



## PATIENT

Little One Tamasy

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

## AGE

9 years

## WEIGHT

15.9 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Shane Stafford

## HOSPITAL NAME

West Newton AC

## REFERRING VET

Dr. Stafford

## INVOICE

73976

## DATE

3/31/26

## PRESENTING CLINICAL SIGNS

- History: The patient presented for a 5-day history of severe lethargy, anorexia, and adipsia. The caretaker, the owner's nephew, has not witnessed the patient eating, drinking, or using the litter box during this time. The patient is reportedly not moving from his spot on the floor and is no longer getting up on furniture. He is an indoor/outdoor cat with occasional access to the outdoors. He is known to be FIV positive. The owner is currently out of town.
- Patient is not up to date on vaccines
- Problem List//Differentials - \*\*Hypothermia (T: 96°F)\*\* - r/o shock, sepsis, systemic illness - \*\*Pancytopenia\*\* - r/o sepsis, viral infection (Feline Panleukopenia), bone marrow suppression secondary to FIV - \*\*Hyperglobulinemia (6.5 g/dL)\*\* - r/o chronic/severe inflammation, infectious disease (FIP, FIV), neoplasia - \*\*Severe Lethargy/Shocky state\*\* - r/o sepsis, infectious disease, metabolic disease, organ failure - \*\*Head Tilt\*\* - r/o neurologic involvement secondary to systemic disease, otitis interna/media - \*\*Ileus on radiographs\*\* - r/o GI stasis secondary to systemic illness, enteritis, obstruction - \*\*Intestinal thickening on ultrasound\*\* - r/o infectious enteritis (panleukopenia), inflammatory bowel disease, neoplasia (lymphoma) - \*\*FIV Positive\*\* - Immunocompromised state

## 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 3.3 cm. The right kidney measured 4.25 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 0.31 cm. The left adrenal gland measured

### 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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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### *Liver*

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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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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Shane Stafford

## ULTRASONOGRAPHIC FINDINGS

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Unremarkable abdomen.

Largely age related abdominal changes.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Supportive care for systemic disease is indicated without structural evidence of disease.

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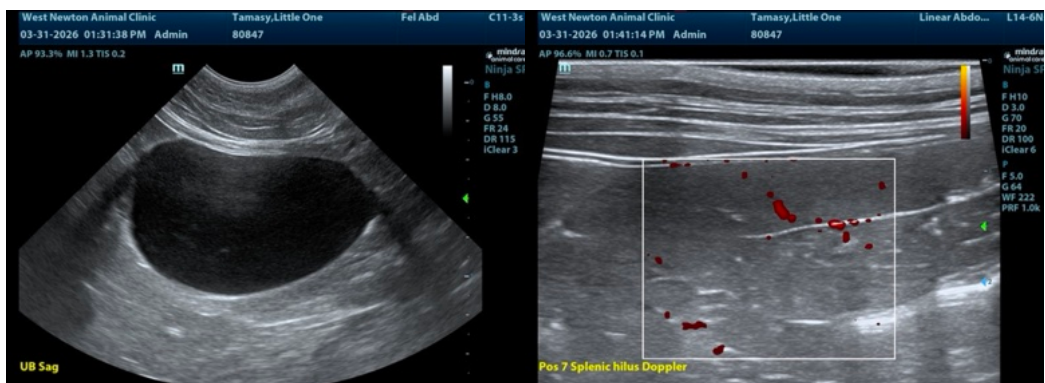
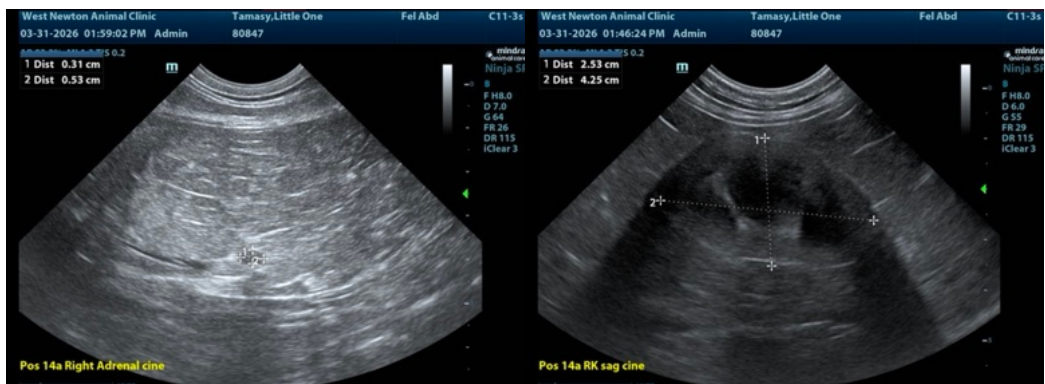
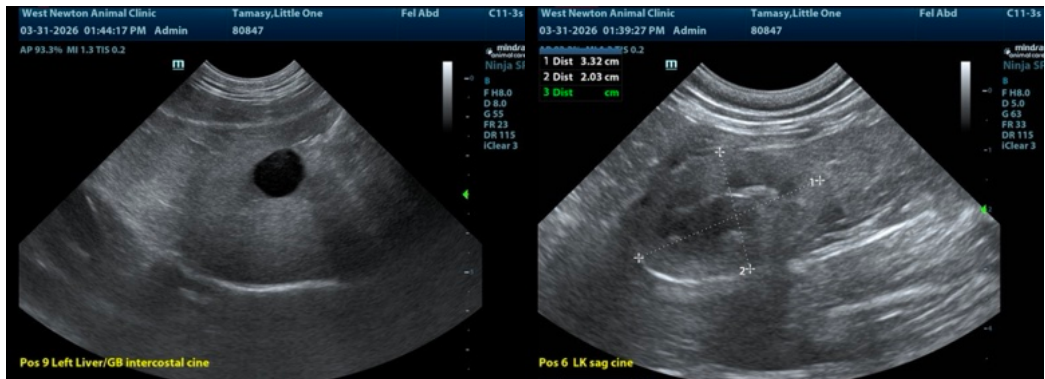
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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