



PATIENT

Ivan Houghtaling

SPECIES

Feline

BREED

DSH

SEX

Castrated Male

AGE

5

WEIGHT

8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Christensen

HOSPITAL NAME

Tranquility Veterinary
Clinic

REFERRING VET

Dr. Christensen

INVOICE

74512

DATE

4/16/26

PRESENTING CLINICAL SIGNS

Rescued from a hoarding situation a few years ago. Chronic soft stool but worse lately. Has had full mouth extractions due to stomatitis. Recent weight loss, vomiting and decreased appetite.

Abnormal PE/Chem/CBC/UA Results: Recent BW= Ok except for mild globulin increase and bacteriuria (culture pending). Stool= Negative. Felv/FIV= Negative.

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 **kidneys** presented pelvic mineralizations and mild to moderate cortical remodeling. Infarcts noted in both kidneys. Left kidney measured 4.35 cm. Right kidney measured 4.2 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. Right measured 0.34 cm. Left measured 0.37 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 were 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 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.

Trace free fluid noted between the liver and diaphragm.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. However, some minor jejunal thickening was noted just cranial to the urinary bladder in a region of approximately 1.0 cm x 2.0 cm. Soft stool noted in the colon.



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Pancreas

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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.

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Free Abdomen

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Rapid view of the heart revealed no evident pathology. Normal volumes, contractility and structure. There is a comet tail lung pattern or B-lines noted in the peripheral field. Chest radiographs warranted to assess for pulmonary disease.

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ULTRASONOGRAPHIC FINDINGS

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- Minor distal small intestinal thickening – No obvious evidence of neoplasia, however I cannot rule out emerging GI neoplasia in this patient.
- Renal infarcts and remodeling - history of renal disease likely.
- Trace free fluid noted between the liver and diaphragm, origin unclear – possibly owing to cachexia.
- Comet tail lung pattern - suspect pulmonary disease.

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IVUS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup warranted. Medical management and further investigation for causes of weight loss indicated with recheck sonogram in one week to assess for any progression of the abdominal presentation.

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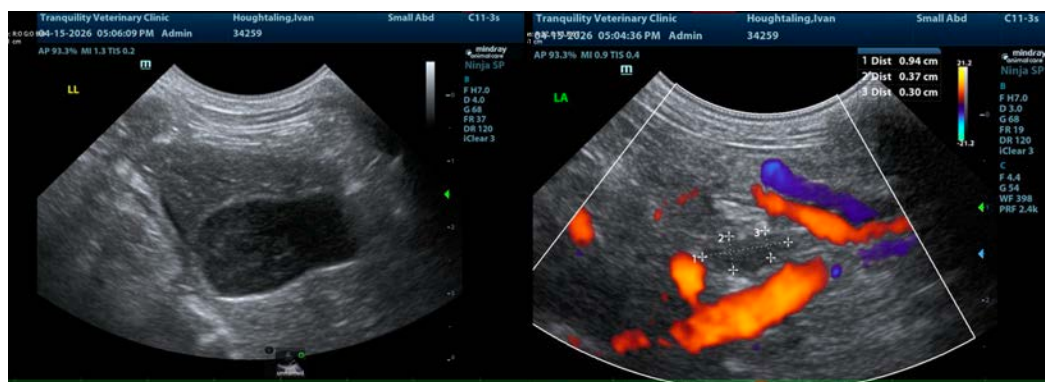
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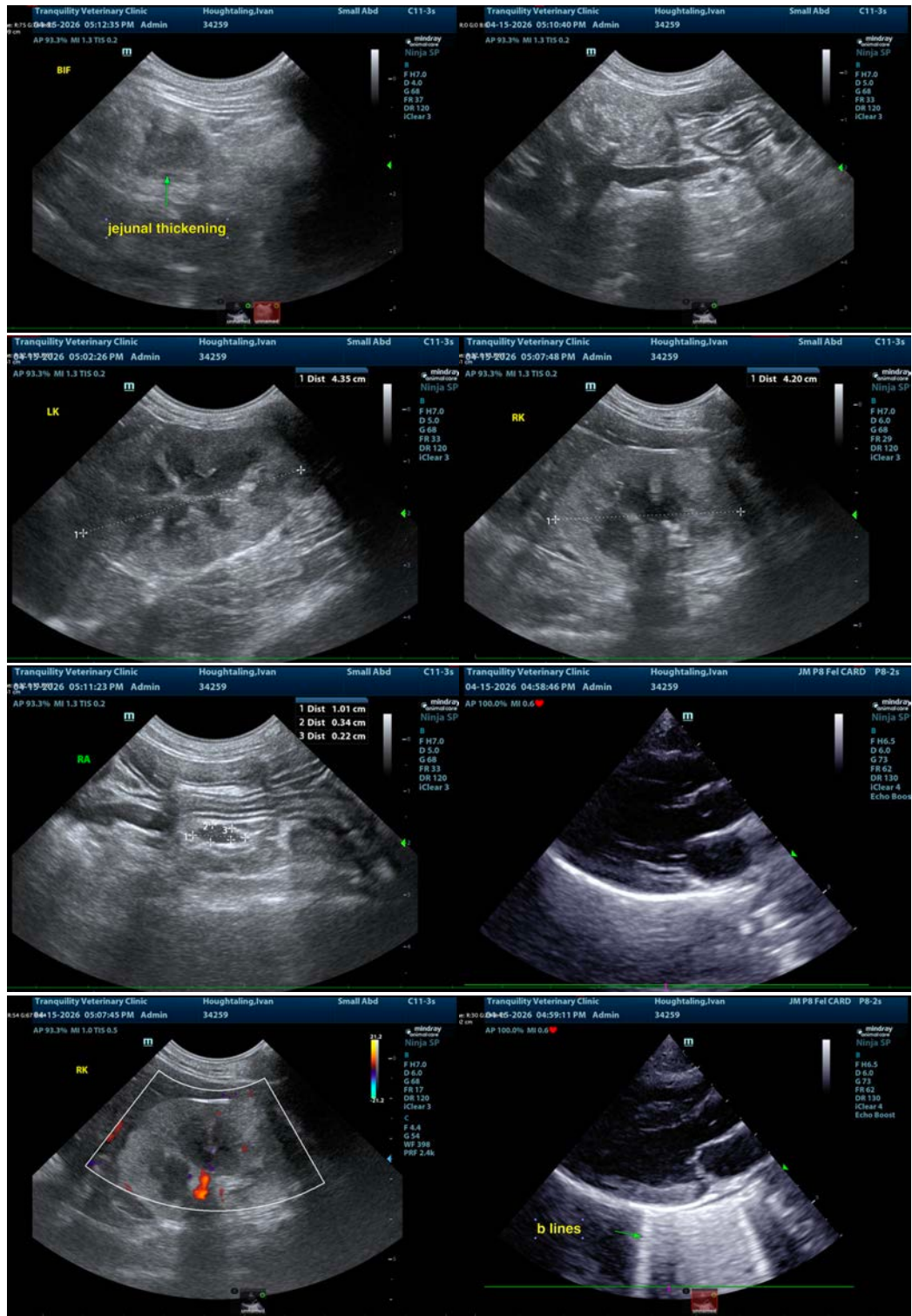
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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