

## PATIENT

Ganfold Ware

## SPECIES

Feline

## BREED

Domestic Medium Hair

## SEX

Neutered male

## AGE

7 years

## WEIGHT

3.19 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Colborne

## HOSPITAL NAME

Riverside Small AH

## REFERRING VET

Dr. Colborne

## INVOICE

73733

## DATE

3/24/26

## PRESENTING CLINICAL SIGNS

- Admitted yesterday for inappetence and no bm over the last 4 days.
- Ravenous in hospital.
- K+ continues to decline despite supplementation Urea(BUN): 14.4 Sodium: 143 Potassium: 2.6 Chloride: 103 WBC: 18.58 Neutrophils: 15.77 Monocytes: 0 Eosinophils: 0.07

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** was thickened with anechoic urine. 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. Slight medullary rim sign was noted. The left kidney measured 4.08 cm. The right kidney measured 4.07 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 left adrenal gland measured 0.36 cm. The right adrenal gland measured 0.24 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 was noted. The spleen measured 0.3 cm.

### Liver

The **liver** revealed coarse architecture with slightly increased portal markings. The gallbladder was mildly over distended. There was no overt evidence of obstruction.



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## ***Gastrointestinal***

The **gastrointestinal tract** revealed hyperperistalsis and fluid filled colon. The stomach was empty. There was slight reactive mesenteric lymph nodes were noted.

## ***Pancreas***

The **pancreas** was prominent, hypoechoic and mildly irregular with minor duct dilation.

## ***Free Abdomen***

A trace amount of free fluid was noted between the liver lobes.

## **ULTRASONOGRAPHIC FINDINGS**

Hyperperistalsis noted in the gastrointestinal tract. Empty stomach. Non-specific gastroenteritis presentation.

Minor bladder thickening.

Slight hepatic remodeling.

Prominent pancreas.

Slight reactive mesenteric lymph nodes.

Slight medullary rim sign noted in the kidneys.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of neoplasia. Management for gastrointestinal upset is recommended given the ravenous appetite. If weight loss is an issue then maldigestion may be an underlying issue. There was no evidence of neoplasia. Triad disease is suspected. The gallbladder was over distended, if the patient was n.p.o., this would be considered normal.



