



PATIENT

Kimwah Walker

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10

WEIGHT

11

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

36073

DATE

3/3/26

PRESENTING CLINICAL SIGNS

History: Cat was a Father John cat and was part of the SDEP lab on 10/5/25 checking on status of LN's

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 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 4.11 cm. The right kidney measured 3.9 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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** was normal size and contour with normal vascularity. Mild increased portal markings were noted. The gallbladder wall was echogenic. A history of cholangitis is likely but appears to be stable. No evidence of significant residual disease.

Gastrointestinal

There was some residual chyme and gas noted in the **stomach**, yet not pathological. The luminal material in the stomach is consistent with likely hairball accumulation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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



PATIENT

The prior **lymphadenopathy** appears to have resolved in this patient.

Kimwah Walker

ULTRASONOGRAPHIC FINDINGS

SPECIES

- Mild increased portal markings and echogenic gallbladder wall
- Luminal material in the stomach, likely consistent with hairball accumulation
- Prior lymphadenopathy appears to have resolved.
- Age related renal changes

Feline

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DSH

No evidence of significant residual disease.

SEX

Neutered Male

AGE

10

WEIGHT

11

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

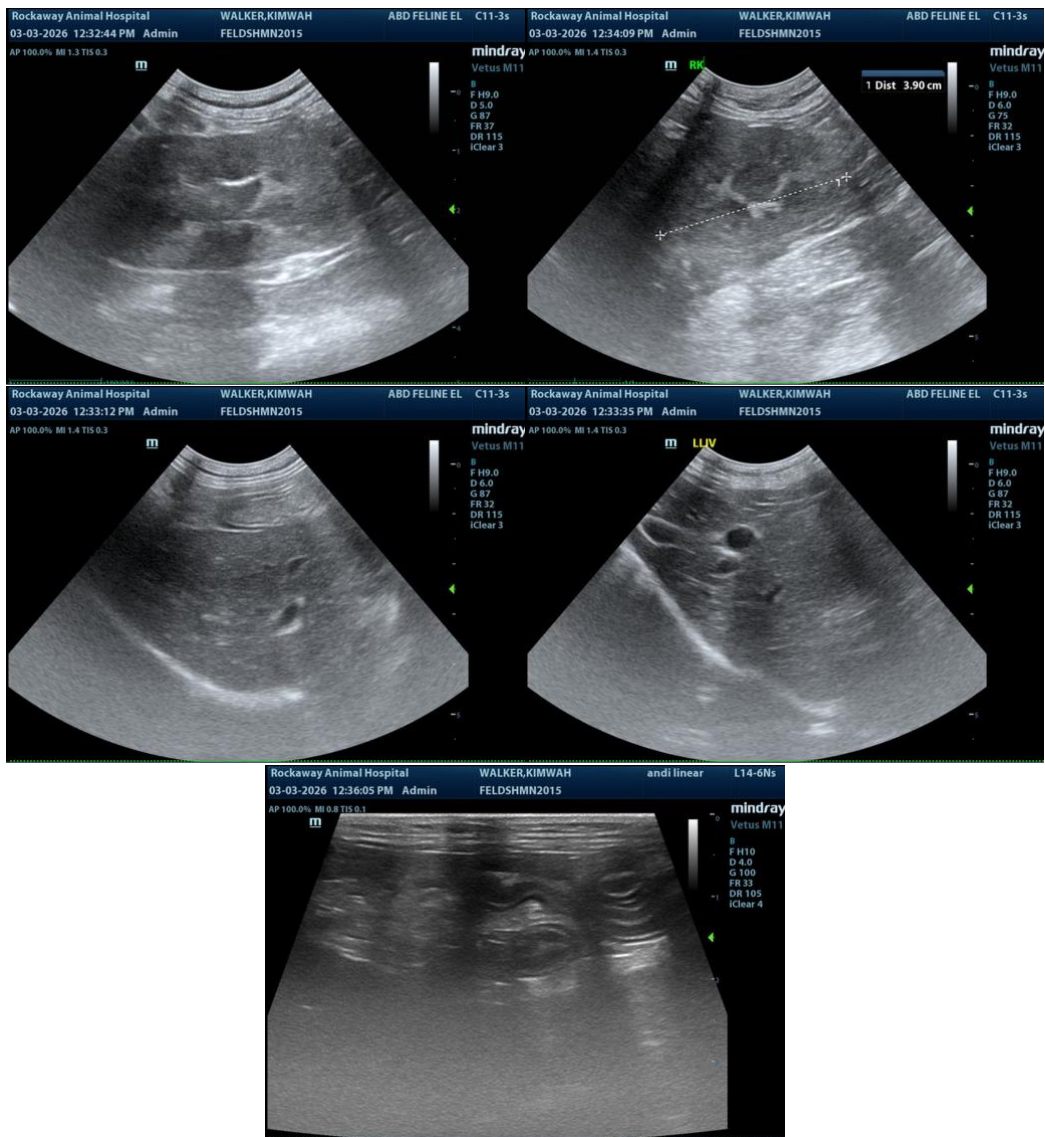
Dr. Maniar

INVOICE

36073

DATE

3/3/26



The information and recommendations provided are based on the images presented by the referring



PATIENT

Kimwah Walker

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10

WEIGHT

11

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

36073

DATE

3/3/26

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, Owner, Founder -- SonoPath.com
info@SonoPath.com