



PATIENT

Oden Maier Anderson

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

12 ½ years

WEIGHT

13.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Layna Irwin, DVM

HOSPITAL NAME

Boise Cat Clinic

REFERRING VET

Dr. Irwin

INVOICE

73541

DATE

3/17/26

PRESENTING CLINICAL SIGNS

History:

- No new medical concerns
- Hx of osteoarthritis with hind limb weakness and wide-based stance (prior injury) - managed with solensia
- Hx of stable, elevated spec fPL - most recently 8.2 [ref: 0-4.4] in 8/2025
- Previously diagnosed with apparent chronic inflammatory bowel disease/steroid responsive enteropathy - see attached AUS report from 12/2024). Currently managed with oral prednisolone & vitamin B12 supplementation (confirmed deficiency via TAMU GI panel 12/2024).
- Preoperative labwork on 2/13/2026: unremarkable CBC/chem/T4/cardiopet/UA

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 3.0 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 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 and no evidence of pelvic dilation was present. Slight pinpoint mineralization was noted. The left kidney measured 4.2 cm. Blood flow was noted on color flow assessment. The right 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 right adrenal gland measured 0.3 cm. The left adrenal gland was imaged from the left and right approaches.

Spleen

The **spleen** was slightly enlarged and uniform. If the patient was sedated for the sonogram this may be a normal variant. If any weight loss is an issue then 25-gauge FNA is indicated.

Liver

The **liver** was slightly hyperechoic to the falciform fat. The parenchyma was uniform. The hepatic vascularity was normal. The gallbladder and common bile duct were unremarkable.



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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. A trace amount of chyme or possible small hairball accumulation was noted. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. The mesenteric lymph nodes were reactive. The largest of which measured 0.5 x 2.2 cm. Smaller mesenteric lymph nodes were present and measured up to 0.5 cm.

Pancreas

Occasional parenchymal cyst of the **pancreas** was noted or overlying cystic lymph nodes noted, not overtly pathological.

ULTRASONOGRAPHIC FINDINGS

Age related abdominal changes.

Slight mesenteric lymphadenopathy.

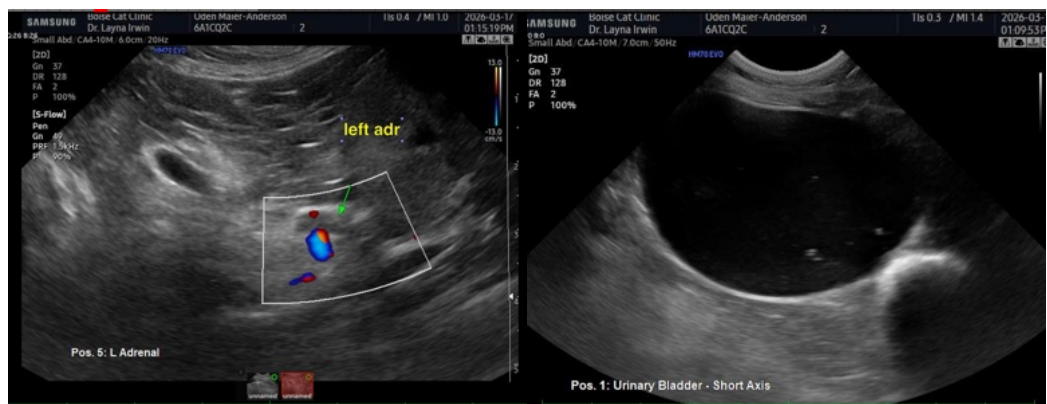
Slight mineralization in the left kidney, no evidence of significant pathology.

Prominent spleen.

Minor pancreatic cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying inflammatory bowel without significant structural changes were noted with reactive mesenteric lymph nodes likely. The Prednisone therapy may be suppressing a more significant presentation.





