



## PATIENT

Lily Pfeilstucker

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

9.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Heather Brenner

## HOSPITAL NAME

Riverside Animal Clinic

## REFERRING VET

Dr. Heather Brenner

## INVOICE

73701

## DATE

3/13/26

## PRESENTING CLINICAL SIGNS

Vomiting increasing in frequency for months and now 1-2 times a day for a week. Vomit usually overnight, liquid with no food. Cat will not take laxatone. Acting normal otherwise. Stable weight. Normal stools. Eating w/d for the past month due to housemate's diet restriction and vomiting increasing since then.

Abnormal PE/Chem/CBC/UA Results: Exam normal. CBC normal Chemistry normal. History of slightly elevated Chol 340 in October 2025 and 246 in August 2024 (65-225). PL normal T4 normal

## 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** 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. Left kidney measured 3.5 cm. Right kidney measured 3.66 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. Left measures 0.25 cm. Right measures 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 **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to



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malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Mesenteric lymph nodes were essentially normal to slightly prominent, measuring up to 5.0 mm.

**Pancreas**

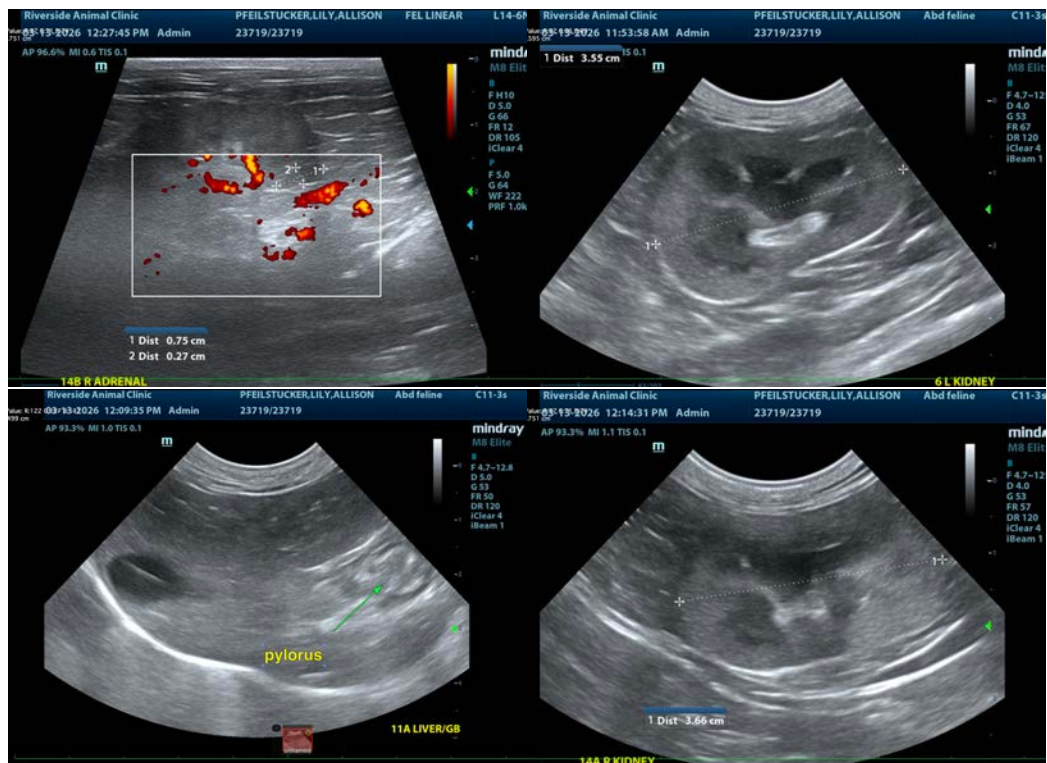
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Minor intestinal thickening with slight reactive mesenteric lymph nodes.
- Structurally normal abdomen otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Underlying low-grade inflammatory bowel disease or occult parasitism, dietary intolerance all potentials in this patient, yet abdomen appears structurally unremarkable. Hydrolyzed diet +/- low-dose Prednisolone trial may be appropriate as well as broad-spectrum anti-parasitic protocol.





