

PATIENT

Phoebe Halloum

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

5.44 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stacy

HOSPITAL NAME

Emergency Animal
Hospital of Crystal
Falls

REFERRING VET

Dr. Kirschenbaum

INVOICE

13775

DATE

02/14/26

PRESENTING CLINICAL SIGNS

- phoebe 10yo fs dsh hx of hyperthyroid disease. Presented for excessive drinking, inappetence, leth, hiding. NE, only licking broth. Hx of FHV as well
- 103.9 fever, tackymm, BW with t4 and urinalysis - glucosuria with ketones with bacteria, wbc, rbc in urine. BW - hyperglycemic and hypokalemic, elev liver enzymes, thyroid levels 5.6. Glucose 240. Fever resolved on fluids. Have not started antibiotics. On meds for hyperthyroidism. Got gabapentin prior to presentation along with appetite stimulant unknown name. Gave a quote of 4-5k for 2 days gold standard plan, sometimes they need longer, rarely they surprise us and get out quicker

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 2.96 cm in length. The right kidney measured 3.0 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 0.30 cm width. The right adrenal gland measured 0.30 cm width.

Spleen

The **spleen** presented enlarged and folded upon itself measuring up to 1.2 cm in width.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal



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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

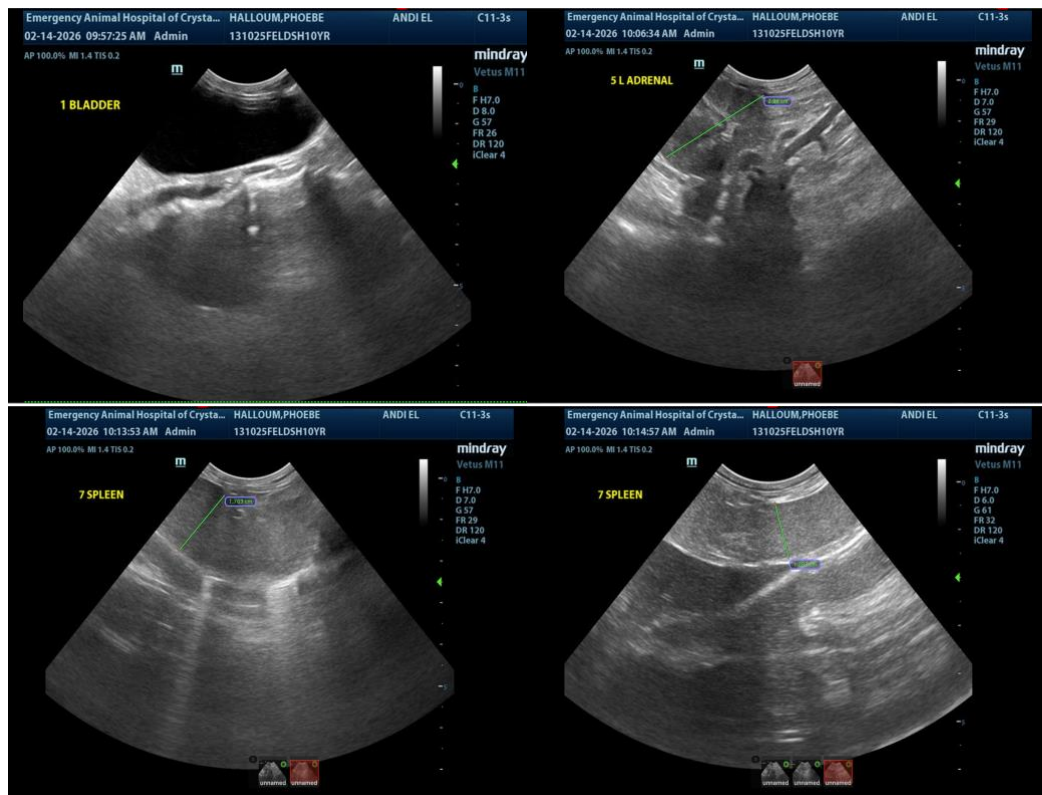
The **pancreas** presented hypoechoic and irregular with mild enhanced surrounding mesentery suggestive of chronic active pancreatitis.

ULTRASONOGRAPHIC FINDINGS

- Enlarged spleen folded upon itself.
- Chronic active pancreatitis.
- Age-related abdominal changes otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is indicated for further definition. Cytology and culture to assess for round cell neoplasia versus splenitis or reactive spleen. Enrofloxacin/Clindamycin combination or similar is recommended empirically given the fever of unknown origin. Prognosis is guarded depending upon cytology results.





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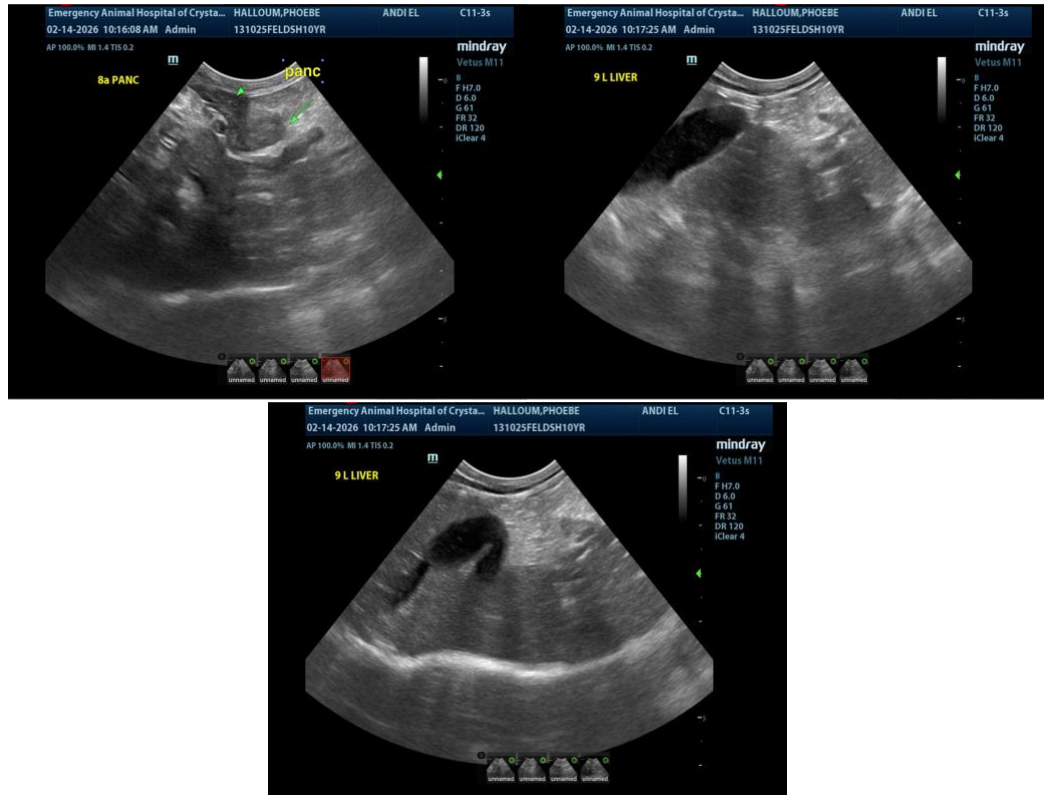
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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