



PATIENT

Suzy Q Tyler

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

13

WEIGHT

1.87 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wayland

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Wayland

INVOICE

74511

DATE

4/17/26

PRESENTING CLINICAL SIGNS

Eating has decreased over the last 3 weeks/prefers "licking" food, lethargic increased 2 weeks/increased in last 9 days, vomiting white foam first thing in the morning for 2 weeks, Symptoms: decreased eating, vomiting, lethargic.

Call with rDVM: pet presented with weeks history of inappetence. hx of CHF iris2, IBD diagnosed via ultrasound in December, and today a Calcium that was off the scale high.

Abnormal PE/Chem/CBC/UA Results: 6:02:26pm Hypercalcemia (historical) CKD (historical) IBD (historical inappetence Suspect hyperthyroidism Plan- Full abdominal ultrasound with stat consult pending Treatments Butorphanol 0.4 mg/kg IM Cerenia 1 mg/kg SQ 100 mL LRS SQ Medications- Continue SID pred but double current dose. Increase Mirataz to SID

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** were normal in size with slight irregular contour and mildly thickened cortices. Idiopathic hyperechoic medullary rim sign noted. Blood flow was mildly subnormal on power doppler assessment. The kidneys measured 3.5 cm each.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal



PATIENT

Suzy Q Tyler

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

13

WEIGHT

1.87 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wayland

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Wayland

INVOICE

74511

DATE

4/17/26

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

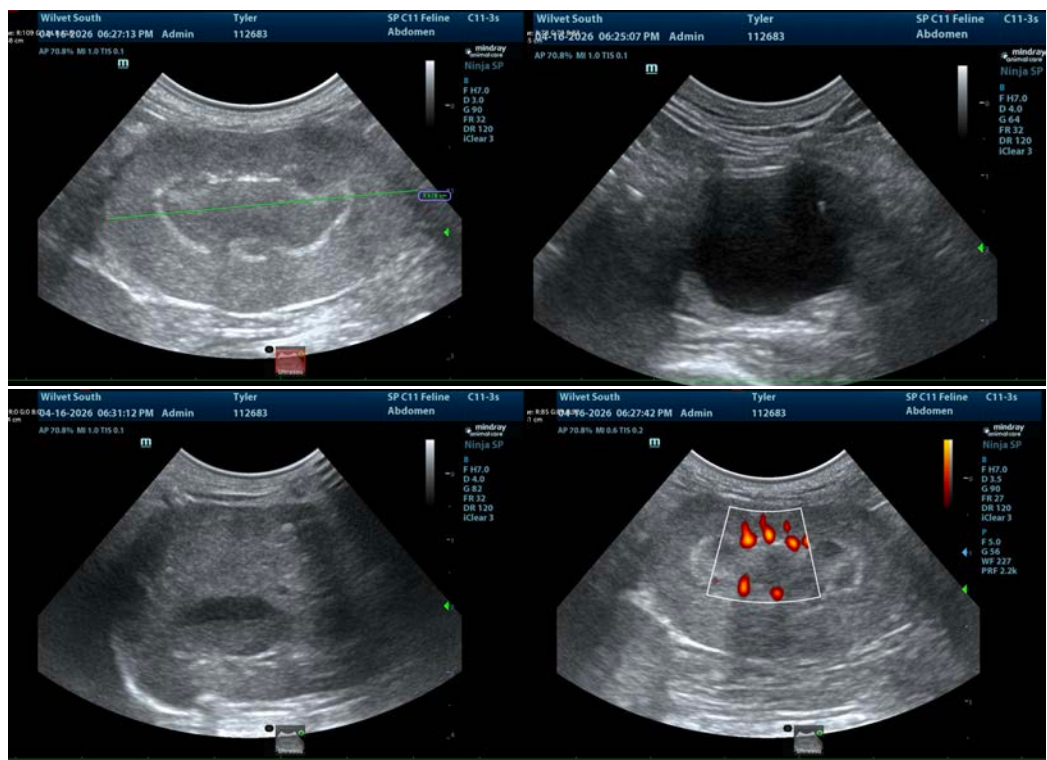
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Age related hepatic, GI, and pancreatic changes.
- Idiopathic medullary rim kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Geriatric abdomen, no specific pathology. The cause of inappetence is not overtly visible. Management for the hyperthyroidism and assessment for concurrent comorbidities such as orthopedic pain, CNS or thoracic disease would all be indicated.





PATIENT

Suzy Q Tyler

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

13

WEIGHT

1.87 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wayland

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Wayland

INVOICE

74511

DATE

4/17/26



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