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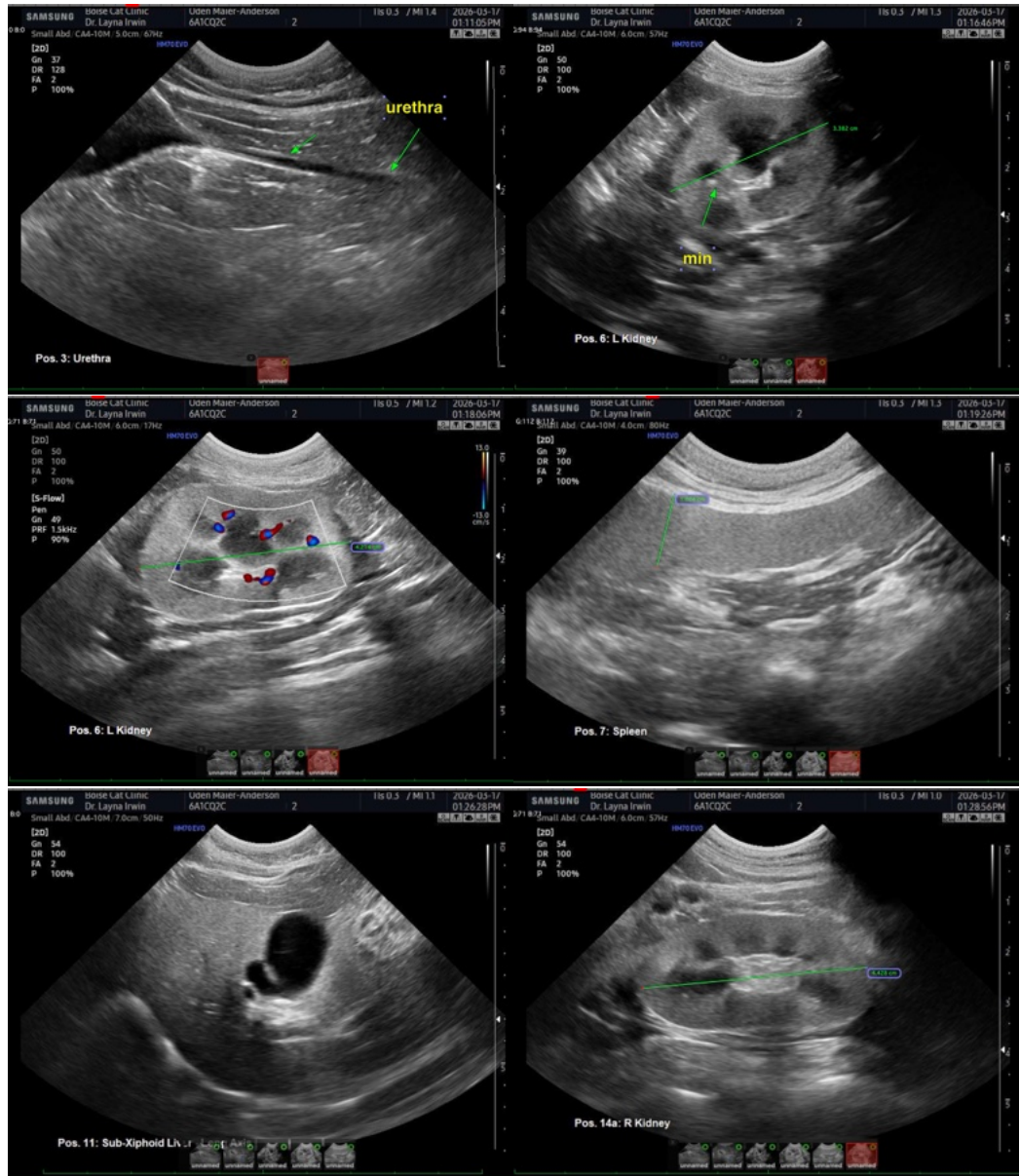
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