



PATIENT

Gigi Rogers-Grantham

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years

WEIGHT

5.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Honsted

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Honsted

INVOICE

72933

DATE

2/13/26

PRESENTING CLINICAL SIGNS

P presented for recheck. P was seen here yesterday, 2/11, for vomiting and not eating. Vomiting started night prior (2/10) and there were pieces of yarn in the vomit. O declined diagnostics (radiographs and BW/FPL) yesterday and elected outpatient treatment of SQF and a cerenia injection. P has not vomited since, but is drooling and not eating, so o came back for diagnostics as instructed.

Abnormal PE/Chem/CBC/UA Results: FPL - abnormal CBC - RBC 11.92, RDW-SD 20.9 Chem - Ca 8.3, TP 4.9, Alb 2.1, TCHO 58 EPOC - O2SAT 84.5, pCO2 30.2, BE -6.1, K 3.3, Ca 1.07, BUN 14 See additional diagnostic results & history 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.

The **kidneys** presented normal size and contour with slight heterogeneous cortical changes and slight medullary rim sign. These are idiopathic changes and not overtly pathological. Right kidney measured 3.1 cm. Left kidney measured 3.7 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.30 cm in width.

The region of the **right adrenal gland** was unremarkable.

Spleen

The **spleen** measured 0.87 cm in width. It 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.



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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.

Pancreas

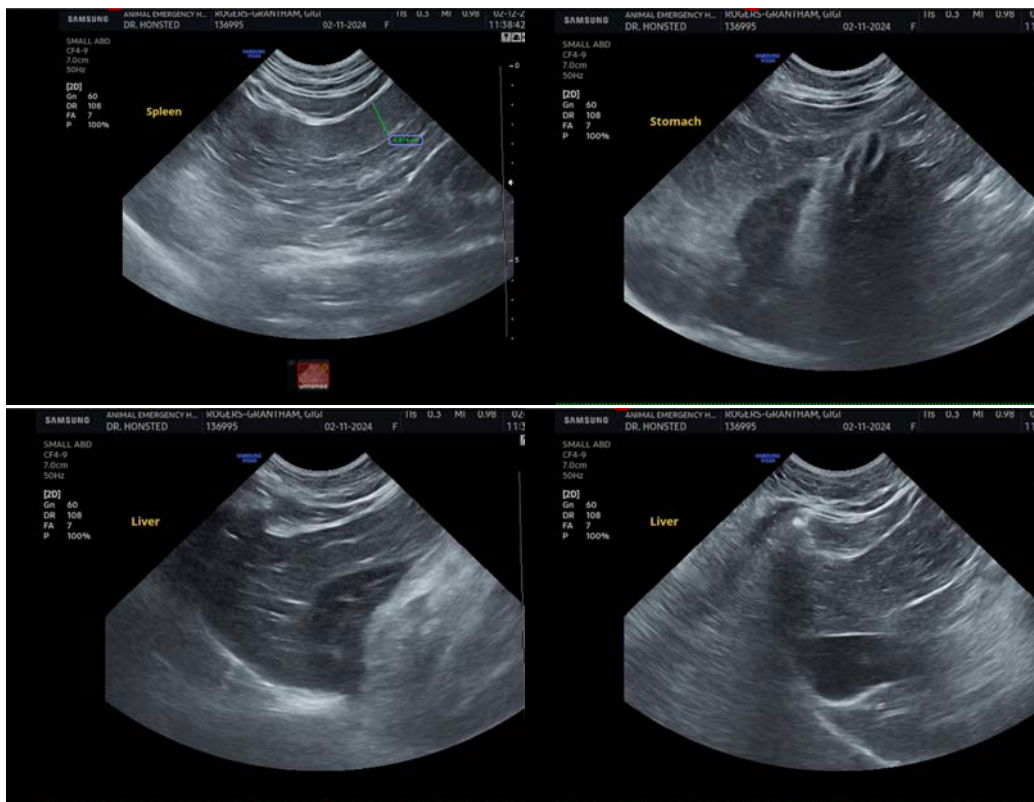
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Minor degenerative renal changes with medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally unremarkable abdomen. No evidence of overt pathology. No evidence of obstructive disease. Supportive care should prove effective. The low albumin is concerning in this patient and should be monitored carefully. This can be a marker for potential lymphoma, yet no structural evidence of lymphoma noted at the time of the sonogram.





