



PATIENT

Mocha Hutter

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

18 Years

WEIGHT

2.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Bennett

INVOICE

72973

DATE

2/14/26

PRESENTING CLINICAL SIGNS

Presented 2/13 for acute vomiting for past 24 hours. History of stable stage 2 CKD and hyperT4, on methimazole 2.5mg PO q12hr. History of sensitive stomach (prone to vomiting).

Recent fecal at rDVM was positive for Coccidia (despite being indoor only), treated with albion

Last blood work at rDVM 1/23: Crea 1.4, BUN 29, TT4 4.9 (on 2.5mg methimazole BID but did not increase dose due to intermittent GI upset).

Abnormal PE/Chem/CBC/UA Results: Exam: fractious, limited exam prior to sedation. Normal heart sounds. Sedated exam: ropey intestines. Temp 99.8. - BP: 187/136 (146) - CBC: Hct 33.8%, WBC 24.02k (H), Neut 20.11k (H), Mono 0.91k (H), rest WNL. - Chem10: Crea 2.8 (H), BUN 56 (H), rest WNL. - SDMA: 23 (H) - TT4: 0.8 (N) - Lytes: All WNL. K 3.5 - LAC: 5.64 (H) - Urinalysis: did not repeat, recent UA at rDVM showed isosthenuria 1.009, and negative urine culture. - Imagyst fecal: negative - Three-view whole body rads: Heterogeneous material in stomach (P did eat this morning and did not vomit all of her food up). No obvious obstructive pattern noted in small intestine but some segments are gas filled and others fluid filled. Elbow arthritis bilaterally. IM pin present in distal left femur.

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 structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. The left kidney was mildly subnormal in size at 2.4 cm with slight pyelectasia. The right kidney measured 2.8 cm with pyelectasia at 0.54 cm x 0.38 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

The **stomach** was repleted with shadowing material, consistent with hairball density occupying the majority of the stomach. The pylorus was patent, no evidence of obstruction. Variable small intestinal thickening noted.

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Pancreas

The left limb of the **pancreas** presented coarse architecture and hypoechoic parenchyma. Dilated duct noted. Enhanced surrounding mesentery noted. Concern for underlying pancreatitis, chronic active form.

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ULTRASONOGRAPHIC FINDINGS

AGE

18 Years

- Age related renal changes with minor renal pyelectasia.
- Hairball density in the stomach.
- Variable intestinal thickening.
- Chronic active pancreatitis likely.

WEIGHT

2.6 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt neoplastic criteria. The kidneys do not appear end stage. Complicating factors may be playing a role such as underlying UTI or pre-renal disease. Hairball management and supportive care for pancreatitis indicated. Coverage for potential embedded UTI indicated. Blood pressure measurements indicated.

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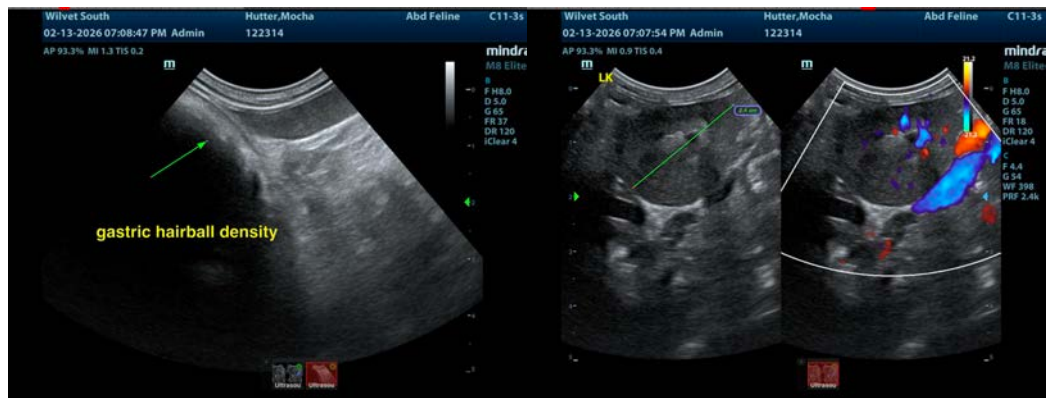
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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