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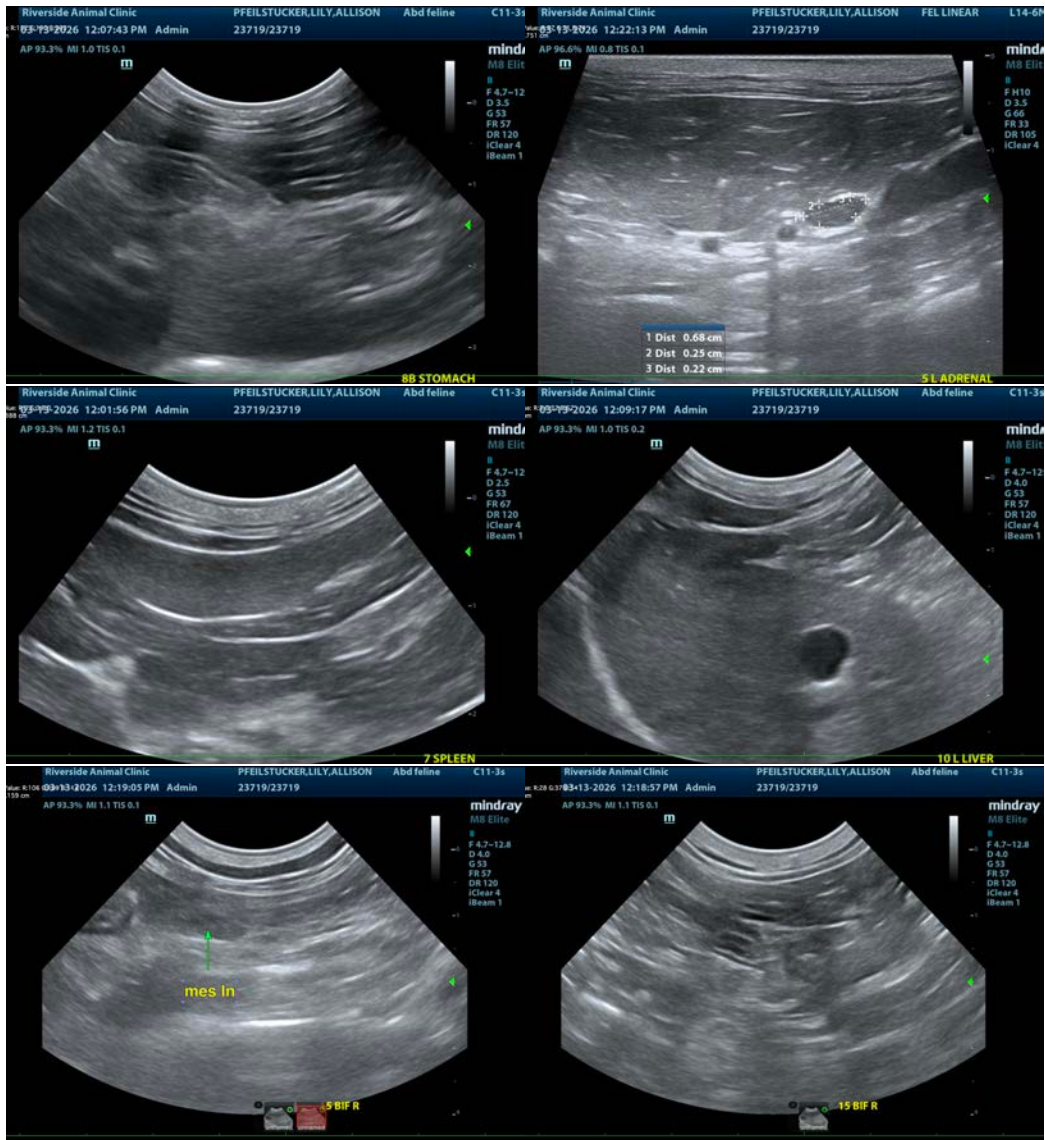
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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