



## PATIENT

Jasper Balderas

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

10 months

## WEIGHT

9.7 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Jenny Russell

## HOSPITAL NAME

Southwest Texas  
Veterinary Medical  
Center

## REFERRING VET

Dr. Stofas

## INVOICE

71821

## DATE

2/24/26

## PRESENTING CLINICAL SIGNS

- Presented yesterday for vomiting for the last 3 days. Vomiting both food and liquid with a pink tint. Softer stool than usual. No obvious signs of foreign body radiographically. Fecal and giardia Negative
- Tx: Cerenia SQ, Convenia SQ, Mirtazapine 7.5 mg given in clinic, SQ fluids, and Miralax.
- Little improvement overnight with P vomiting clear liquid this morning. Owner did not think P ate more than a churu. Defecated soft stool twice.
- Recheck radiographs show no obvious signs of foreign body.
- Mild proteinuria and mildly elevated total bilirubin. Thrombocytopenia associated with difficult blood draw. FNA of abdominal lymph nodes showed primarily reactivity with ~20% large lymphocytes.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 was noted. Ureteral papillae were normal.

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 3.53 cm. The right kidney measured 4.01 cm.

### 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 0.23 cm. The right adrenal gland measured 0.41 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 was noted.



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## 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

The stomach revealed shadowing luminal material/density. Progressive shadowing was noted and suggestive for hair type accumulation. However, transit of chyme into the duodenum and small intestine appeared to be occurring. The intestines were 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. The mesenteric lymph nodes were reactive or juvenile measuring up to 1.0 x 0.7 cm.

## Pancreas

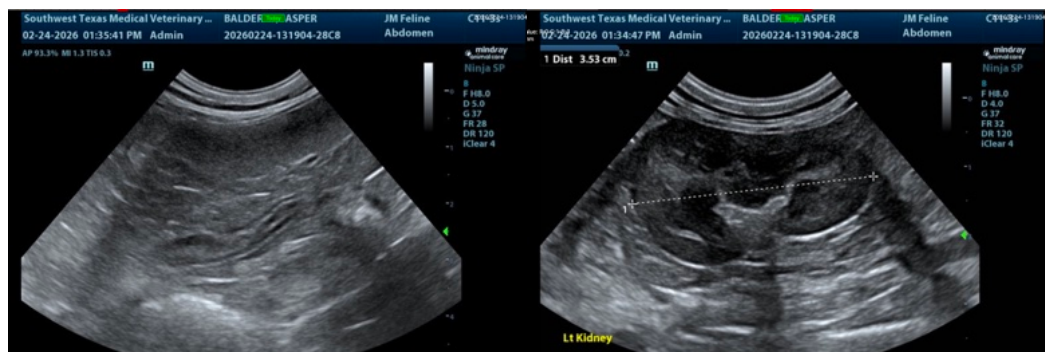
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

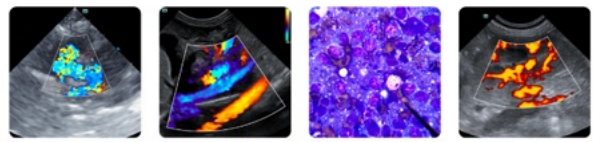
## ULTRASONOGRAPHIC FINDINGS

Hairball type density in the stomach without full obstructive pattern. Transit of small intestine occurring.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend assessment of the patient's history as to whether any excessive grooming or hair type density foreign matter has been ingested. Medical management with recheck sonogram is recommended in a week if the patient stabilizes. No overt obstruction was noted at this time.





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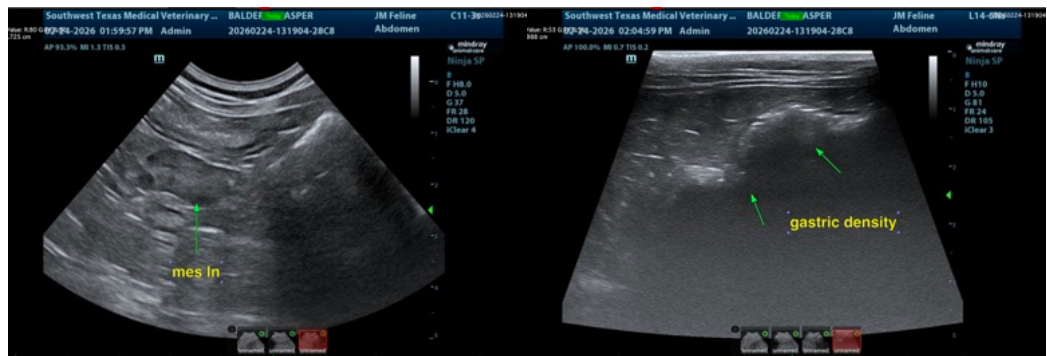
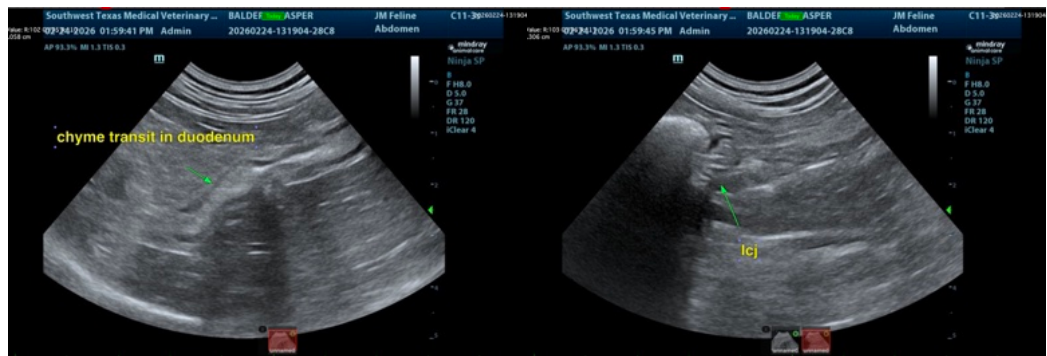
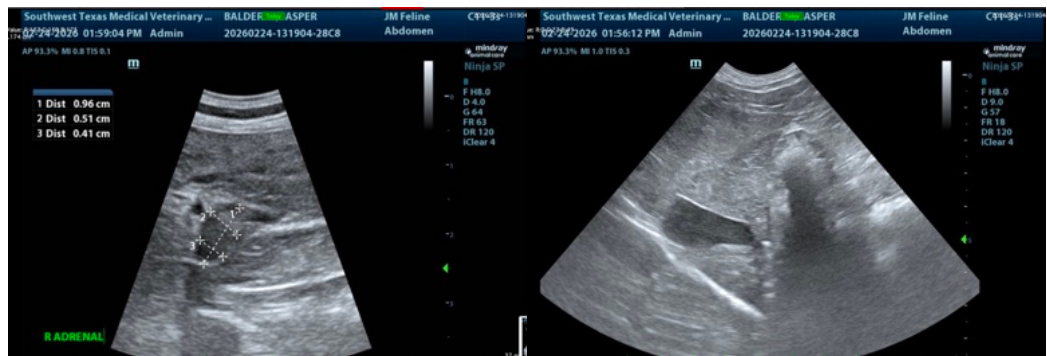
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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, CEO of SonoPath.com

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