



PATIENT

Cordella Smith

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

6.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Falconridge AH

REFERRING VET

Dr. Rix

INVOICE

13739

DATE

02/13/26

PRESENTING CLINICAL SIGNS

- 4-5 day history of inappetence.
- initially was vomiting too, but has had 2 doses of maropitant and the vomiting is controlled
- lethargic, inactive
- initially had abdominal pain, but this is resolved
- owner likes to sew and cannot eliminate the possibility of a linear FB
- no diarrhea, no pyrexia

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 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 4.2 cm in length. The right kidney measured 4.16 cm in length.

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 0.36 cm width.

Spleen

The **spleen** presented significantly enlarged with scalloping contour measuring 2.25 cm. Hyperechoic lipid plaque 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. 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

The **stomach** was fluid filled in this patient. A portion of jejunal thickening was noted. A linear foreign body was noted, consistent with thread, lodged in the jejunum. Accordion pleating was present along with spastic bowel. The linear foreign body is likely anchored in the pylorus. Localized free fluid was also present.



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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor 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. The left limb measured 0.80 cm.

Free Abdomen

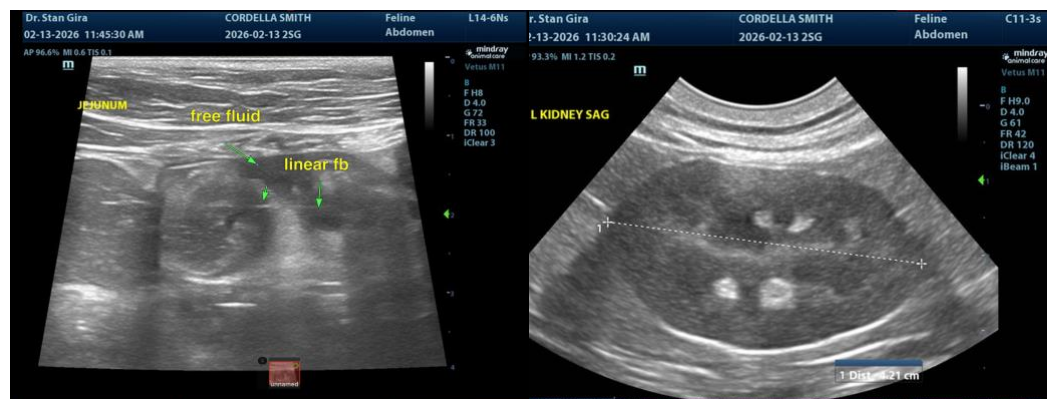
The jejunal **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. An example measured 1.3 cm x 0.50 cm.

ULTRASONOGRAPHIC FINDINGS

- Enlarged spleen with scalloping contour.
- Jejunal lymphadenopathy.
- Linear foreign body- thread or similar with localized free fluid.
- Minor intestinal thickening.
- Age-related abdominal changes otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the spleen is indicated to assess for splenitis versus round cell neoplasia. Proactive splenectomy at surgery may be appropriate. GI biopsy is warranted as well at surgery. Chest radiographs are warranted to ensure concurrent thoracic disease is not present. Examination of the oral cavity to assess for an anchor at the base of the tongue would be indicated as well.





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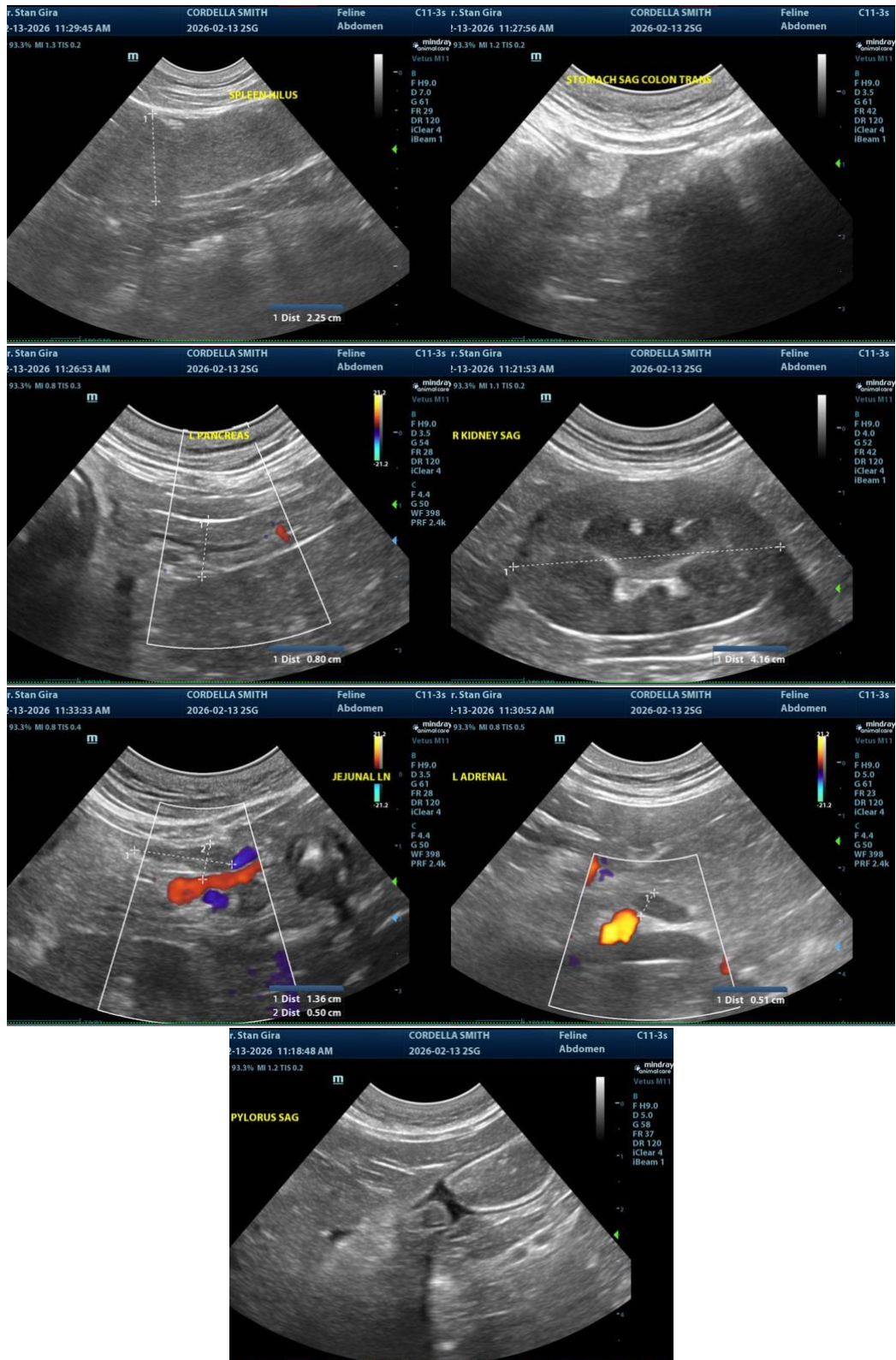
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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