



## PATIENT

Ella Kawalek

## SPECIES

Feline

## BREED

Maine Coon

## SEX

Spayed female

## AGE

12 years

## WEIGHT

13.8 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Jill Rumachik

## HOSPITAL NAME

Clarity Imaging LLC

## REFERRING VET

Dr. Buley

## INVOICE

78346

## DATE

3/27/26

## PRESENTING CLINICAL SIGNS

- 5# weight loss in the past year - presented for wellness exam in early March. Littermate passed away in December 2025 from toxoplasmosis with hepatic complications. Ella stopped eating as robustly for about 1 month afterwards. Intermittent v/d.
- 3/5/26 - BUN = 33. Remainder of CBC/chem/t4 values WNL. 3/23/26 - BUN = 38; ALT = 101

## 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. The left kidney measured 3.77 cm. The right kidney measured 3.88 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.

### 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.

### Liver

The **liver** revealed coarse architecture with increased portal markings. A moderate amount of remodeling was noted. This is likely a sequelae from prior insult. Hyperechoic lipid plaques were noted. The gallbladder and common bile duct were unremarkable.



**PATIENT**

**Gastrointestinal**

Ella Kawalek

The **stomach** and upper small intestine was dilated with chyme followed by empty small intestine. The ileocecal was visualized as was the colon which was filled with soft stool. This appears to have a delayed outflow pattern. I do not visualize any direct masses; however, I cannot rule out an occult neoplastic event or regional dysfunctional bowel.

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**Pancreas**

Maine Coon

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.

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**ULTRASONOGRAPHIC FINDINGS**

Delayed outflow GI pattern without overt evidence.

**WEIGHT**

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Regional intestinal dysfunction or occult neoplasia obscured by gastric gas is possible.

Hepatic remodeling.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further imaging at n.p.o. status would be ideal.

