



PATIENT

Tilley Phillips

SPECIES

Feline

BREED

Sphynx

SEX

Spayed Female

AGE

2

WEIGHT

4.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Haefliger

HOSPITAL NAME

Parkland Veterinary
Hospital

REFERRING VET

Dr. Sarah Haefligers

INVOICE

73489

DATE

3/6/26

PRESENTING CLINICAL SIGNS

Chronic vomiting since September. Currently 5 mg pred eod for presumed IBD. z/d diet

Abnormal PE/Chem/CBC/UA Results: BW from October 2025. mild hyperkalemia, hyperproteinemia, mild decreased creatinine, mildly elevated AST, hyperglycemia - stress PE nsf

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 2.0 cm beyond the cystourethral junction.

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. Right kidney measured 4.0 cm. Left kidney measured 3.9 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. Left measured 0.37 cm. Right measured 0.40 cm.

Spleen

The **spleen** was slightly enlarged and folded upon itself cranially, measuring 0.90 cm.

Liver

The **liver** was mildly enlarged with slight increased portal markings. The gallbladder was unremarkable.

Gastrointestinal

The **stomach** revealed fluid-filled lumen. The small intestine and colon were unremarkable.

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.

ULTRASONOGRAPHIC FINDINGS

- Mild splenic enlargement.
- Mildly enlarged liver.
- Fluid-filled gastric lumen.



