



## PATIENT

Jessie Sifferle

## SPECIES

Feline

## BREED

Norwegian Forest Cat

## SEX

Neutered Male

## AGE

10 Years 6 Months

## WEIGHT

4.7 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Woodside

## HOSPITAL NAME

Cat and Dog Hospital  
of Portland

## REFERRING VET

Dr. Houser

## INVOICE

72793

## DATE

2/7/26

## PRESENTING CLINICAL SIGNS

AUS, thoracic rads, spine rad due to weight loss and hypercalcemia. In early Nov 2025, he was vomiting daily. Diet changed to hydrolyzed, then to single protein turkey. Currently, vomiting is once a week or less. He likes his food. Lost 1.2# in 2 months (Nov-current) Labs showed hypercalcemia. Ran PTH panel.

Abnormal PE/Chem/CBC/UA Results:BCS 4/9, normal muscle mass. Murphy sign during AUS in area of pancreas and around stomach. Neutrophils 2.0 (2.6-15.1 K/uL) tCa 11.9 (8.2-11.2 mg/dL) - was 10.4 in August 2025 iCa 1.53 (1.0-1.40) PTH low <0.5 (0.7-3.4) PTHrp 0 Renal values normal (SDMA 11, Cr 1.3, BUN 21) USG 1.041

## 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 2.0 cm beyond the cystourethral junction.

The **kidneys** presented pelvic and corticomedullary calculi. A left kidney calculus measured up to 0.84 cm. The left kidney measured 3.4 cm. The right kidney presented mild age related change with slight cortical remodeling, measuring 4.08 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. Right measured 0.37 cm. Left measured 0.27 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 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 fluid filled lumen yet was structurally unremarkable. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.



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## Pancreas

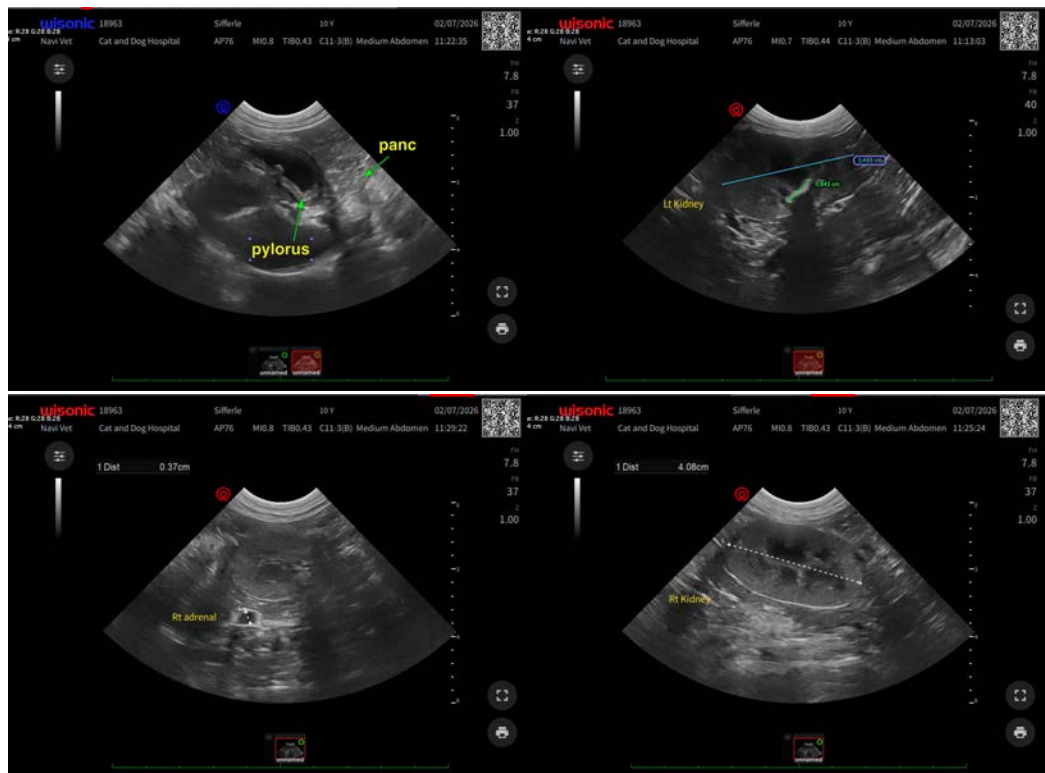
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Nephrolithiasis, non-obstructive, with mild to moderate degenerative left renal changes and mild right renal changes.
- Mild gastritis pattern.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of pathology. The cause of weight loss is not evident in this patient. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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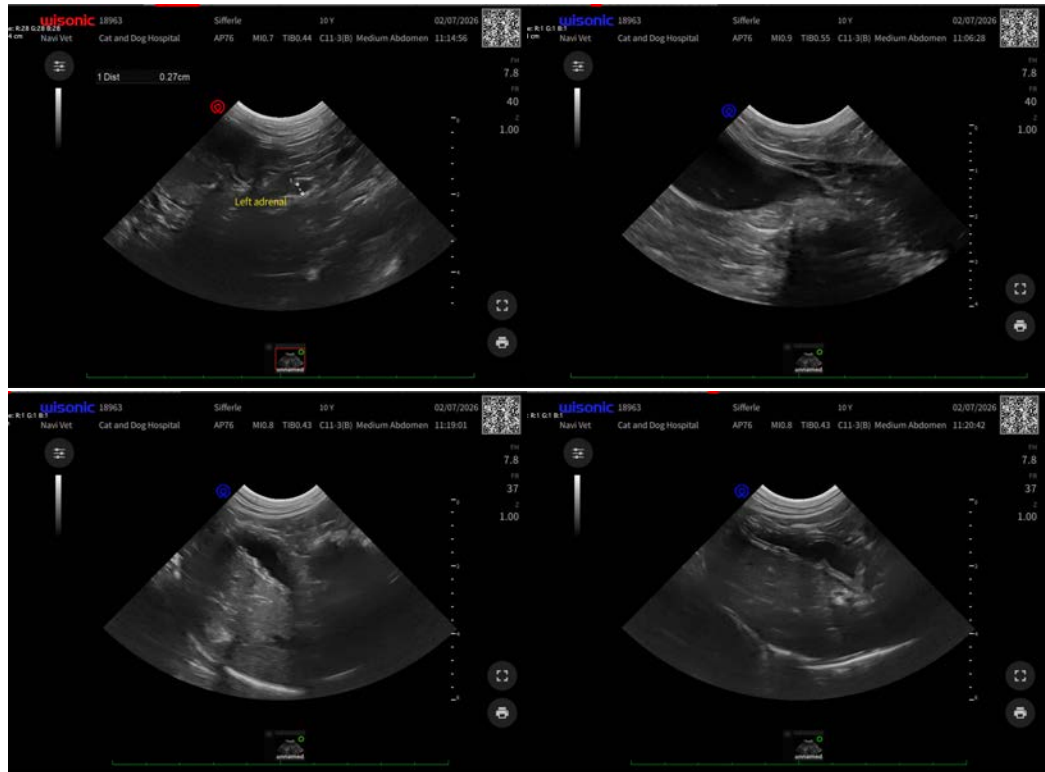
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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