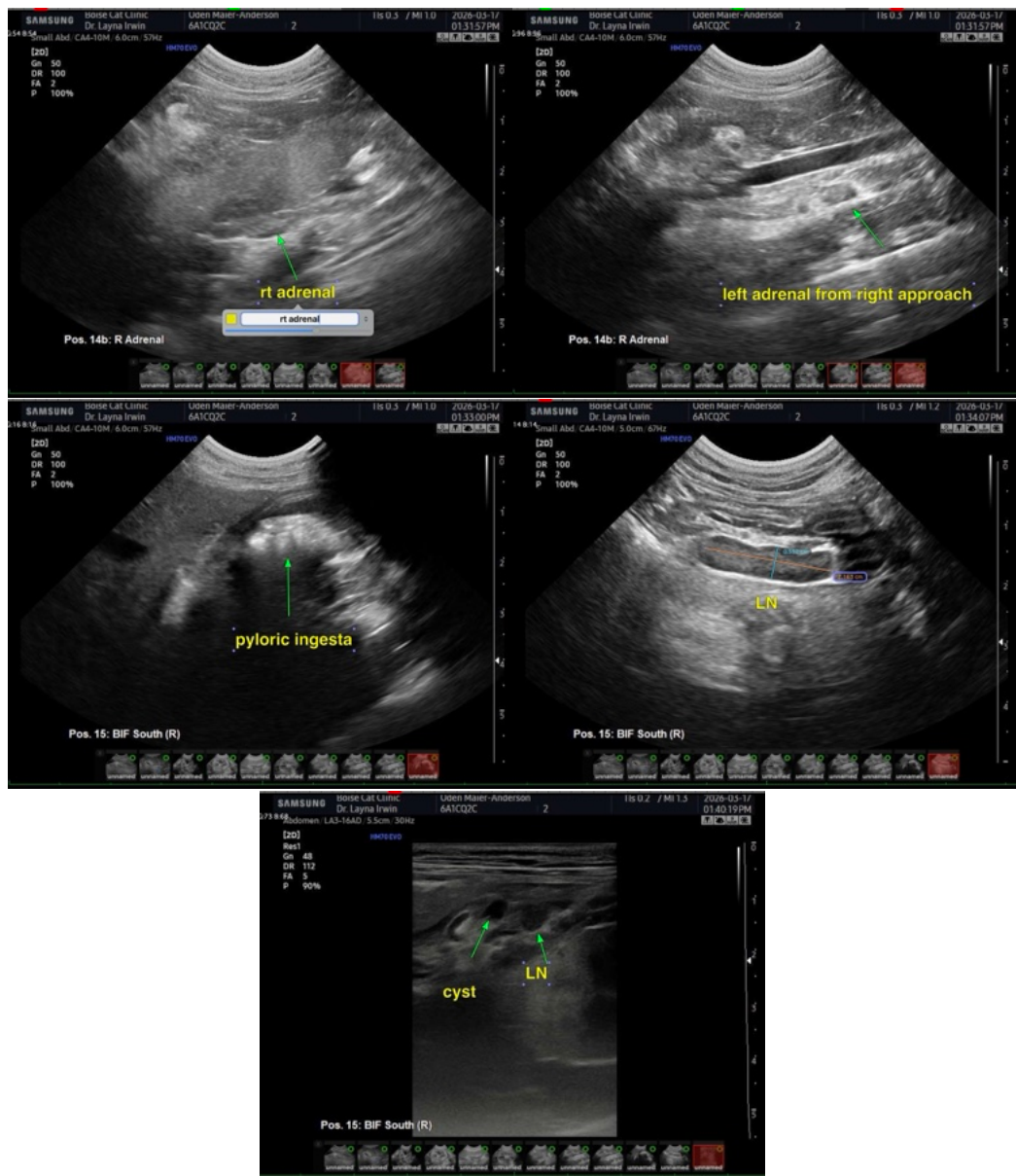
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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