



PATIENT

Wall E Xu

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

4 years

WEIGHT

17.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Shen Li

HOSPITAL NAME

Shen Li VS

REFERRING VET

Dr. Shen Li

INVOICE

72277

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- Presented for frequent coughing for approximately three weeks. O felt like dry vomit. Also concerns for possible thread ingestion.
- History: Owner reports that Wall E has had similar coughing episodes approximately every 3–4 months.
- Previous pattern: Owner would give hairball remedy. Coughing would typically resolve after treatment. If hairball remedy was not given, coughing would continue.
- Current episode: Hairball remedy did not resolve the coughing
- Diet history: Owner recently opened a new bag of Instinct dry food, which Wall E has eaten previously.
- Coincidentally: The other cat in the household developed one episode of hematochezia. Owner switched diets and the other cat's symptoms resolved. Owner wonders whether this specific batch of food may have contributed to symptoms.
- Lifestyle: Indoor-only.
- Otherwise healthy. Appetite decreased. Activity normal
- Noticed wheezing, episode looks more like asthma. BE Pending

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 left kidney measured 4.0 cm. The right kidney measured 4.0 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.

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

Feline

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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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

Eric Lindquist, DMV
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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.

IMAGING PERFORMED BY

Free Abdomen

Dr. Shen Li

A large amount of abdominal fat was noted in this patient and measured 5.0 cm.

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ULTRASONOGRAPHIC FINDINGS

Dr. Shen Li

No evidence of primary abdominal pathology.

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Large amount of abdominal fat.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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I recommend weight loss protocol in this patient. The thoracic fat may be influencing the clinical signs and exacerbating any inhalant irritants.



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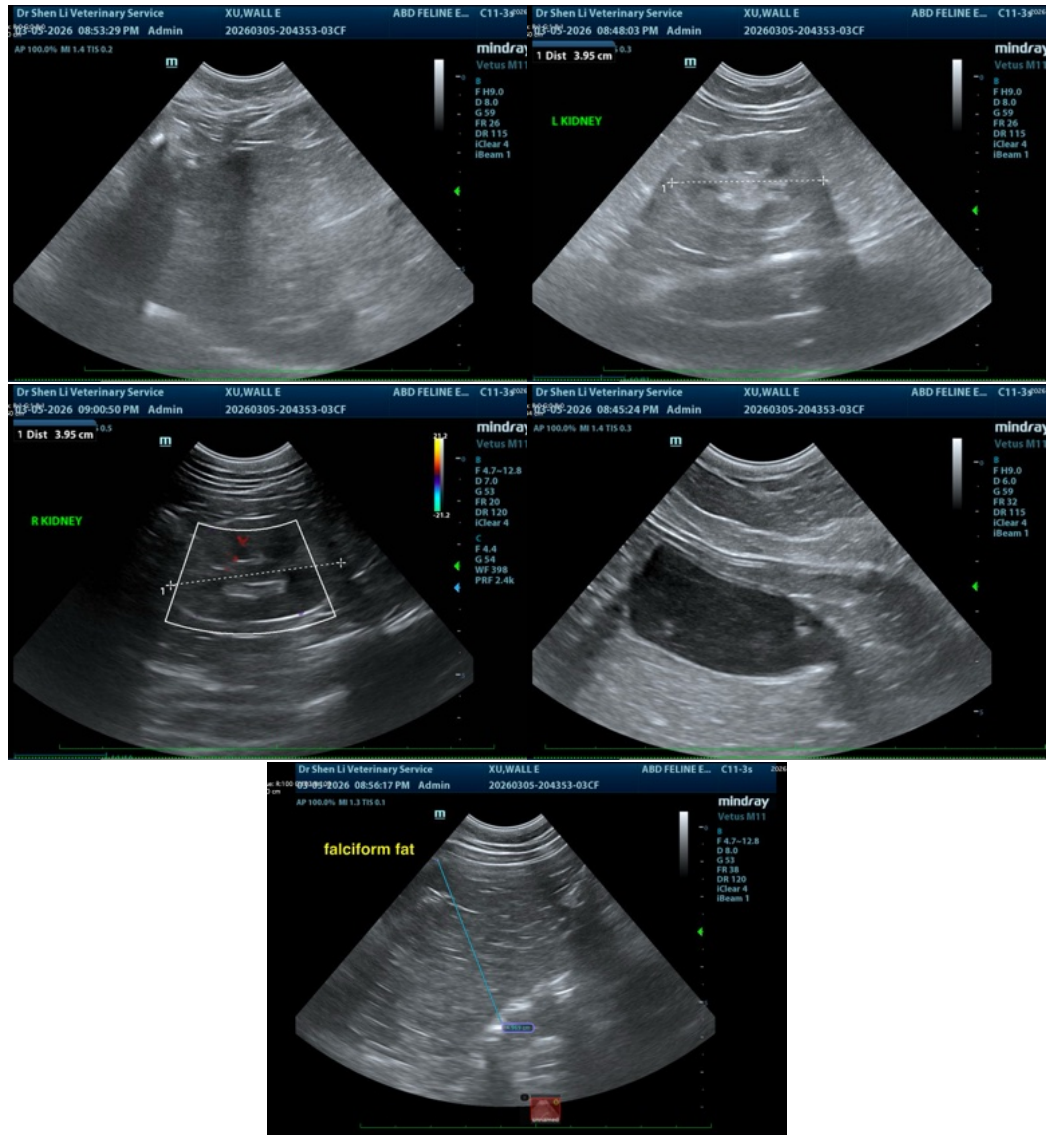
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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