



PATIENT

Amber Kohama

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

19 years

WEIGHT

6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. DenHeyer

INVOICE

78345

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- Previous ultrasound 3/11/26. Treating for IBD.
- Enlarged liver felt on exam, and weight loss, pet declining per owner

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 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 right kidney measured 4.17 cm. The left kidney measured 4.05 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 0.47 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** was enlarged with a passive congestion pattern. The liver parenchyma was uniform. The gallbladder and common bile duct were unremarkable. The vena cava and hepatic veins were dilated.

Gastrointestinal

The **stomach** was over distended with chyme. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.



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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.

Free Abdomen

Ascites was noted.

Heart

Rapid view of the heart revealed volume overload and pleural effusion.

ULTRASONOGRAPHIC FINDINGS

Hepatomegaly owing to passive congestion.

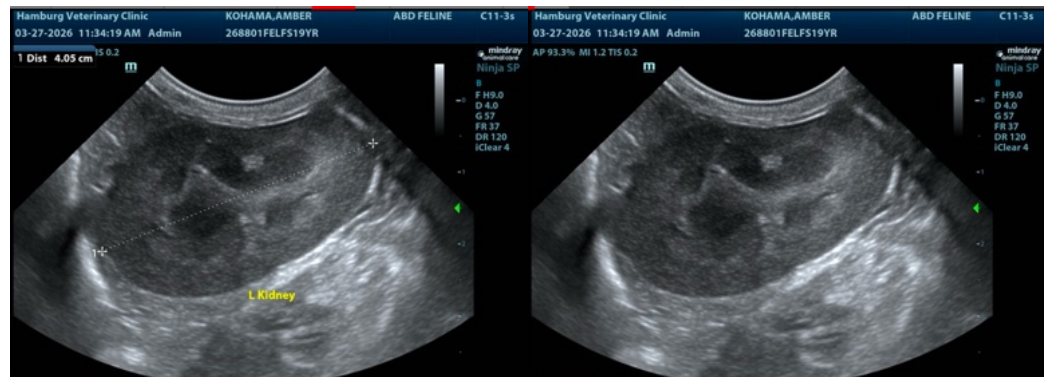
Gastric stasis.

Ascites.

Volume overload of heart and pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend initiating Lasix at 6.25-12.5 mg b.i.d. followed by an echocardiogram and intercostal imaging to assess for masses. However, I am concerned for heart failure in this patient. Full echocardiogram and chest radiographs are indicated.





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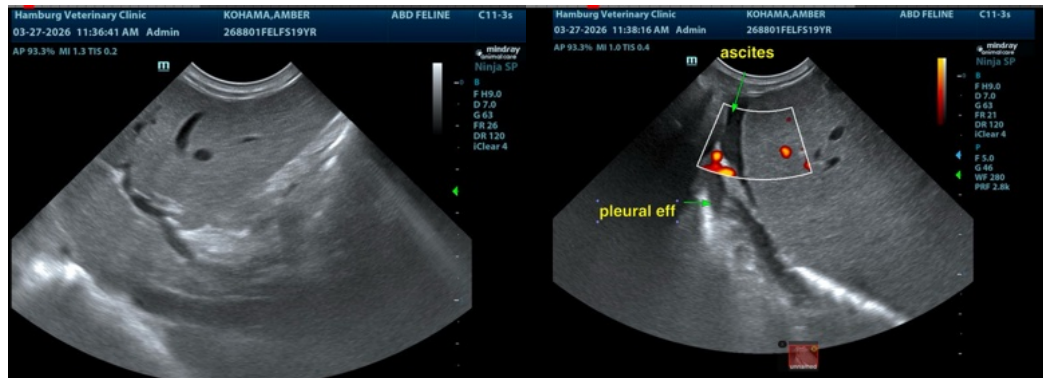
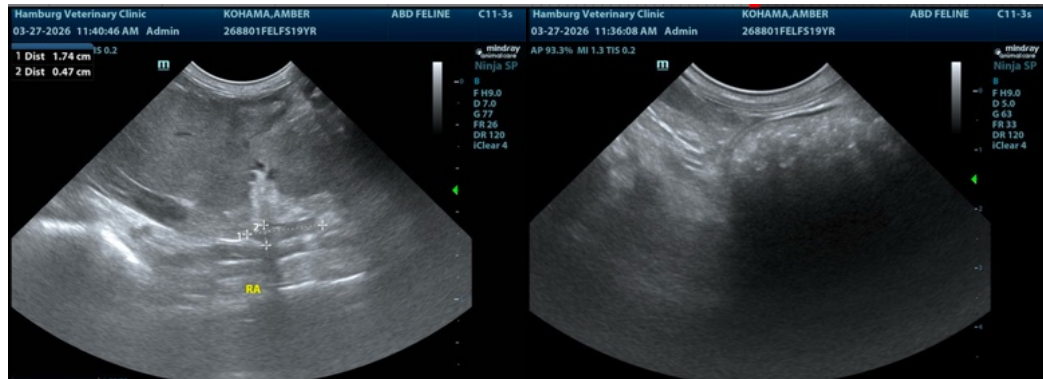
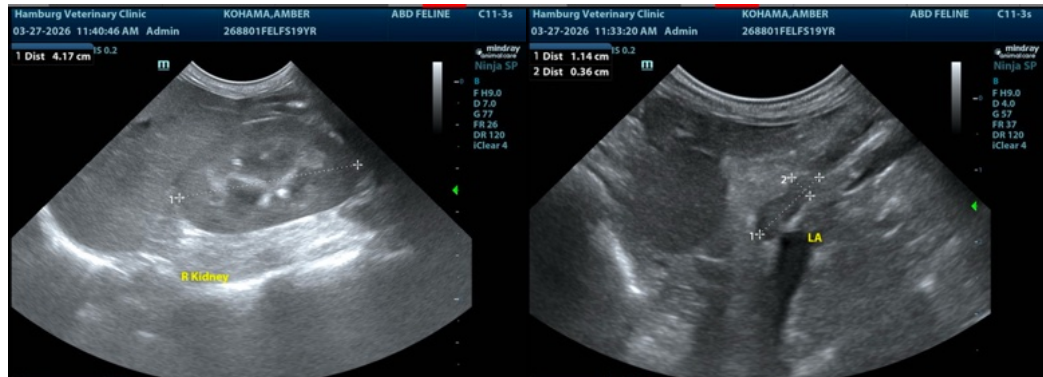
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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