

PATIENT

Mickey Perry

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

13 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg AH

REFERRING VET

Dr. Mary Pearce

INVOICE

36451

DATE

3/30/26

PRESENTING CLINICAL SIGNS

- Seen in Feb. for wellness visit, at that time was noted to have vomiting off and on, will sometimes vomit enough where he needs Cerenia, then will get better.
- also urinating outside the litter box occasionally for the last month.
- Full BW/T4 performed which was all normal, dental procedure pursued by o for cleaning.
- Dental procedure performed 3/16, no extractions. UA and GI panel samples obtained during procedure.
- P recovered from dental without concerns and was normal for a week, then 3/26 began having vomiting again.
- clear liquid vomitus, however this time accompanied by anorexia and lethargy.
- o elected to pursue additional recommended imaging today.
- treated today with cerenia and started mirtazapine.
- Abnormal PE/Chem/CBC/UA Results: PE unremarkable, MM pink, CRT <2sec, no foreign material under tongue. Abdomen mildly tense on palpation. 3/30/26: Radiographs - mild early lumbar spondylosis, prominent spleen but otherwise unremarkable abdomen. 3/18/26 - pancreatic lipase normal. TLI 33.1 (N), B12 976 (N), folate 18.0 (N). UA: USG 1.048, 30mg/dL protein, otherwise quiet sediment. 2/16/26 - CBC normal, chem normal, lytes and tT4 normal.

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

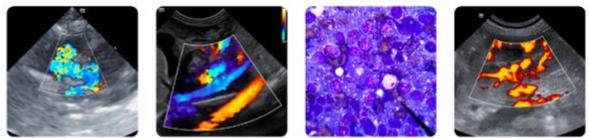
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with 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 right kidney measured 4.2 cm. The left kidney measured 4.29 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 0.46 cm. The right adrenal gland measured 0.42 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



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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.

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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume, and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

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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.

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ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen
- Nonspecific presentation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral disease. Dietary intolerance, structurally insignificant inflammatory bowel, and occult parasitism are all potentials in this patient, yet largely expected changes for a patient of this age and species.

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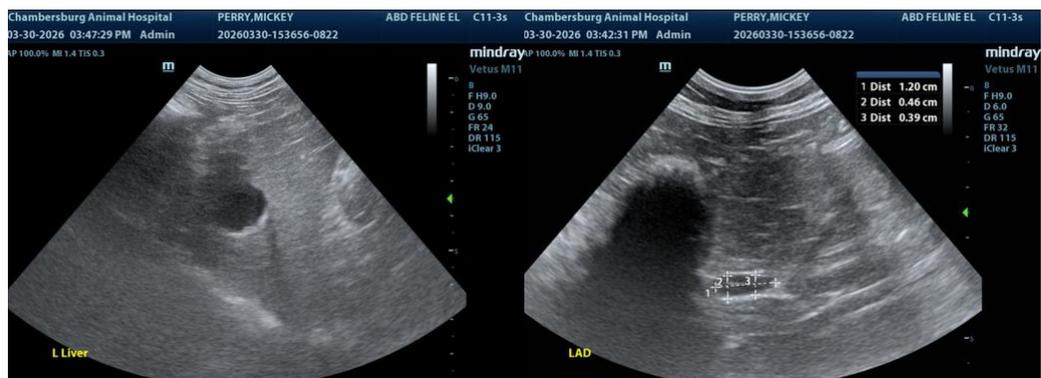
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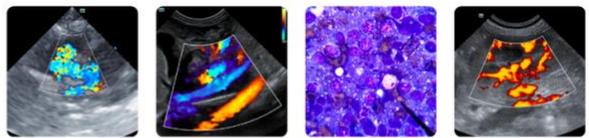
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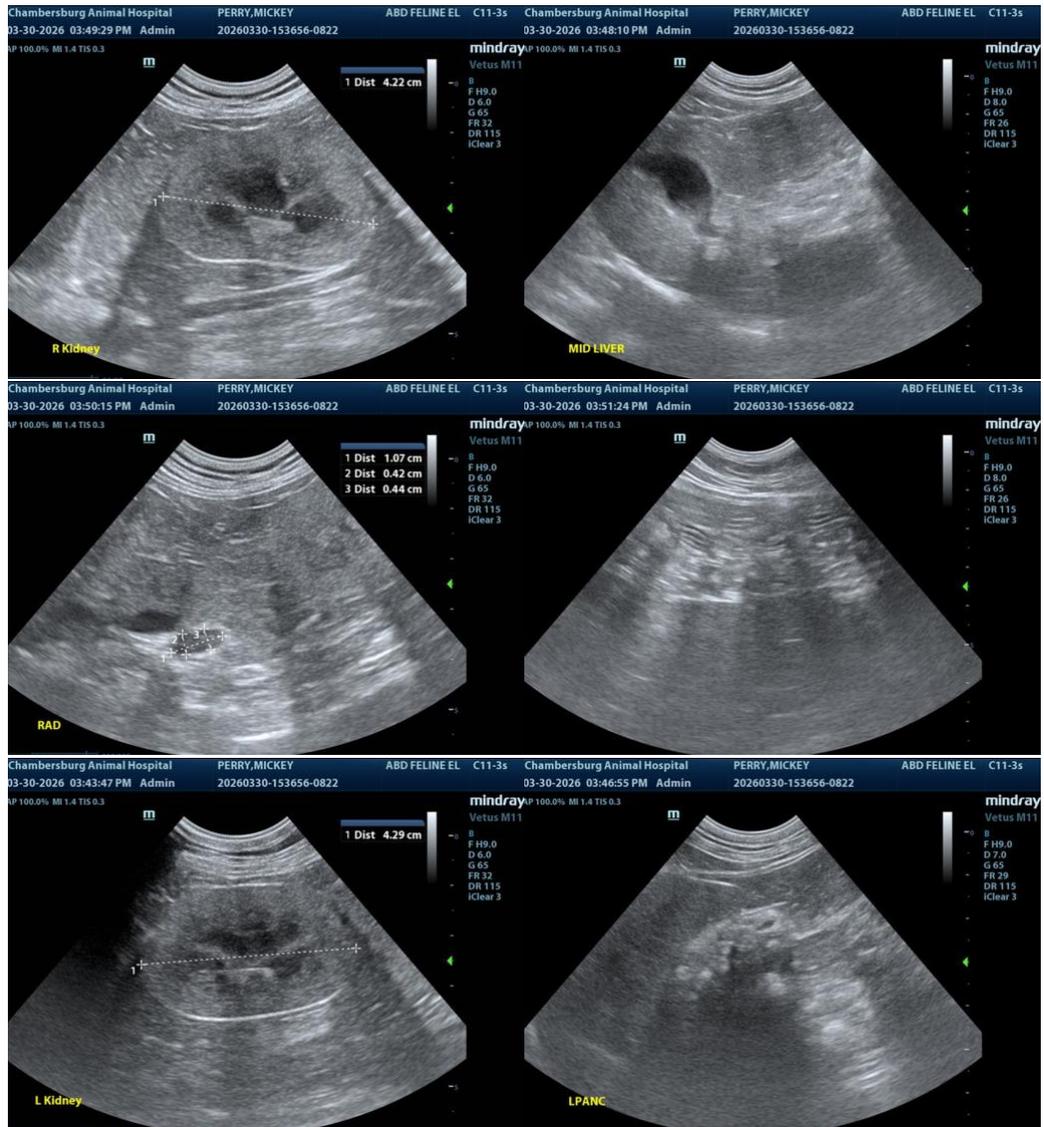
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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