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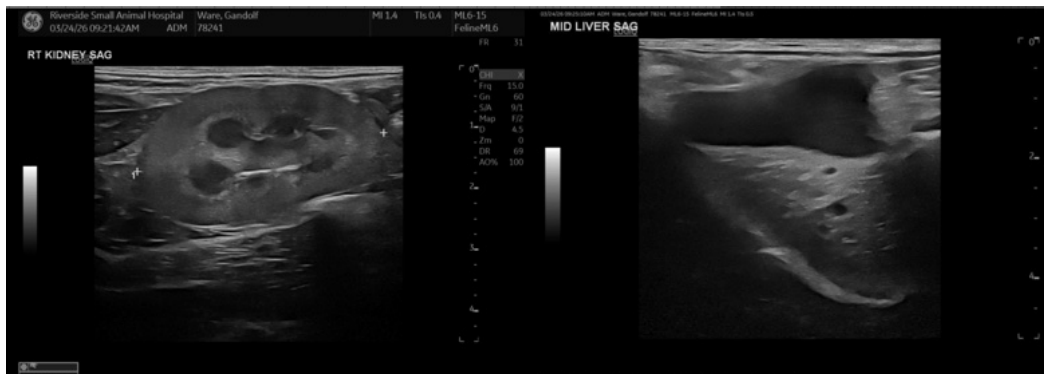
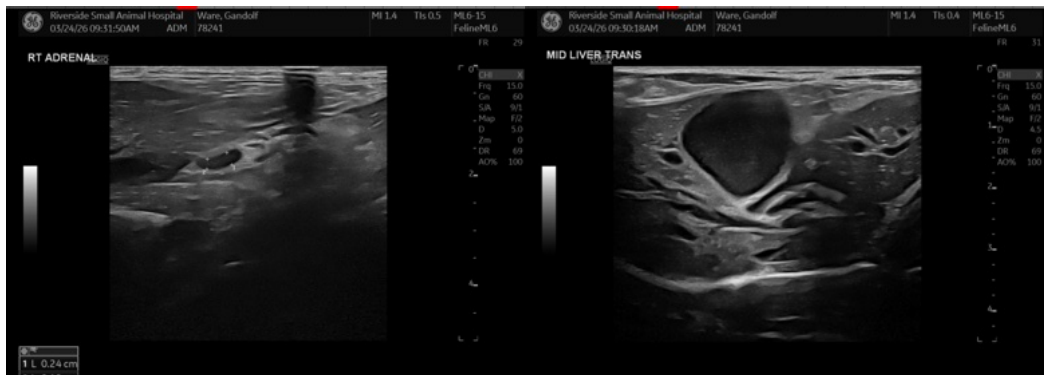
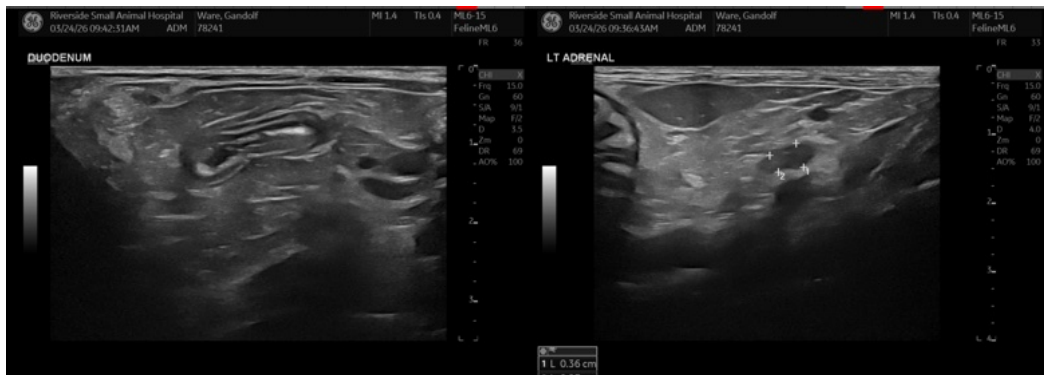
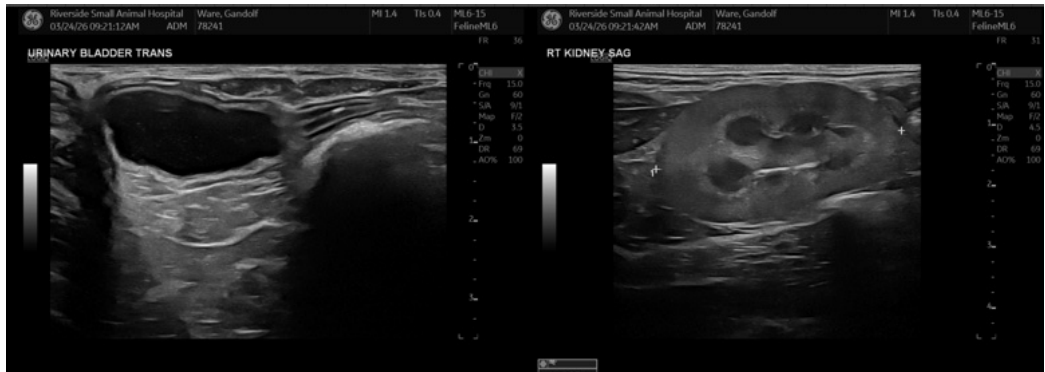
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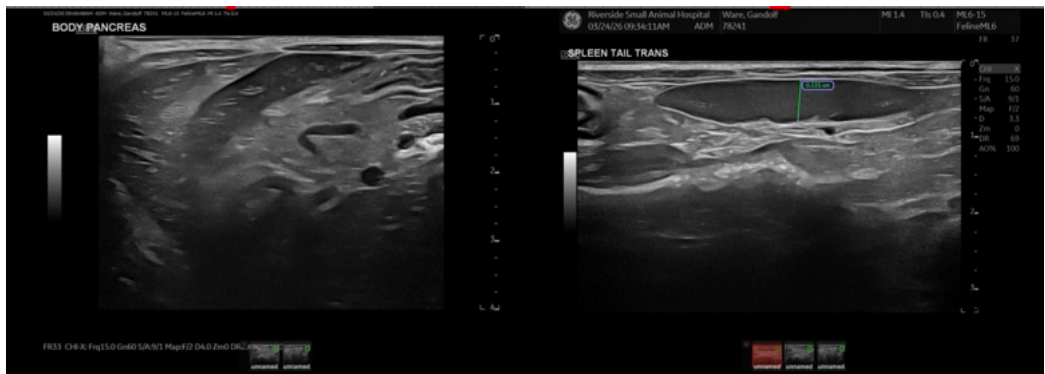
