



PATIENT

Mellow Gonzalez

SPECIES

Feline

BREED

DUH

SEX

Neutered Male

AGE

12 Years

WEIGHT

19.11

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Clinic of
Flanders

REFERRING VET

Dr. Casulli

INVOICE

74482

DATE

4/16/26

PRESENTING CLINICAL SIGNS

Chronic diarrhea and vomiting, abdominal pain, obesity, small palpable thyroid nodule r/o - IBD, obstruction, gastro neoplasia, thyroid neoplasia, pancreatitis. Was given a cerenia injection and buprenex injection yesterday

Abnormal PE/Chem/CBC/UA Results: 4/16 - hemo(lo) - 10.4, mono (hi) - 0.731, chlor - 113(lo) , tcO2-26(hi), t4 wnl, negative triple snap

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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 4.1 cm. Right kidney measured 4.1 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.

Gastrointestinal

The **stomach** was filled with progressively shadowing luminal material, potential hairball accumulation. The small intestine and colon were unremarkable.



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Pancreas

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The **pancreas** revealed coarse architecture and was mildly irregular with dilated duct. No evidence of regional inflammation. However, low-grade inflammation is a potential.

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ULTRASONOGRAPHIC FINDINGS

BREED

- Irregular pancreas.
- Full stomach – post-prandial presentation or possible hairball accumulation.
- Age related renal changes.

DUH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

No evidence of significant structural gastrointestinal disease. Hairball management, diet change, broad-spectrum antibiotics may all be indicated in this patient. Anti-parasitic protocol indicated.

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Differentials for diarrhea include occult parasitism, dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 8-12-hour NPO and reintroduction of bland diet indicated. I recommend a fresh fecal smear and fecal floatation analysis if not already performed. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm. Most acute cases of diarrhea will respond to probiotic therapy, fiber, and gastrointestinal diets over the next 3-5 days. Low dose Prednisolone trial may be necessary in some cases. However, this may be problematic if an occult, non-evident round cell neoplasia or similar is developing.

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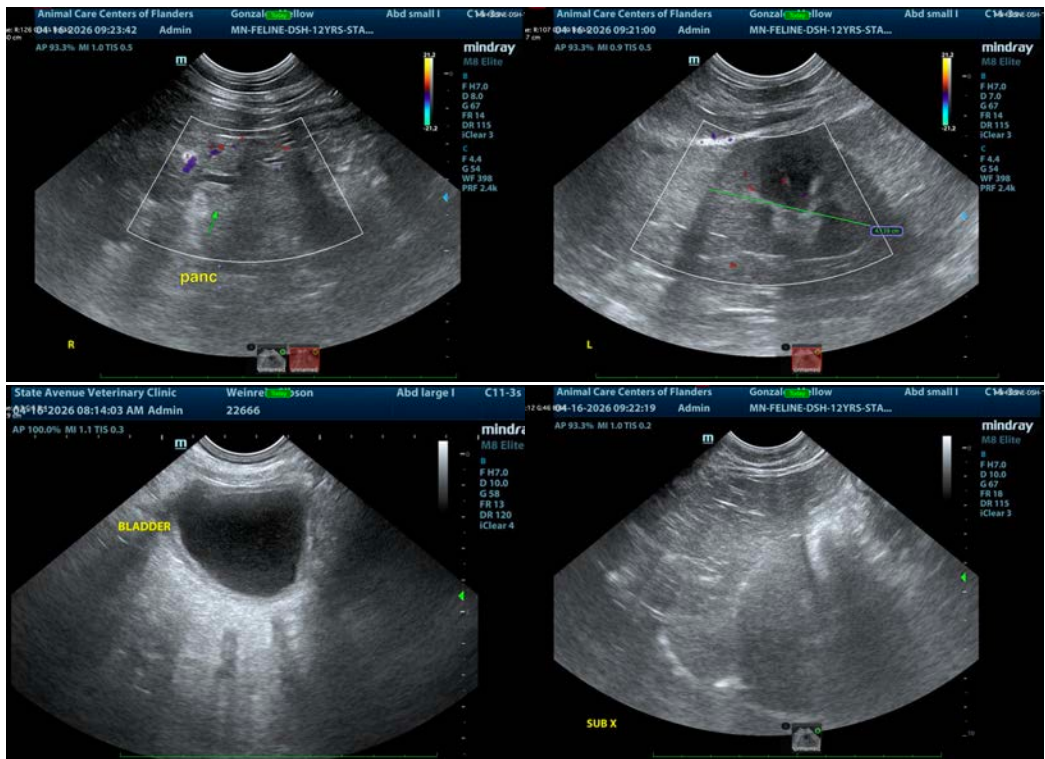
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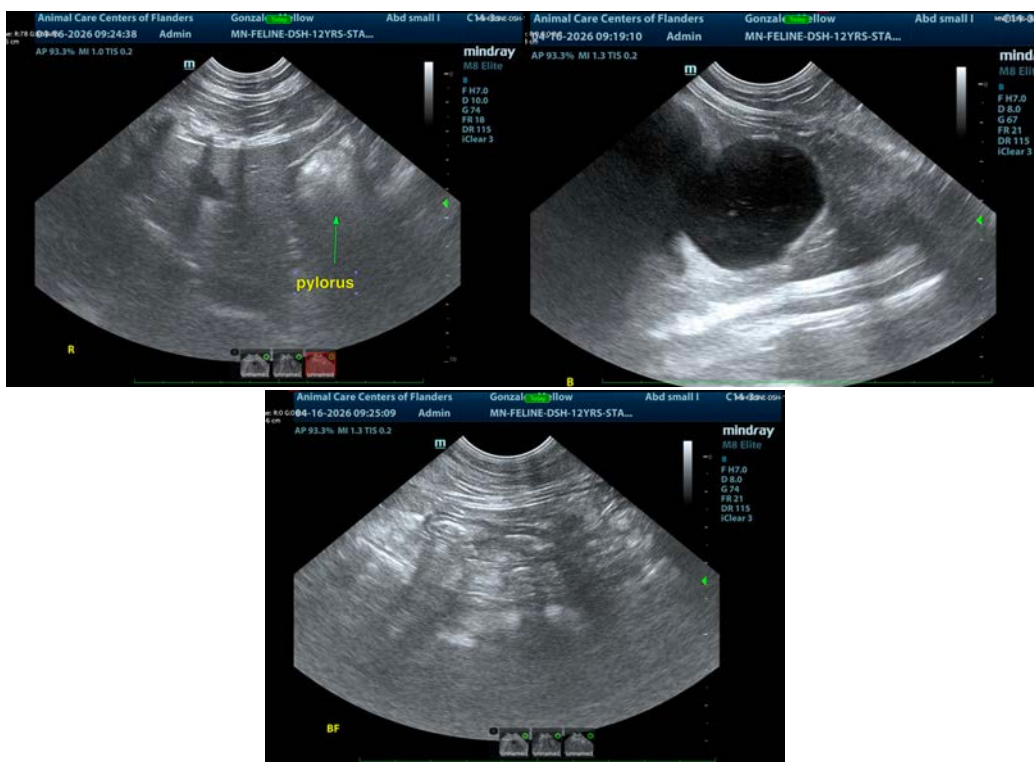
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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