



PATIENT

Guacamole Woods

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

9 months

WEIGHT

4.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sydney Jackson

HOSPITAL NAME

New Hope AH

REFERRING VET

Dr. Jackson

INVOICE

71310

DATE

2/5/26

PRESENTING CLINICAL SIGNS

- Pt is only 4.4lbs at 9 months with BCS of 3/9. Littermate is 10lbs. Pt acts nauseous and lethargic after eating. Pt often acts painful in abdomen and vocalizes, frequent inappetence and occasional vomiting. Responds well after Cerenia injection.
- Fecal-NPS Chem 17 - BUN 41 (14-36) SODIUM 144 mEq/L (145 - 158) POTASSIUM 4.3 mEq/L (3.4 - 5.6) NA/K RATIO 33 (32 - 41) CBC-WNL T4-WNL Cobalamin B12/Folate B12 >1000 290-1500 pg/mL Folate >24.0 9.7-21.6 ng/mL HIGH TLI, Feline TLI (Feline) 24.5 12-82 µg/L Bile Acids Pre and Post Pre Meal Bile Acids 48.3 <10.0 umol/L HIGH Post Meal Bile Acids 19.5 < 30 umol/L

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 1.0 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 3.2 cm. The right kidney measured 3.4 cm.

Adrenal Glands

The **adrenal glands** were not overtly visualized. However, the regions of the adrenal glands appeared unremarkable.

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.

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 portal vein measured 0.4 cm, vena cava measured 0.4 cm. Normal macrovascular structure is present. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological



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

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Hair type density was noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. Slight, reactive mesenteric lymph nodes were noted and measured up to 1.0 x 0.5 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.

