



PATIENT

Kennedy Power

SPECIES

Feline

BREED

Russian Blue

SEX

Spayed female

AGE

12 years

WEIGHT

10.62 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Persson

INVOICE

72005

DATE

2/26/26

PRESENTING CLINICAL SIGNS

- Acute gastroenteritis and inappetence about 6 days ago
- Mild eosinophilia, Mild GGT elevation
- Radiographs: Mildly diffusely dilated gastrointestinal tract. This could be secondary to gastroenteritis, a functional ileus, or a chronic enteropathy (e.g. inflammatory bowel disease, small cell lymphoma)
- Treated empirically with fenbendazole; proviable; ondansetron; mirataz
- Feeling better with no further vomiting or diarrhea and appetite is improved
- Eosinophils 1.69 (0.17-1.57) GGT 5 (0-4)

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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 4.32 cm. The left kidney revealed pyelectasia that measured 0.26 cm. The left kidney measured 4.4 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 0.25 cm. The right adrenal gland measured 0.23 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 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 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 **stomach** revealed progressively shadowing luminal material that is consistent with ingesta and/or likely hairball accumulation. Minor distal small intestinal muscularis thickening was noted. Transit of chyme appears to be occurring. The colon was unremarkable with normal curvilinear mural patterns and content.

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

Repleted stomach, likely hairball accumulation, ingesta or the possibility of foreign matter.

No evidence of significant disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend supportive care and hairball management. The stomach should be monitored to ensure that this empties over the next 24-48 hours.

Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials.



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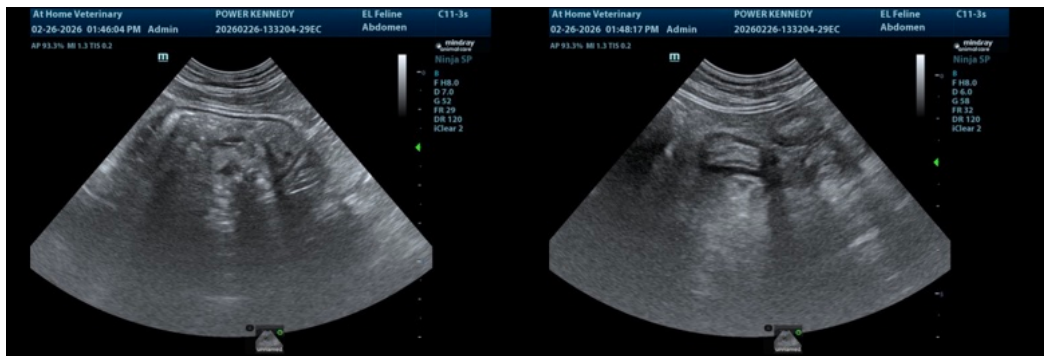
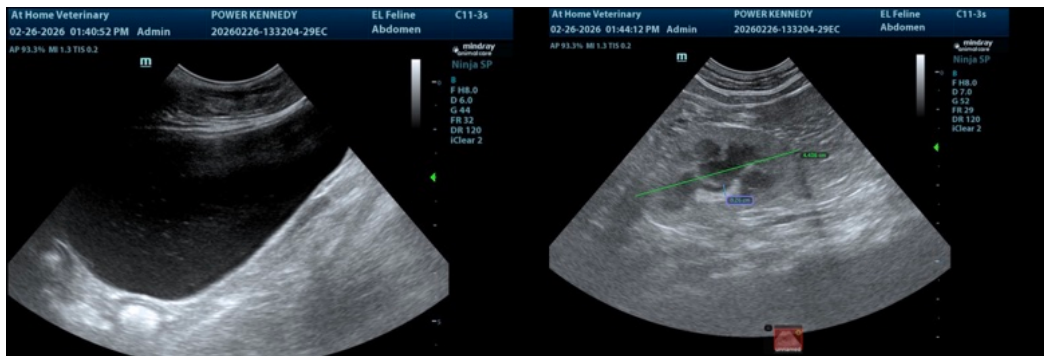
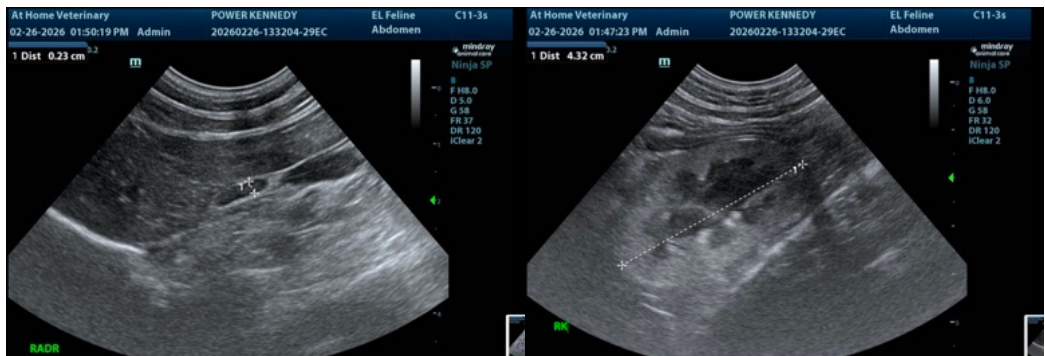
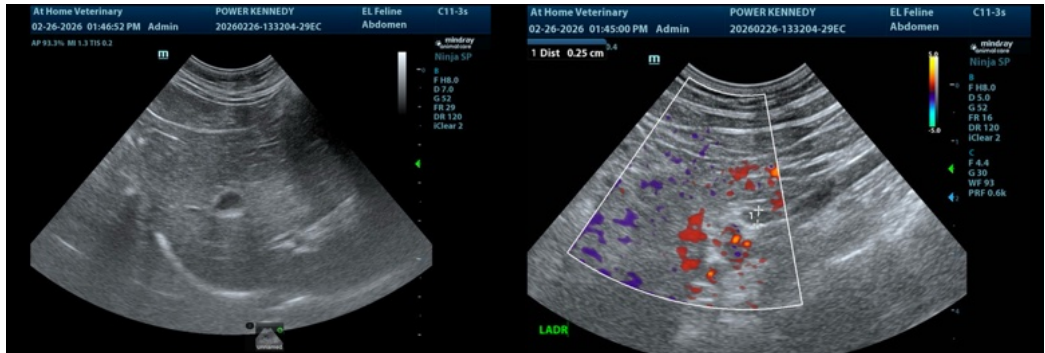
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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