



## PATIENT

Fred Biglume

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

7 Years

## WEIGHT

7.09 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Petzoic VH

## REFERRING VET

Dr. Ehab

## INVOICE

36387

## DATE

3/26/26

## PRESENTING CLINICAL SIGNS

- Fred presented for evaluation of chronic intermittent vomiting and was subsequently found to have elevated liver values.
- The primary complaint was chronic vomiting occurring approximately once q couple of days. Initial diagnostic testing included blood work, which revealed elevations in multiple liver-associated parameters, including ALT, ALP, GGT, total bilirubin, globulin, and total protein. Due to these findings, an abdominal ultrasound was recommended. A brief trial of a liver supplement was attempted, but the patient did not receive the medication for the two days prior to the current visit. As of today, Fred is not on any medication and is presenting for the abdominal ultrasound.

## 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 **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. A cortical infarct was noted at the caudal pole of the right kidney, otherwise unremarkable. The right kidney measured 3.8 cm. The left kidney measured 4.2 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 0.42 cm. The left adrenal gland measured 0.22 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.



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**Gastrointestinal**

The **stomach** revealed an approximately 1.0 cm x 1.5 cm hypoechoic structure within the gastric lumen, surrounded by ingesta. Some of the material in the stomach may be related to hair accumulation along with ingesta. The small intestine and colon were unremarkable. Transit of chyme appeared to be normal.

**Pancreas**

The left **pancreatic** limb was slightly hypoechoic and mildly irregular. Some level of pancreatitis is possible.

**ULTRASONOGRAPHIC FINDINGS**

- Right renal infarct
- Prominent pancreas- potential low-grade inflammation
- Undefined structure in the gastric lumen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Endoscopy is warranted. Power doppler of the structure is recommended to assess if this is mucosal or luminal foreign matter. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Medical management with recheck sonogram after complete NPO status would be appropriate to assess if the luminal structure is persistently present.

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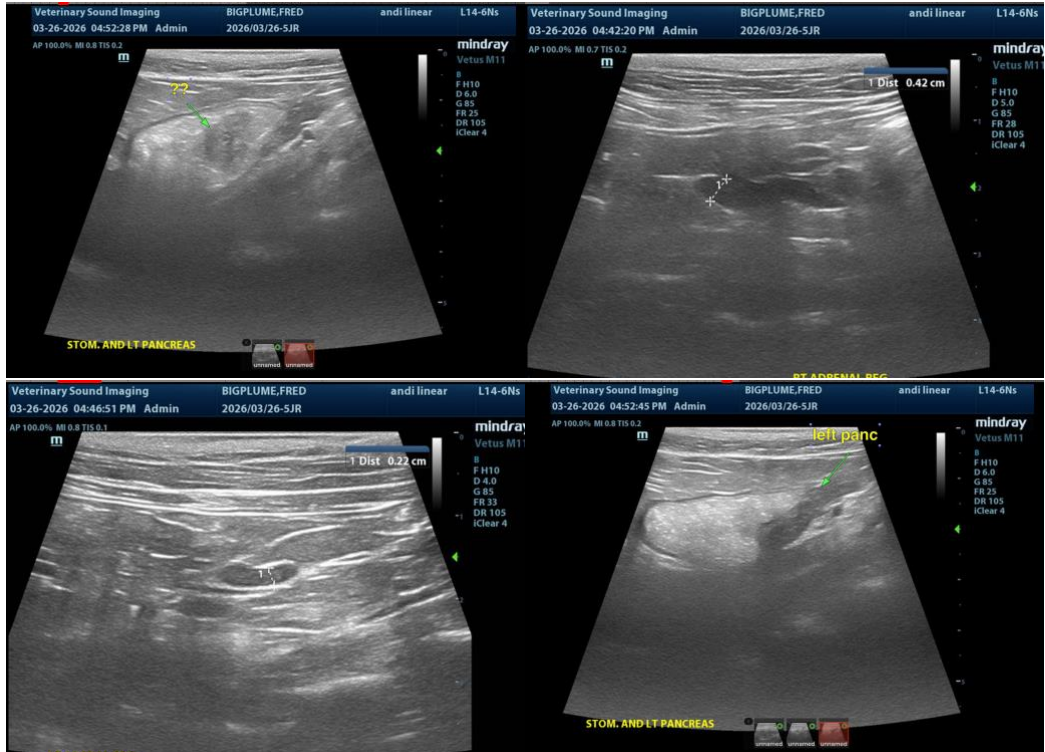
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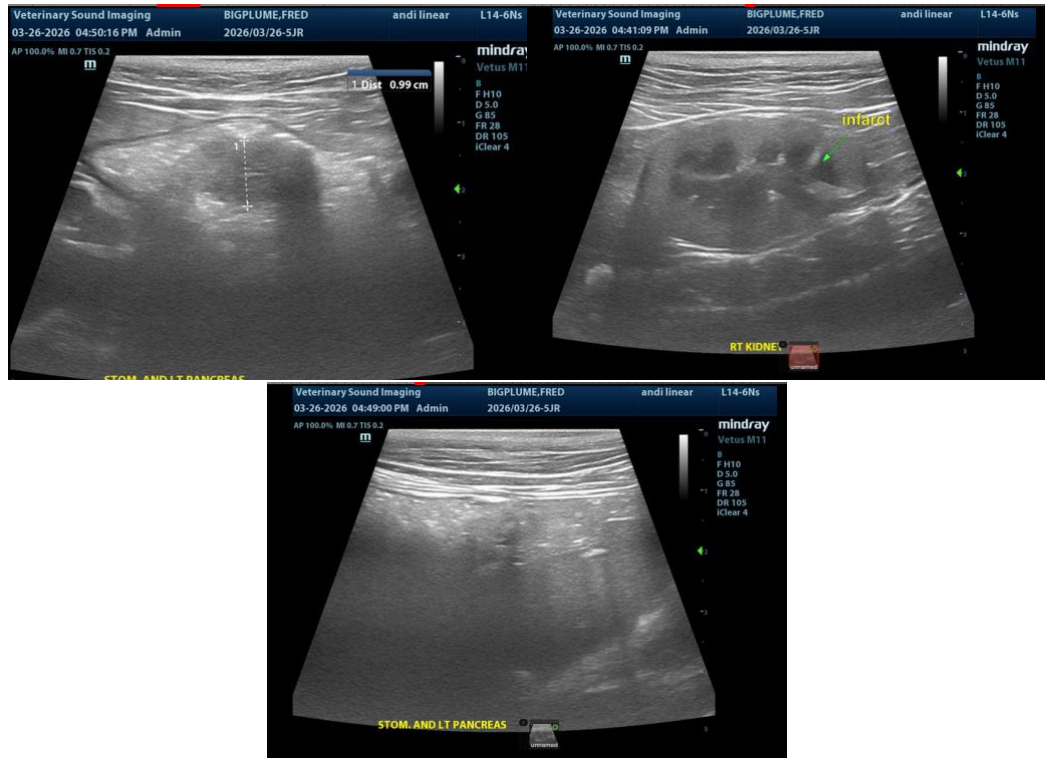
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**  
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