Slight reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of gross structural disease. Intestinal dysbiosis is a strong potential in this patient and would influence the clinical history including the bile acid elevations. Structurally the liver appears unremarkable.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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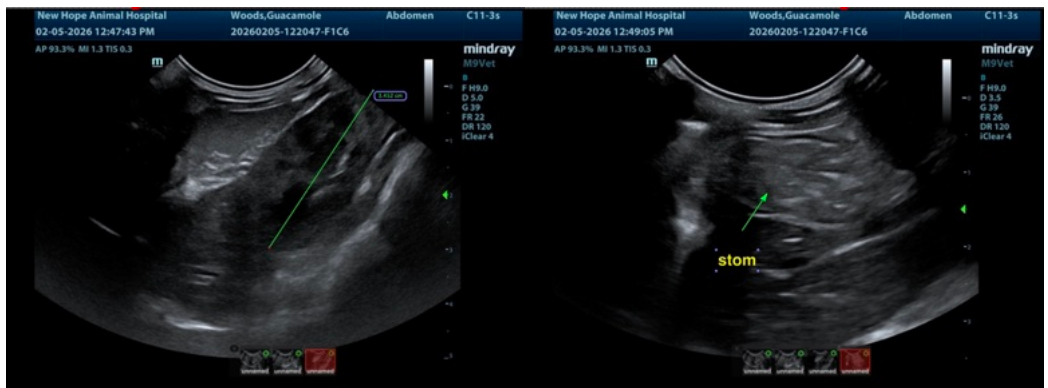
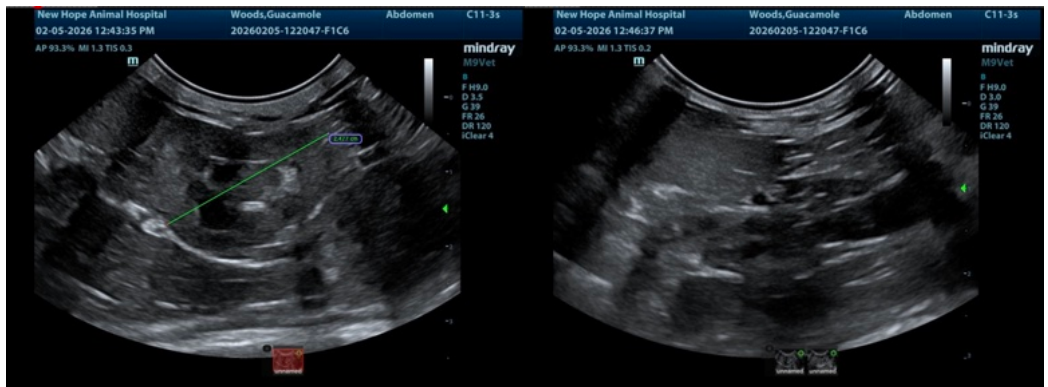
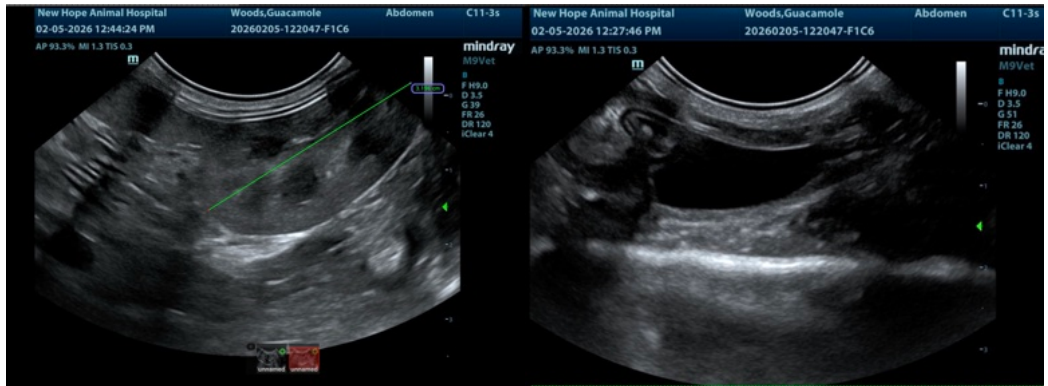
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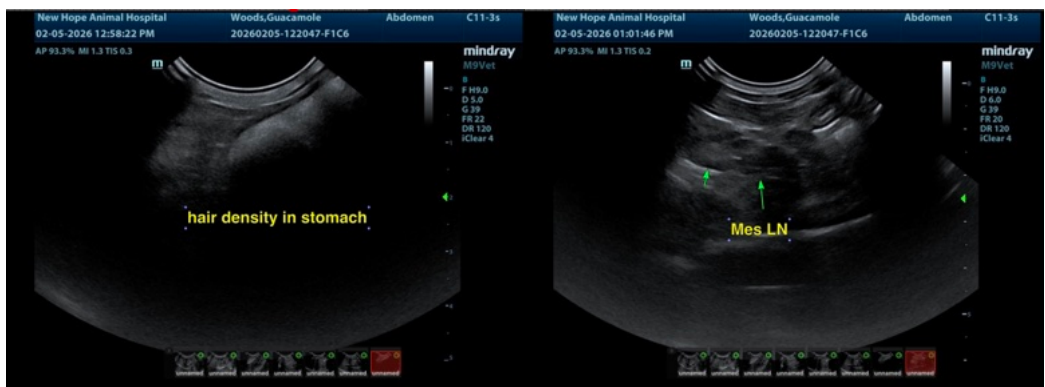
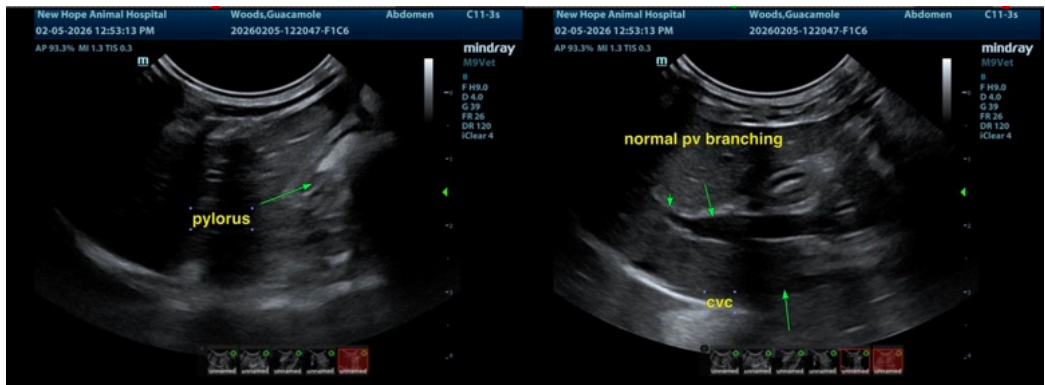
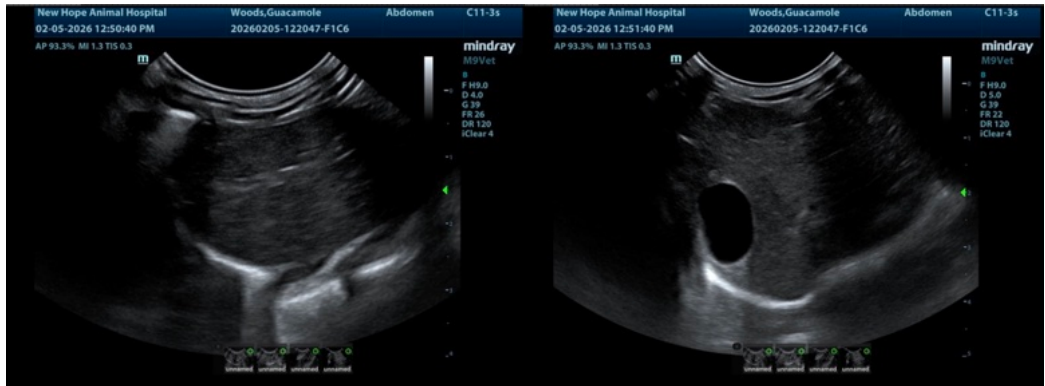
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com