



## PATIENT

Ember Edgar

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed Female

## AGE

9

## WEIGHT

10.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Seth Edgar, DVM

## HOSPITAL NAME

Overpeck Creek  
Animal Hospital

## REFERRING VET

Seth Edgar, DVM

## INVOICE

73148

## DATE

2/21/26

## PRESENTING CLINICAL SIGNS

Ember is a 9 year old SF DSH presented for acute, complete loss of appetite, lethargy, vomiting 1x, and small bowel diarrhea. She is my personal pet. She has a history of vomiting, usually hair balls, a few times a month. Was worse before being put on Hills Hairball Control and Urinary wet food. She also eats Hill's Hairball Control dry food. The morning of the vomit, she was given 8mg of cerenia PO. When I returned home, she had eaten some of her food from the automatic feeder (approx 50%). Since then has not eaten at all.

Other possibly relevant history includes Idiopathic Epilepsy which was treated for about 2 years (2022-2023) with Phenobarbital. She was weaned off Pheno for about a year and has since not had any recurrence of seizures, but she does have an occasional twitch, which Neurology at UF states may be a remnant but does not need treatment.

Abnormal PE/Chem/CBC/UA Results: CBC, Chem 17, Lytes all WNL

## 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 largely normal size and 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 and no evidence of pelvic dilation was present. Slight mineralization noted. Left kidney measured 3.46 cm. Right kidney measured 3.9 cm. Blood flow to the kidneys was mildly subnormal.

### 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. Left measured 0.40 cm. Right measured 0.40 cm.

### 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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



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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

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

## Pancreas

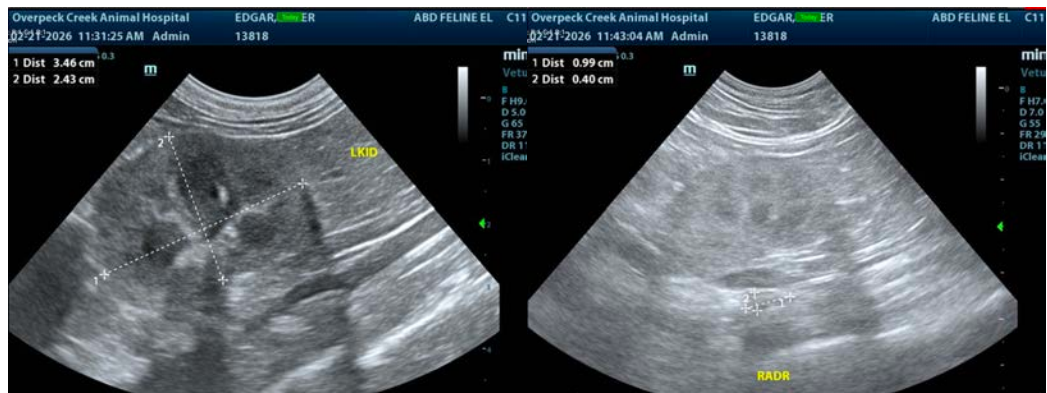
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

## ULTRASONOGRAPHIC FINDINGS

- Age related renal, hepatic, pancreatic and GI changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally unremarkable abdomen. No evidence of specific pathology. Given the vague clinical history, orthopedic, CNS and thoracic disease should be considered, or toxin exposure.





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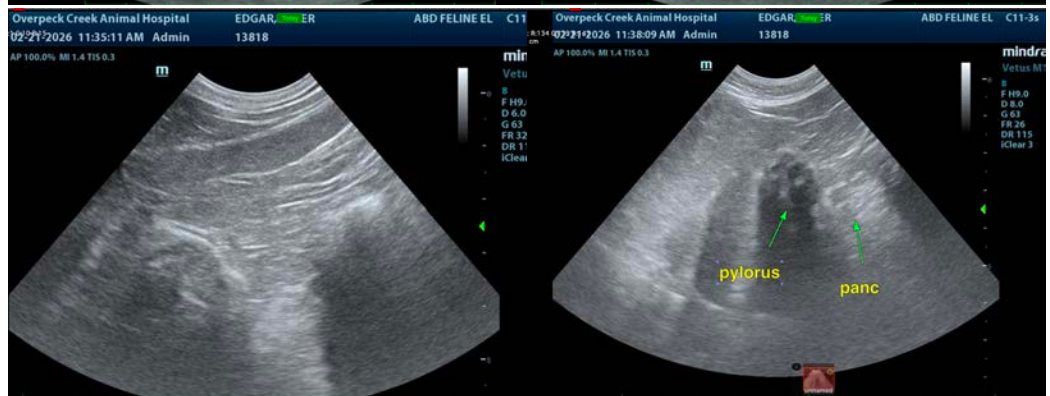
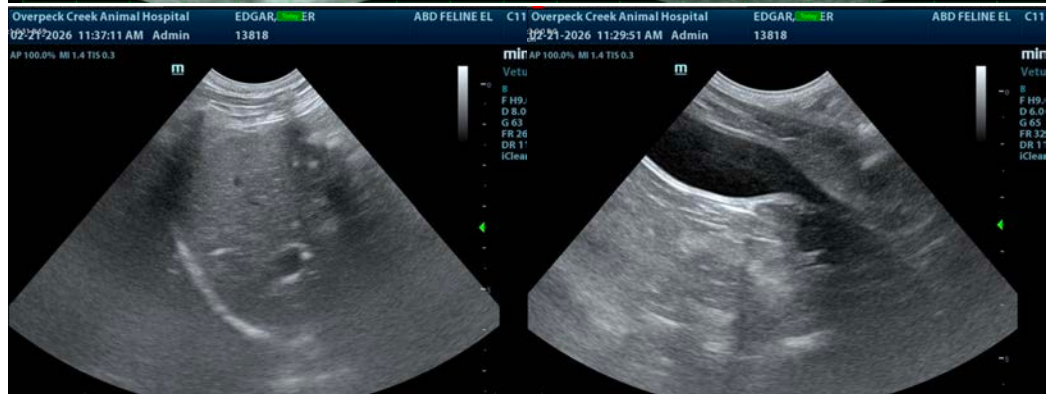
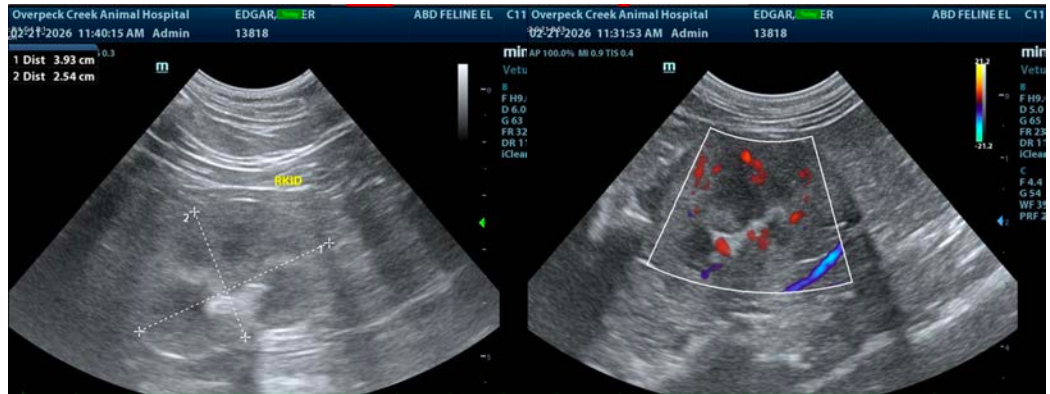
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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