TS (12/5/25) : 30%, TS 6.9

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 3.2 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

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 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.

Gastrointestinal

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

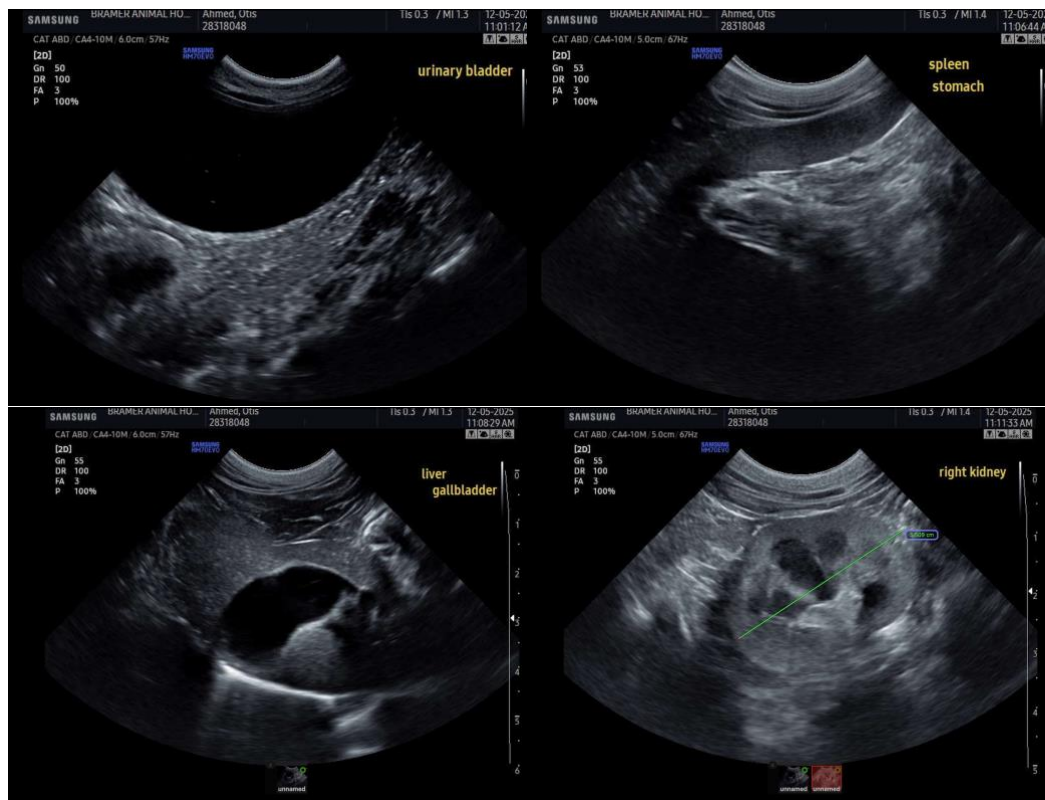
The base of the **pancreas** was enlarged, hypoechoic and mildly irregular. No overt evidence of inflammation, however, subxiphoid palpation is warranted to assess for any discomfort +/- FNA to assess if any inflammation. Minor potential for pancreatic neoplasia.

ULTRASONOGRAPHIC FINDINGS

- Prominent pancreas.
- Age-related renal changes.
- Unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreas, if accessible, from an SDEP 8B position or SDEP 11 position would be ideal. Hyperplasia and age-related changes are likely. Possibility of emerging carcinoma or pancreatic necrosis. Azotemia is likely pre-renal given that the kidneys appear structurally unremarkable. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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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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