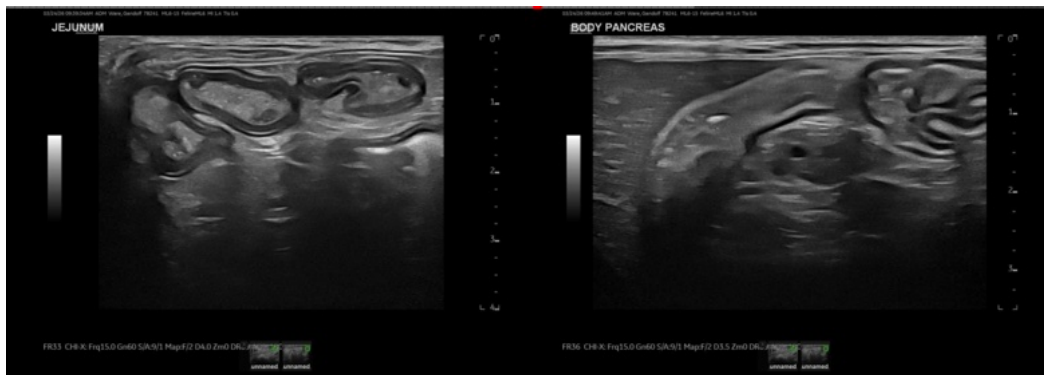
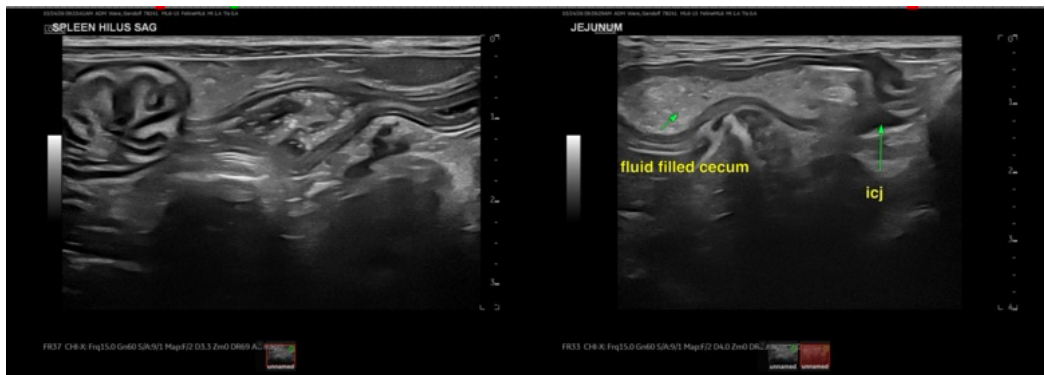
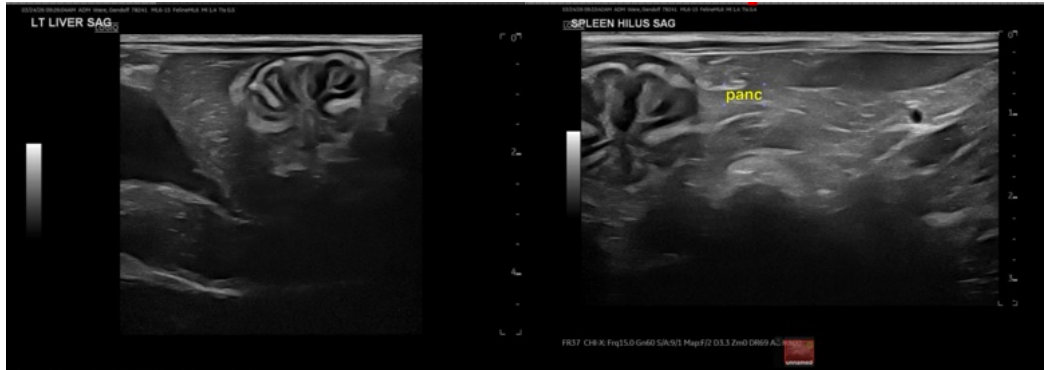
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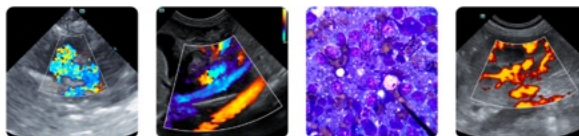
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)