



## PATIENT

Olive Rein

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

4 years

## WEIGHT

11.7 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Kathleen Laux

## HOSPITAL NAME

Rondout Valley VA

## REFERRING VET

Dr. Laux

## INVOICE

72286

## DATE

3/6/26

## PRESENTING CLINICAL SIGNS

- Owner reported an increase in drinking, but not urination
- neut 2365, AST 220, ALT 220, amylase 1481 Urine 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 was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.08 cm. The left kidney measured 3.59 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 0.27 cm. The right adrenal gland measured 0.24 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 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was mildly edematous.



**PATIENT**

**Gastrointestinal**

Olive Rein

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A minor amount of slightly shadowing ingesta or possible mediation in the pyloric outflow was noted and measured 1.1 cm. 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**

**SEX**

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.

Spayed female

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

11.7 lbs

Minor cholecystitis liver pattern.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A clinical trial of Enrofloxacin, Clindamycin combination could be considered. FNA of the liver could be considered, yet structurally the abdomen appears unremarkable. Recheck sonogram is recommended after a week of treatment to assess the gallbladder and liver enzyme elevations.

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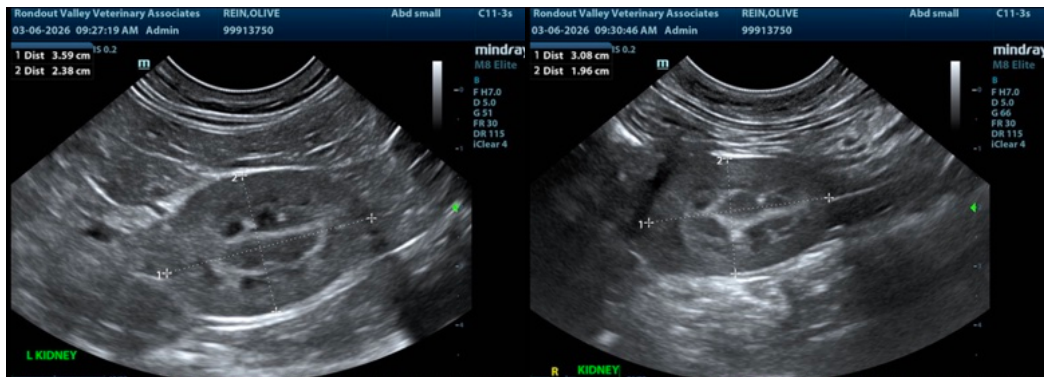
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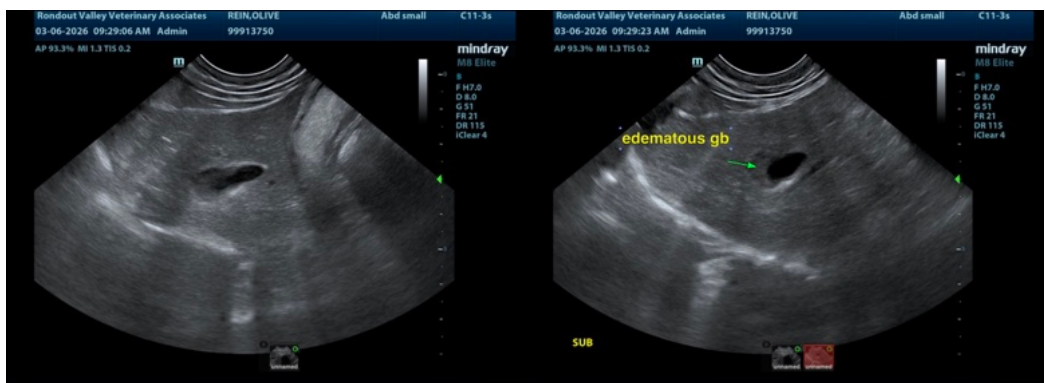
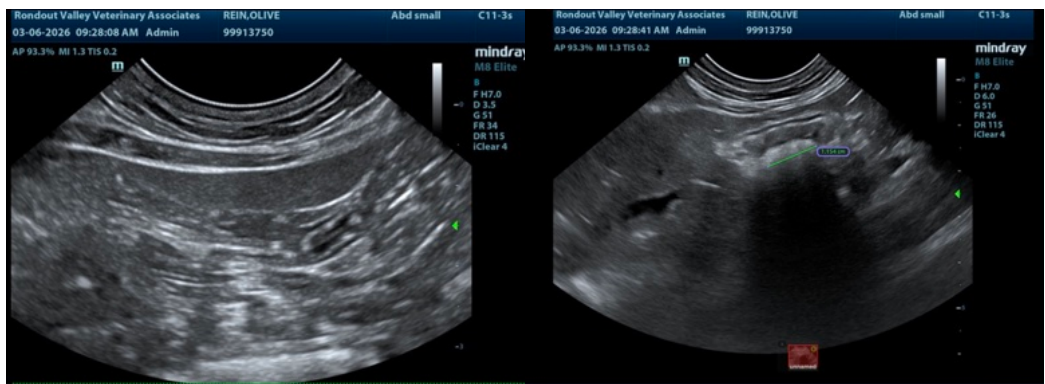
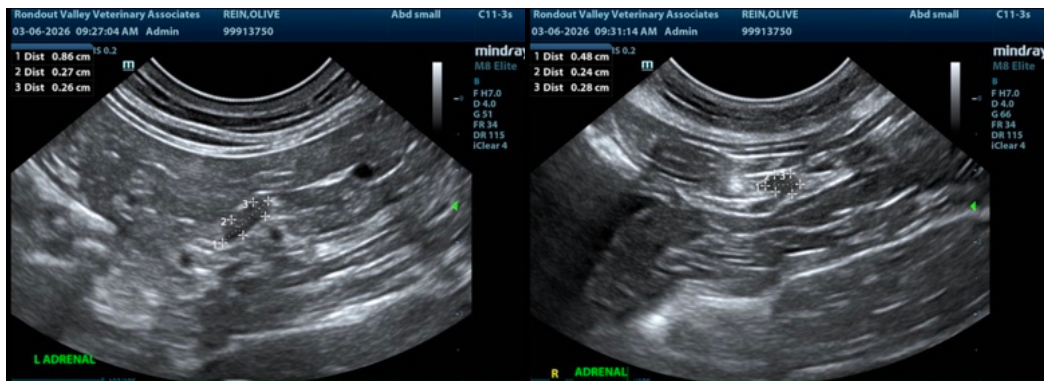
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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