



## PATIENT

Tangerine Zhao

## SPECIES

Feline

## BREED

DMH

## SEX

Spayed Female

## AGE

6 Years

## WEIGHT

9.2 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Shen Li

## HOSPITAL NAME

Dr. Shen Li VS

## REFERRING VET

Dr. Shen Li

## INVOICE

35890

## DATE

2/20/26

## PRESENTING CLINICAL SIGNS

- Chronic vomiting
- Typically vomit immediately after eating
- Stable weight
- Abnormal PE/Chem/CBC/UA Results: Ropy intestine on palpation. Full bloodwork and GI panel pending.

## 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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 3.7 cm. The right kidney measured 4.18 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 0.4 cm.

The region of the **right adrenal gland** revealed no evident pathology.

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

### *Gastrointestinal*



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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. This is a mild change. Some reactive mesentery was noted associated with the intestinal tract.

**Pancreas**

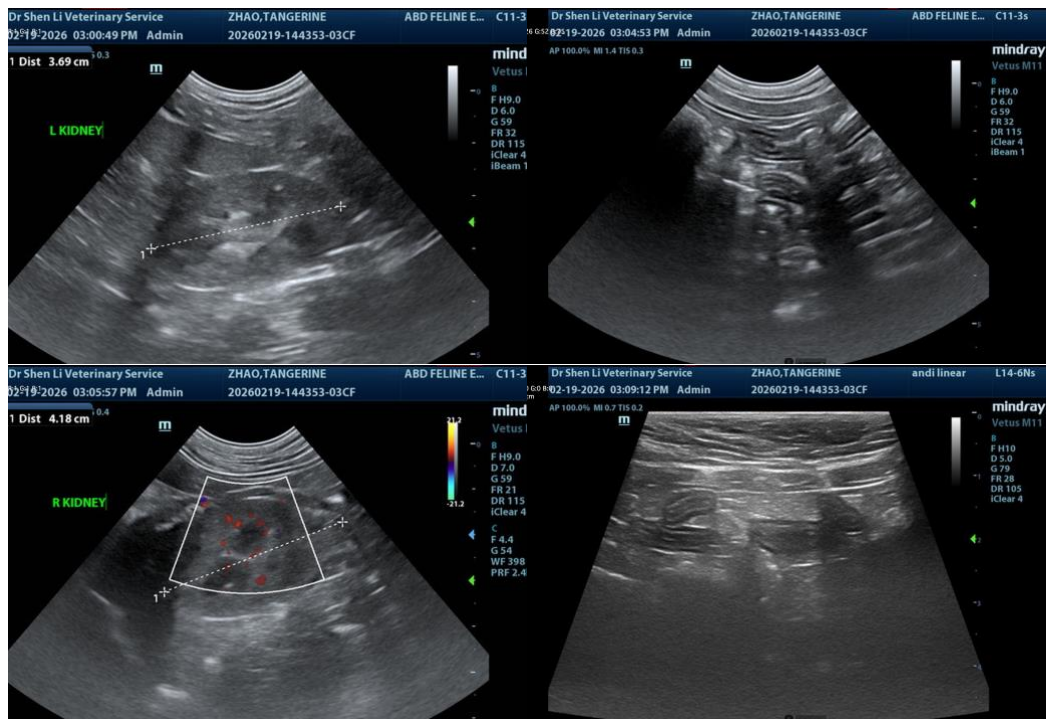
The **pancreas** was slightly hypoechoic and mildly irregular. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

**ULTRASONOGRAPHIC FINDINGS**

- Minor intestinal thickening/IBD GI pattern
- Prominent slightly irregular pancreas- potential low-grade pancreatitis or history of pancreatitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Management for inflammatory bowel and pancreatitis is indicated with hydrolyzed diet and assessment for any underlying infections agents, such as toxoplasmosis, bartonella, and intestinal parasites. Prednisolone trial may be necessary in this patient to control the clinical signs. No structural evidence of neoplasia, nor foreign matter.





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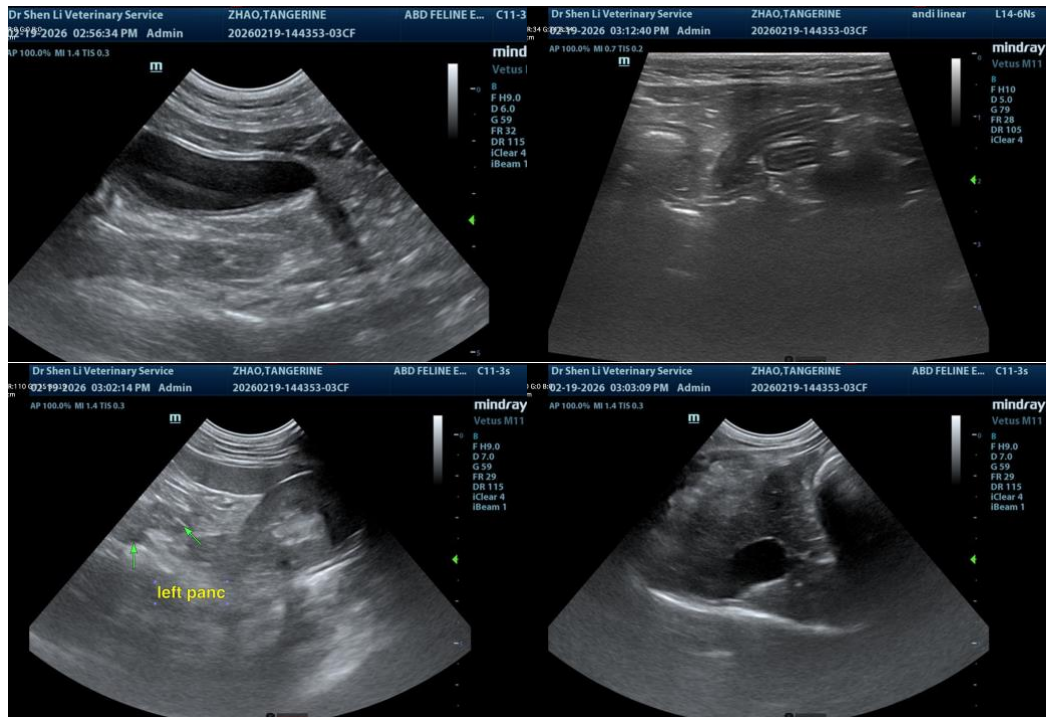
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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