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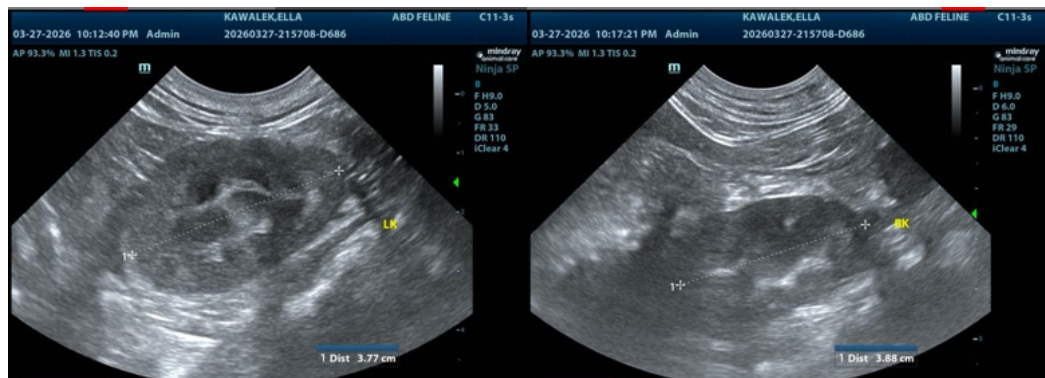
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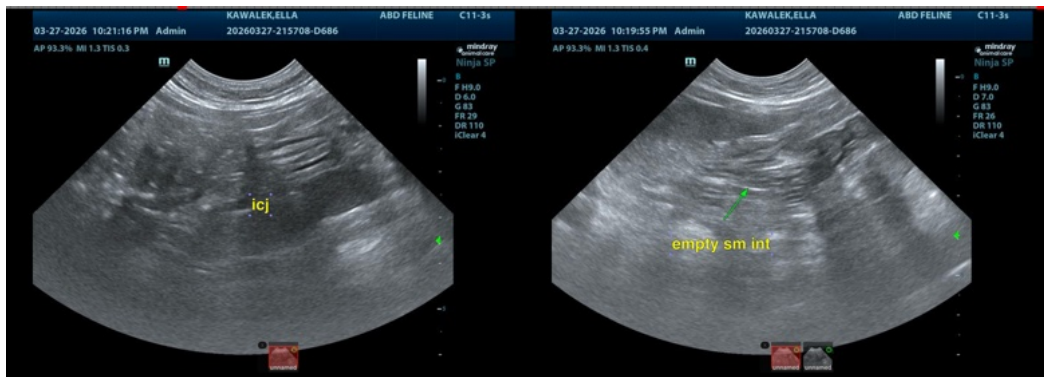
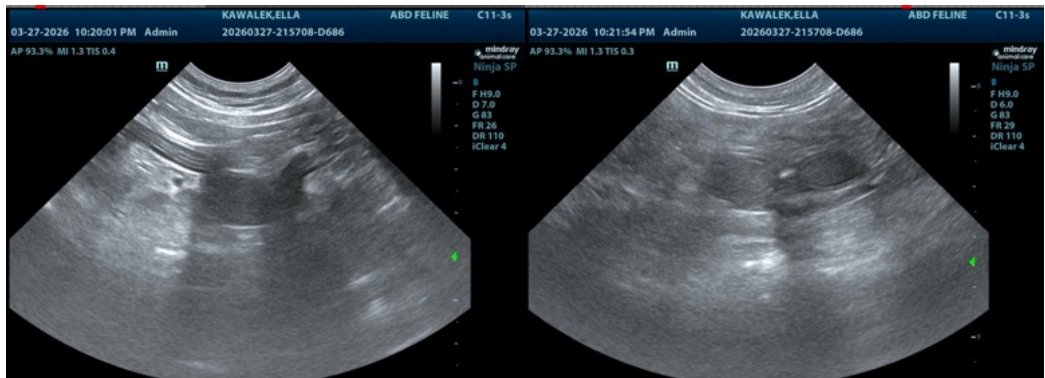
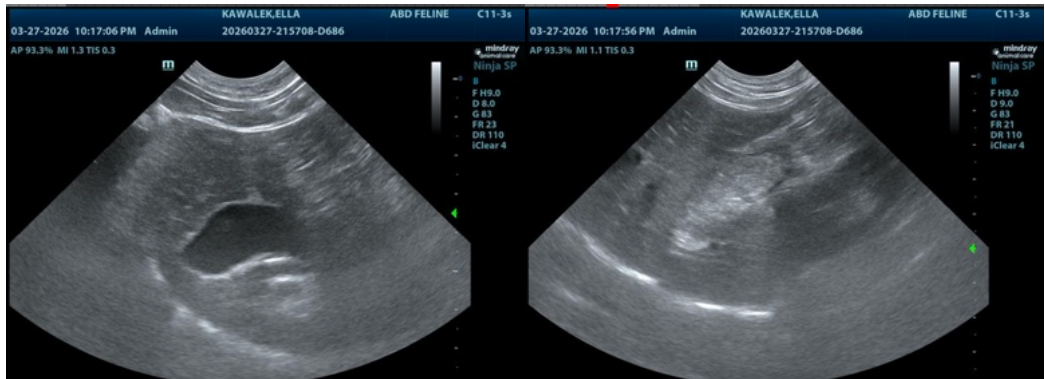
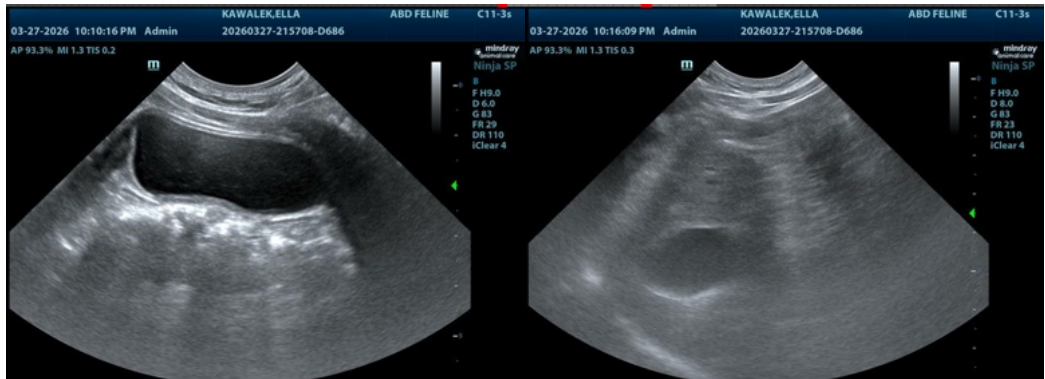
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)