



PATIENT

Lozen Stocku

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

1 year

WEIGHT

10.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Gunther

INVOICE

69406

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: Acute onset vomiting and anorexia 2-3 days ago. Indoor only but may be chewing on houseplants. May have diarrhea Primary pancreatitis suspected based on bloodwork
Abnormal PE/Chem/CBC/UA Results: CBC - hemoconcentration - HCT 56% Leukocytosis due to neutrophilia and monocytosis Neutrophils 19.65 (2.3 - 10.29) Monocytes 5.05 (0.05 - 0.67) Platelets moderately decreased CHEM - Azotemia - Creatinine 3.3- suspect pre-renal Hyperphosphatemia 8.8 Elevated TBili 2.2 Pancreatic Lipase - significant elevated

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 left kidney measured 4.08 cm. The right kidney measured 4.03 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. The left adrenal gland measured 0.34 cm. The right adrenal gland measured 0.42 cm.

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 was 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. Gallbladder wall brightness was noted. There was no evidence of neoplasia or foreign bodies.



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Gastrointestinal

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Examination of the upper **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. The colon was excessively thickened and measured up to 0.7 cm in wall thickness. The colonic lymph node was slightly enlarged. Trace amounts of free fluid was noted.

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Pancreas

The left limb of the **pancreas** was hypochoic. The caudal aspect of the left limb of the pancreas was hypochoic and irregular with undulating contour. This is suggestive for pancreatitis and hyperplasia. The right base of the pancreas was prominent and hypochoic.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Enlarged, irregular left pancreatic limb with variable areas of reactive mesentery.

Thickened colon.

Slightly enlarged colonic lymph nodes.

Trace amounts of free fluid.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatitis and colitis presentation with potential granulomatous or neoplastic involvement. Underlying FIP is a potential. Ultrasound-guided FNA of the colonic wall and left pancreatic limb would be ideal in this patient. Otherwise, full thickness biopsies would be necessary for further definition. If the bilirubin elevation is persistent then hepatic FNA is indicated. There should also be consideration for Salmonella infection/songbird fever if the clinical history would support that potential. Sampling is essential in this patient either surgical or ultrasound-guided FNA if the lesions are accessible.

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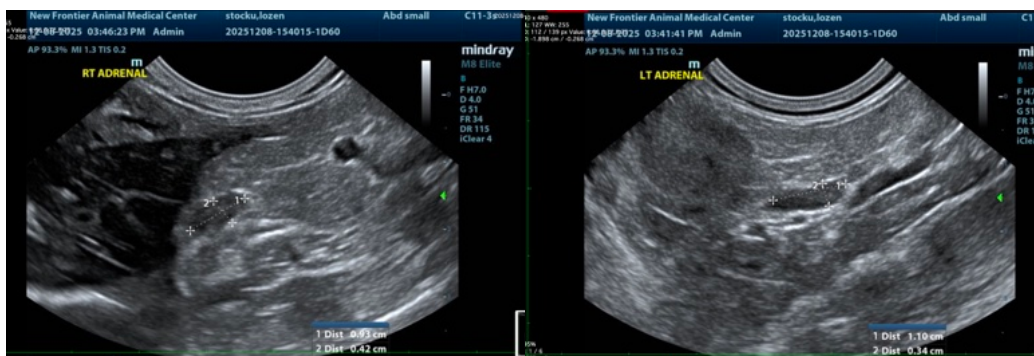
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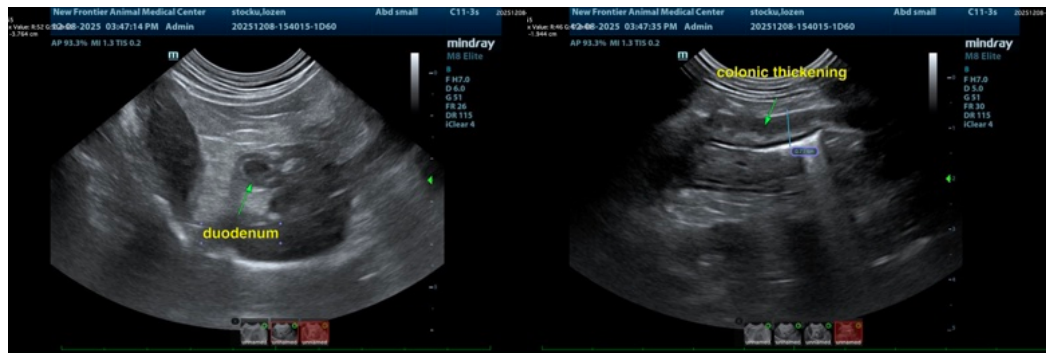
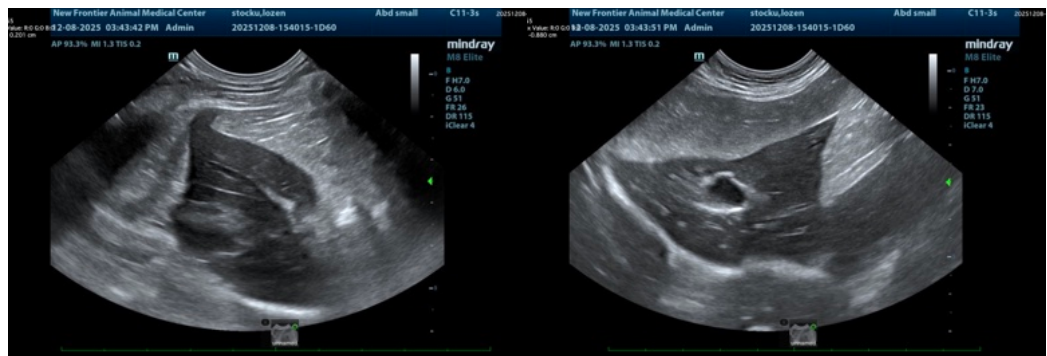
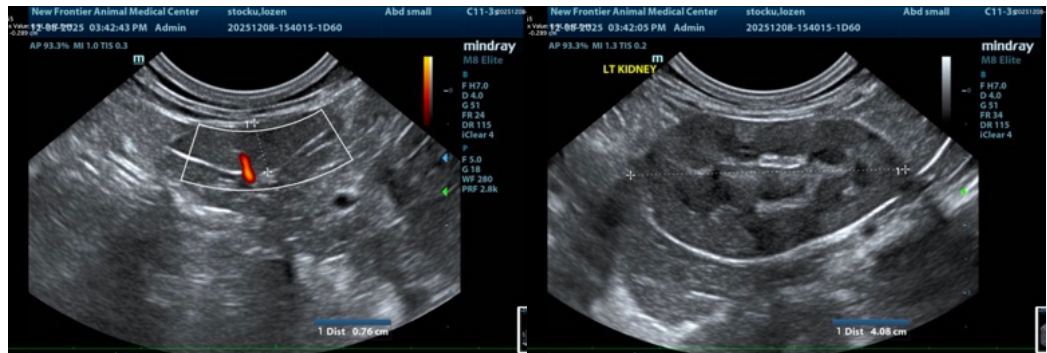
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com