



PATIENT	PRESENTING CLINICAL SIGNS
Daisy Brick City Kitty	Losing weight, vomiting/diarrhea
SPECIES	Abnormal PE/Chem/CBC/UA Results: CPL T4 WNL Neutropenia Monocytosis n RBC's
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	<i>Urinary System</i>
DSH	The urinary bladder , trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of suspended debris was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.
SEX	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 3.7 cm in length. The right kidney measured 4.06 cm in length.
Spayed Female	
AGE	
7	
WEIGHT	<i>Adrenal Glands</i>
6.6	Both adrenal glands were not visualized.
INTERPRETED BY	<i>Spleen</i>
Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS	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.
IMAGING PERFORMED BY	<i>Liver</i>
Jenn	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.
HOSPITAL NAME	
Rockaway Animal Hospital	
REFERRING VET	<i>Gastrointestinal</i>
Dr. Dubos	The gastrointestinal tract revealed mild variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.
INVOICE	
12618	
DATE	
12/06/25	The mesenteric lymph nodes presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 1.0 cm.



PATIENT

Daisy Brick City Kitty

SPECIES

Feline

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DSH

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Spayed Female

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INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Dubos

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Pancreas

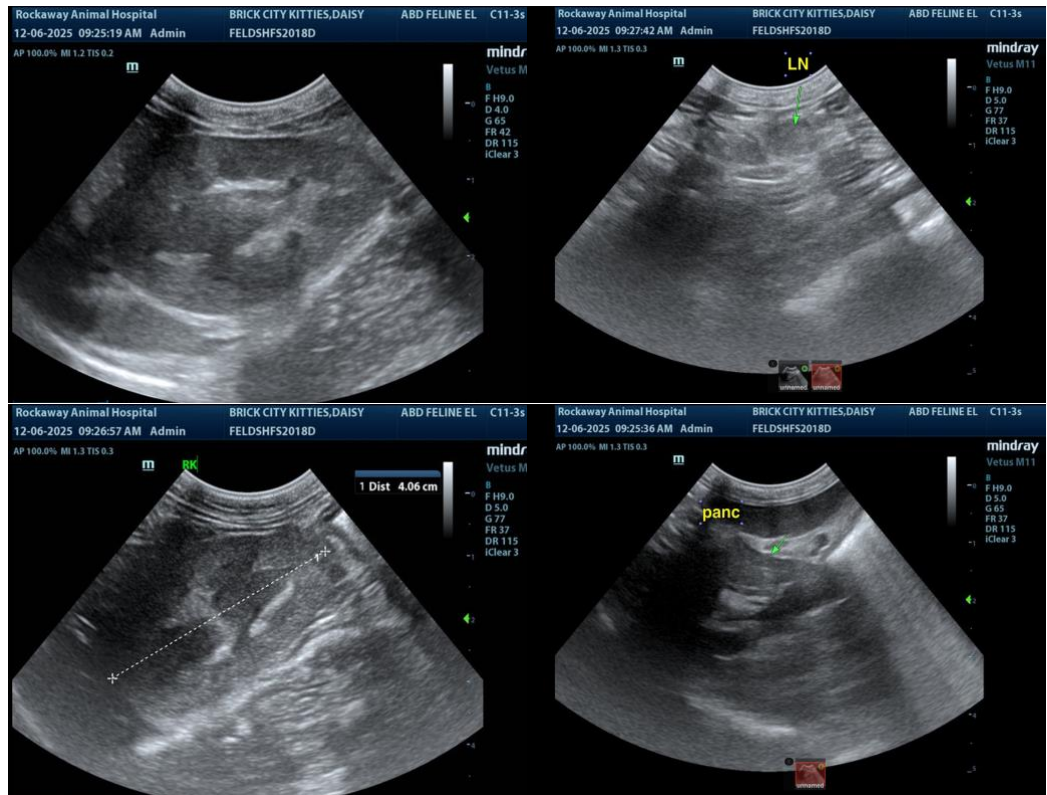
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen.
- Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. Management for inflammatory bowel is recommended. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism are all potentials.





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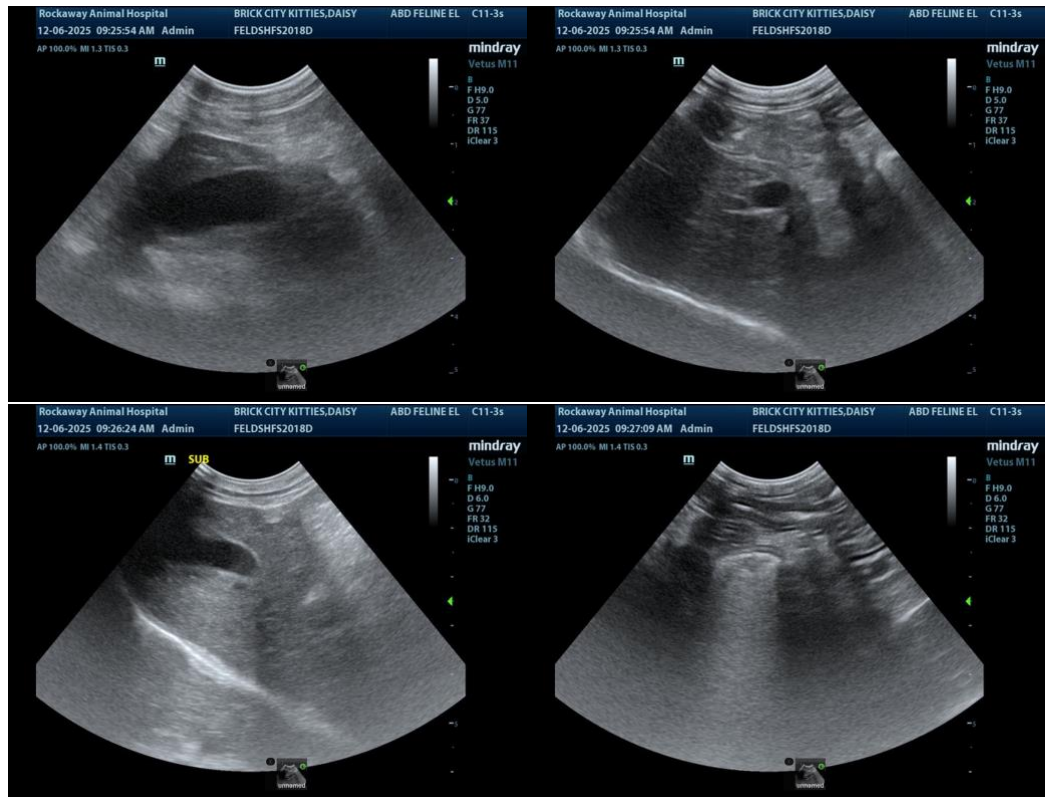
Dr. Dubos

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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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