



## PATIENT

Cali Stratton

## SPECIES

Feline

## BREED

DMH

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

8.7 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Tiffany Brady DVM

## HOSPITAL NAME

Shiloh Veterinary  
Hospital

## REFERRING VET

Dr. Arianna Evans  
DVM

## INVOICE

14427

## DATE

03/18/26

## PRESENTING CLINICAL SIGNS

- Diagnosed w/ hyperT4 in March 2025, started on Felanorm. Patient stable/well controlled until Jan 2026 - was losing weight, not eating. T4 was 0.8 at that time (2.5 mg BID -- decreased to 1.25 mg BID).
- Patient seen 2/3 -- 0.3 lb weight loss, vomiting, soft stools; discussed possible IBD vs lymphoma.
- evaluated patient on 2/21 for going in/out of litterbox, inappetence, and NAR. Tx plan included SQ fluids, Cerenia, mirtazapine, buprenorphine (for analgesia) and gabapentin (analgesia). Patient's appetite has improved since 2/21.
- Current medications: Methimazole 2.5 mg AM/1.25 mg PM, gabapentin 50mg, and mirtazapine EOD.

Abnormal PE/Chem/CBC/UA Results: Radiographs 2/21 - Evidence of nephroliths +/- small bladder stones Advanced Panel 2/24 - UA -- USG 1.025, increased RBCs/WBCs + rods --> started Veraflox, switched to Convenia inj d/t intolerance - CBC WNL - Chem -- overall wnl, slightly elevated ALP - T4 - 4.4 --> increased felanorm to 2.5 mg AM + 1.25mg PM GI Panel - WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** and trigone 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. No evidence of calculi at the time of the sonogram. The pelvic urethra was not visualized.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex. Pelvic mineralization was noted. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

### *Adrenal Glands*

Both **adrenal glands** were not visualized.

### *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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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



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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 upper **gastrointestinal tract** was unremarkable yet a focal thickening at the ileocecal junction was noted in this patient, which blended into the regional pancreas. I believe the hypoechoic nodular changes are associated with the ileocecal junction and extended approximately 1.0 cm x 3.0 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. *\*See gastrointestinal tract.*

### *Thorax*

The **thorax** revealed noncardiogenic slight pericardial and moderate pleural effusion with normal cardiac volumes. No evidence of left-sided heart failure. Contractility was adequate. LA Max was approximately 1.2 cm.

## ULTRASONOGRAPHIC FINDINGS

- Noncardiogenic pleural and pericardial effusion without tamponade effect.
- Suspicious ileocecal junction/pancreatic lesion.
- Nonobstructive nephrolithiasis.
- Age-related abdominal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the lesion is recommended. Pleurocentesis and cytospin are indicated to assess for exfoliating neoplasia. Prognosis is guarded to poor depending upon cytology results.



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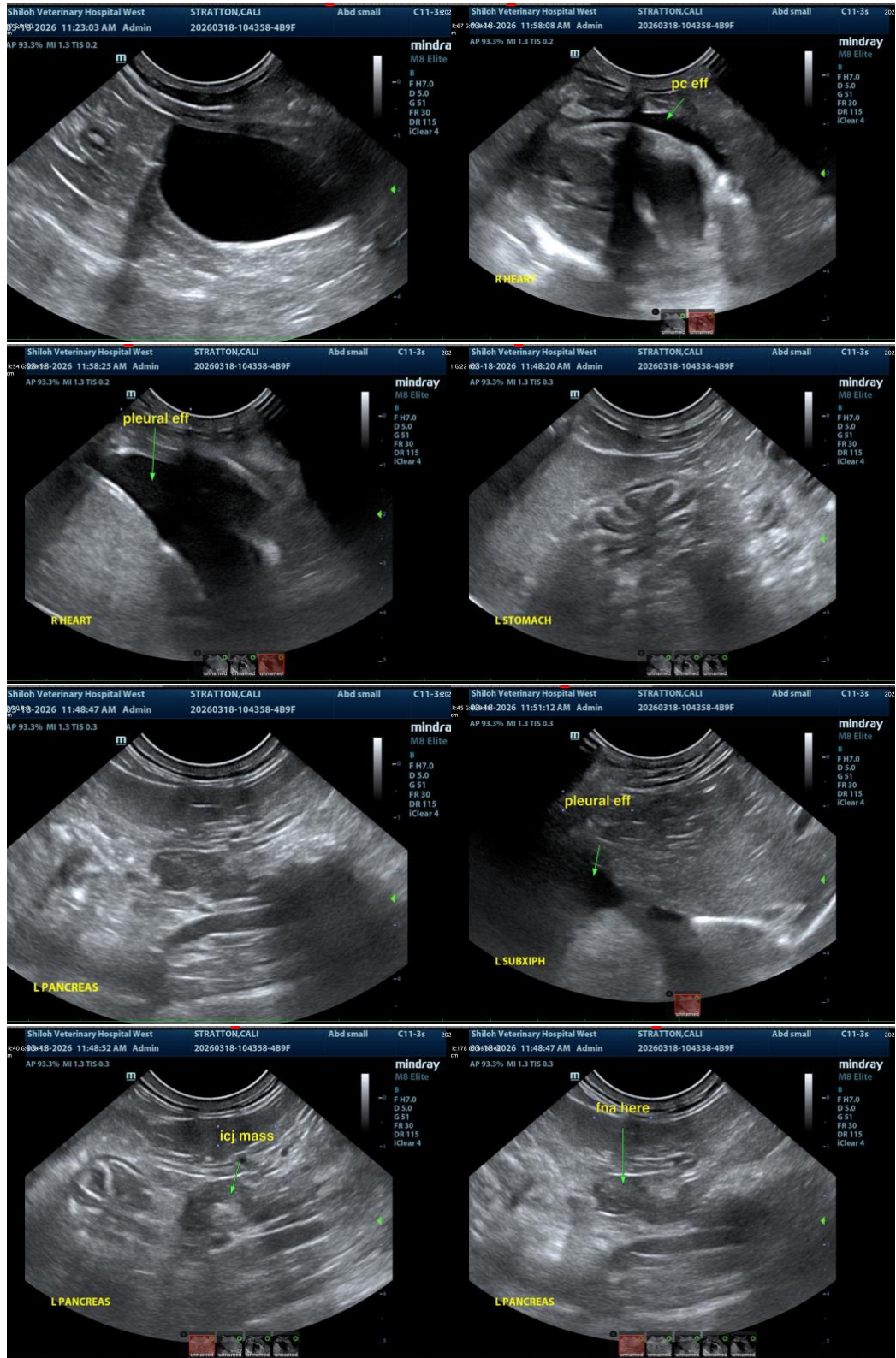
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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DMH

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

CEO, Owner, Founder -- SonoPath.com

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[info@SonoPath.com](mailto:info@SonoPath.com)

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