



PATIENT

Kahlua Mikels

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

11 Years

WEIGHT

9.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Duffield

HOSPITAL NAME

PetVue Veterinary
Sonography LLC

REFERRING VET

Dr. Duffield

INVOICE

13974

DATE

02/22/26

PRESENTING CLINICAL SIGNS

- 2d h/o vomiting, diarrhea and hyporexia prior to presentation yesterday. Prior h/o vomiting occasional hairball otherwise unremarkable medical Hx. Yesterday, admitting veterinarian started IVF, Cerenia, Metronidazole. No further vomiting / diarrhea noted over past 36h in-hospital. P still only very mildly interested in food.

Abnormal PE/Chem/CBC/UA Results: Mildly tense cranioventral abdomen otherwise unremarkable PE. No BW/UA to report at this time.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 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 measured 3.2 cm in length. The right kidney measured 3.68 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 0.34 cm width. The right adrenal gland measured 0.30 cm width.

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 **stomach** revealed a slight amount of luminal fluid without mural changes. No evidence of foreign bodies or hairball densities. The small intestine and colon were unremarkable.

Pancreas

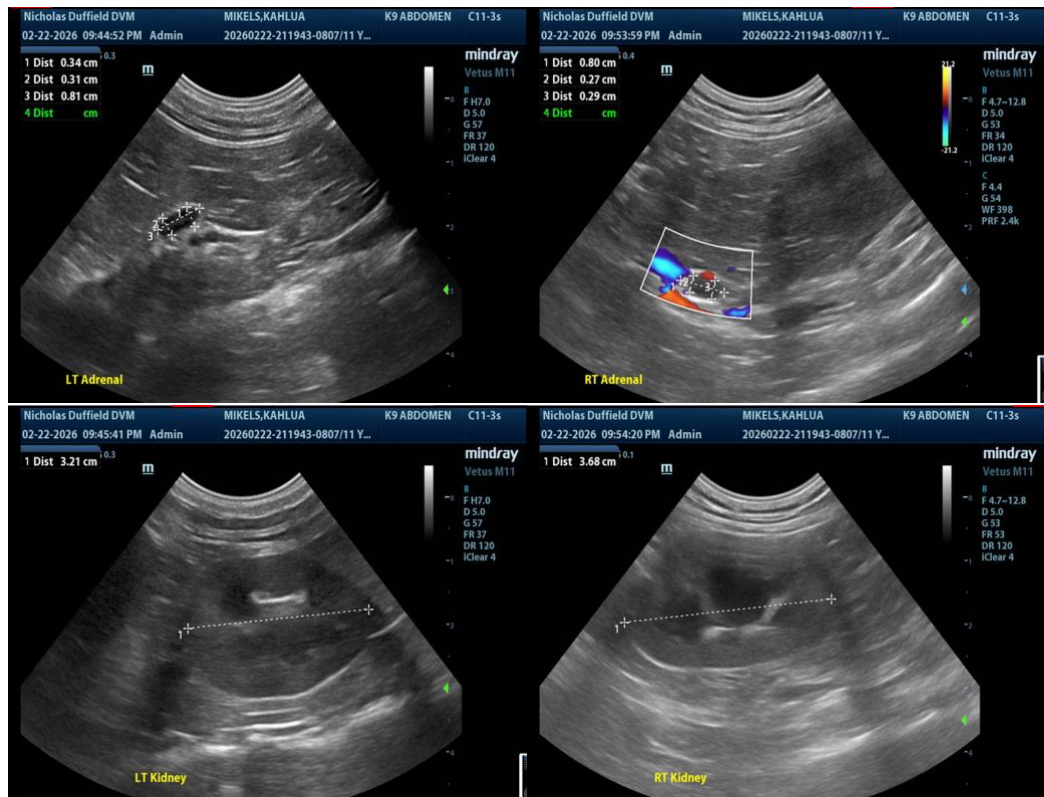
The right limb of the **pancreas** presented slightly prominent and hypoechoic. The left pancreatic limb was unremarkable. Some level of low-grade pancreatitis is possible. Subxiphoid palpation is recommended to assess if there is any pain or discomfort.

ULTRASONOGRAPHIC FINDINGS

- Minor fluid filled gastric lumen.
- Prominent right pancreatic limb.
- Unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for gastritis and pancreatitis should prove effective in this patient yet structurally, the abdomen appears unremarkable.





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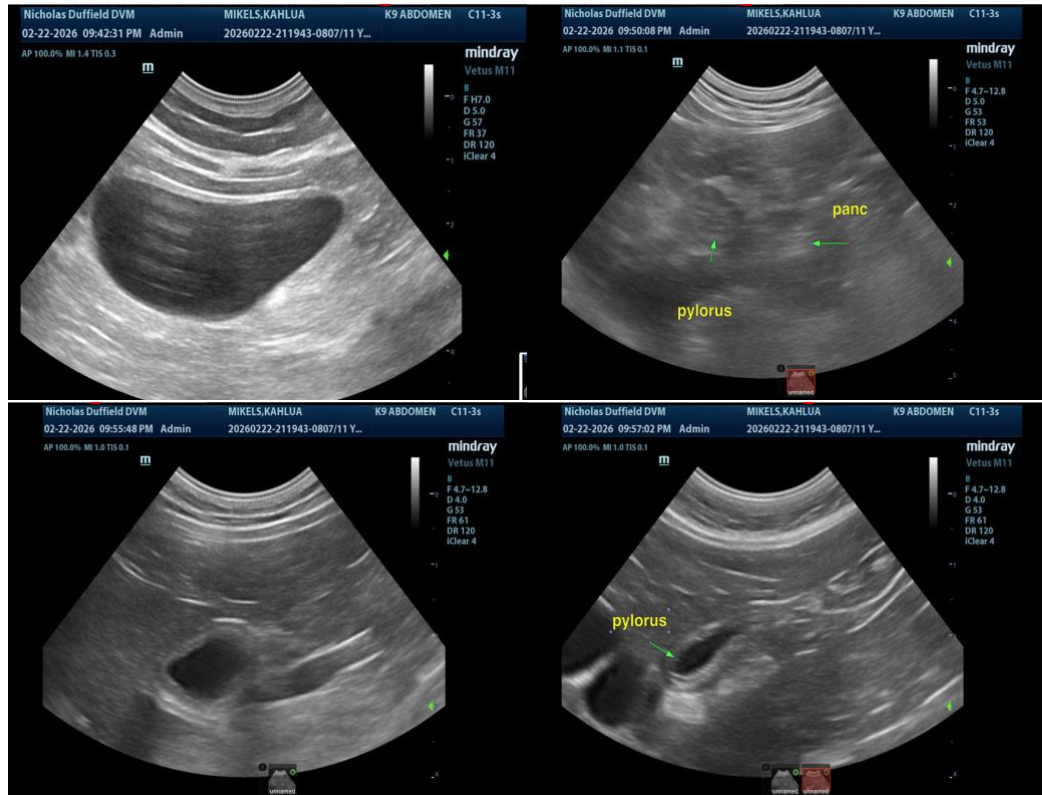
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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