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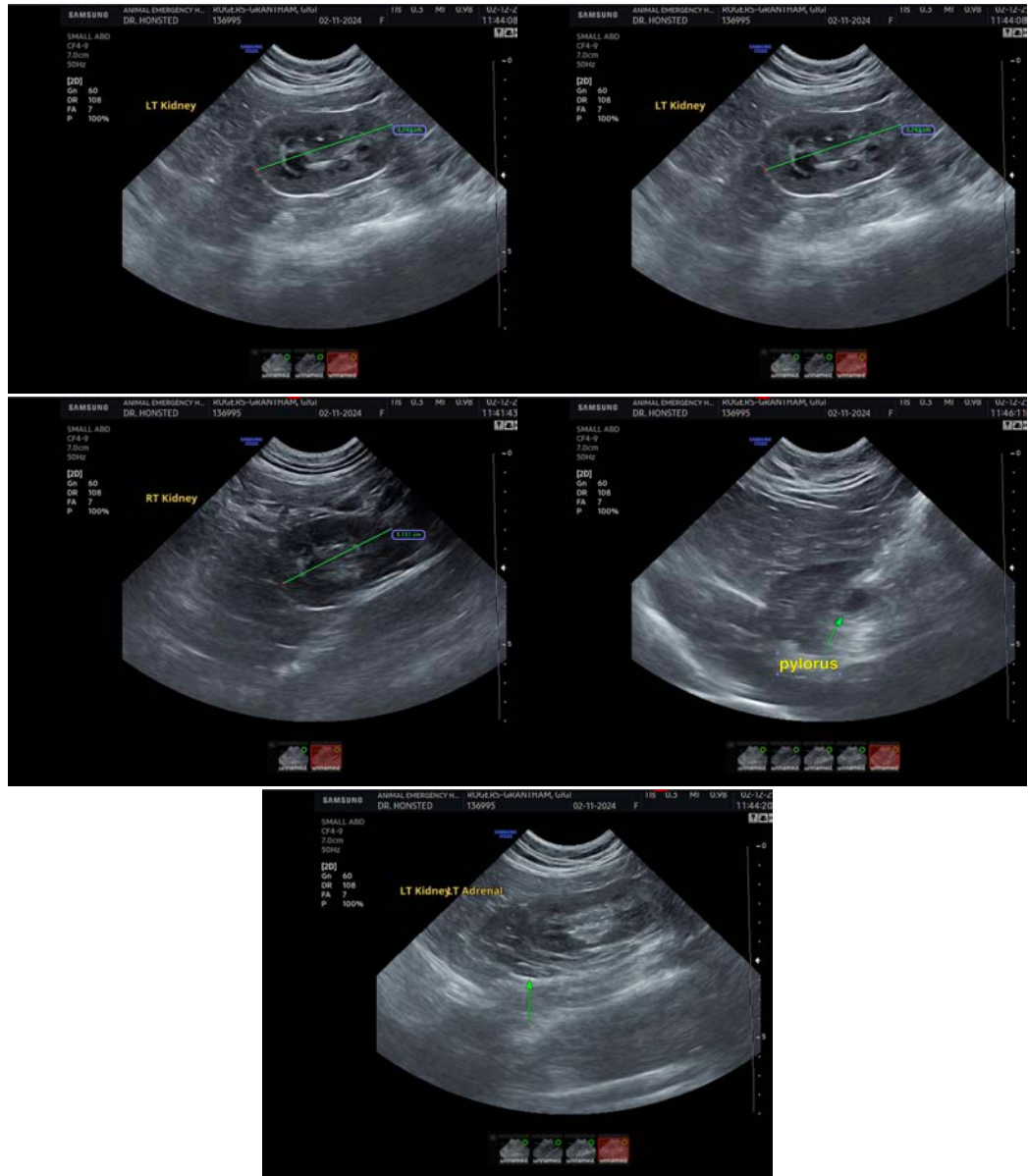
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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