PATIENT

Tilley Phillips

SPECIES

Feline

BREED

Sphynx

SEX

Spayed Female

AGE

2

WEIGHT

4.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Haefliger

HOSPITAL NAME

Parkland Veterinary
Hospital

REFERRING VET

Dr. Sarah Haefliger

INVOICE

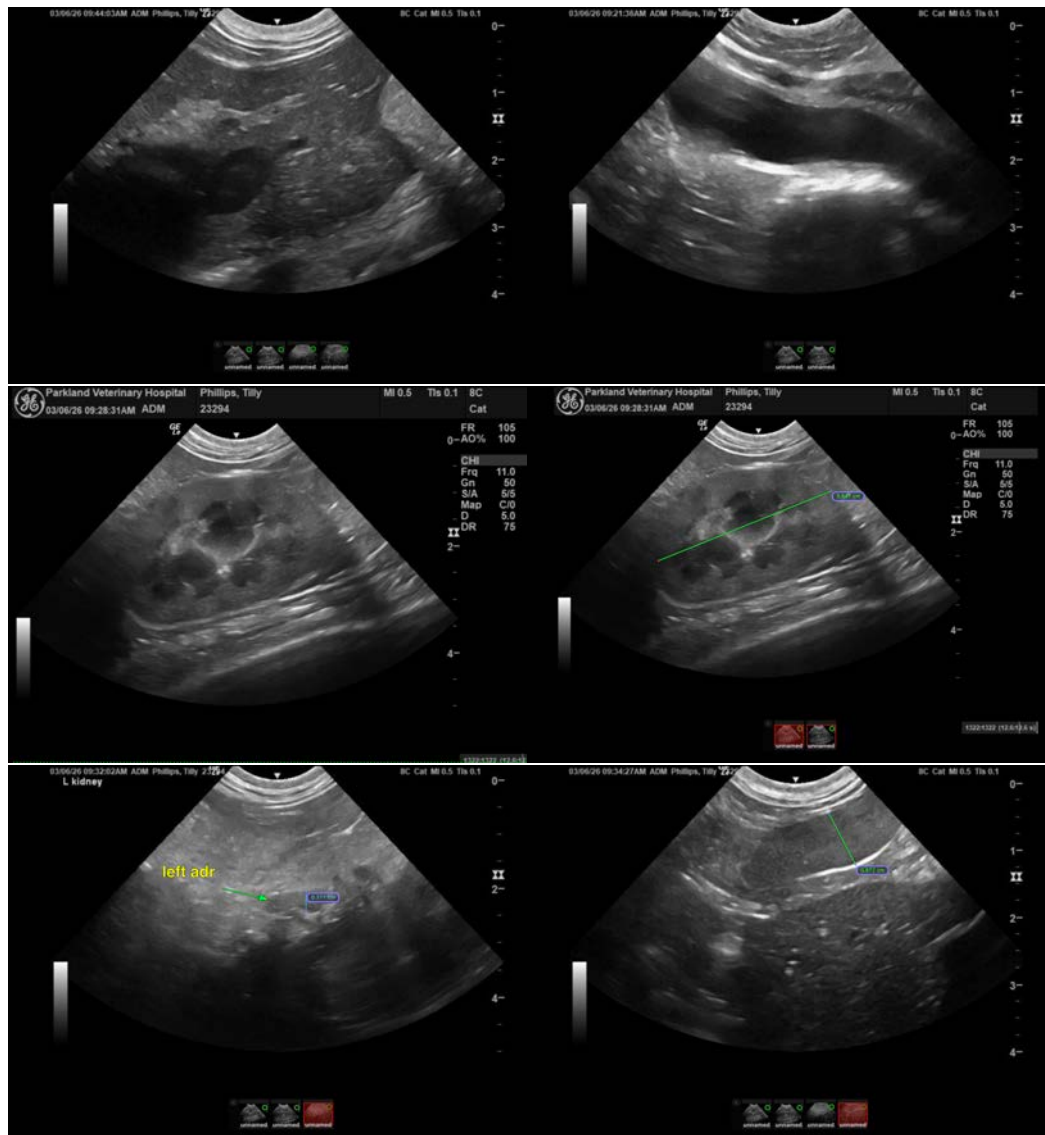
73489

DATE

3/6/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the elevated protein in this patient I cannot rule out potential underlying occult FIP, yet no specific lesions would suggest this. Note the Prednisone may be suppressing a more significant presentation. Screening FNA of the spleen and liver would be warranted. If any suspicion for lymphoma is present, then PCR or PARR evaluation would be appropriate. Structurally, the GI tract is unremarkable, other than minor fluid-filled gastric lumen, yet again the Prednisone may be suppressing a more significant presentation.





PATIENT

Tilley Phillips

SPECIES

Feline

BREED

Sphynx

SEX

Spayed Female

AGE

2

WEIGHT

4.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Haefliger

HOSPITAL NAME

Parkland Veterinary
Hospital

REFERRING VET

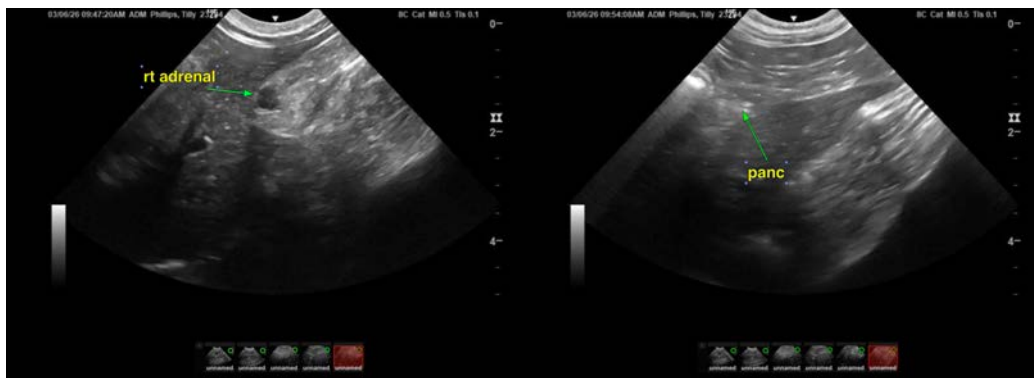
Dr. Sarah Haefligers

INVOICE

73489

DATE

3/6/26



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, Owner, Founder -- SonoPath.com

info@SonoPath.com