



PATIENT

Sparrow Hunter

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

10 Years

WEIGHT

3.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd, DVM, D,
ABVP-CFP

HOSPITAL NAME

West Lincoln
Veterinary Hospital

REFERRING VET

Dr. Crystal Mitchem

INVOICE

74179

DATE

4/2/26

PRESENTING CLINICAL SIGNS

Previous vet has been treating her for IBD with steroids, but when they wean her off, she starts vomiting again, continual weight loss.

Abnormal PE/Chem/CBC/UA Results: BCS 2/5, sl pale mm, cloudy cornea OD, chronic conjunctivitis, FIV ++.

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 **left kidney** presented mild degenerative changes and mineralization. The left kidney measured 2.86 cm.

The **right kidney** presented cranial cortical collapse, irregular contour, and dystrophic mineralization. Right kidney measured 2.8 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 measures 0.36 cm. Left measures 0.33 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** was largely normal yet presented at 2.0 cm swelling that entered into the gastroesophageal inlet, consistent with mild stable hepatic hiatal hernia. No evidence of inflammation or free fluid. The gallbladder was unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.



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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. Pancreas measured 0.67 cm.

Free Abdomen

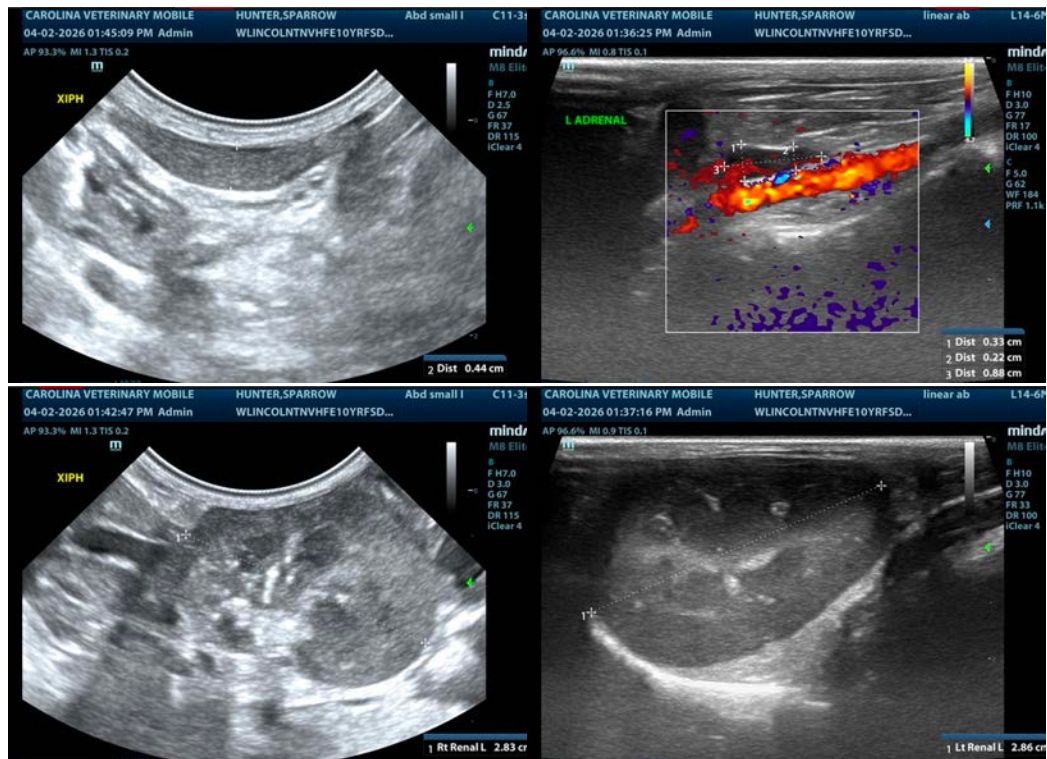
Mesenteric lymph nodes were enlarged, example measuring 1.6 cm x 0.80 cm. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Hiatal hepatic hernia.
- Non-specific gastroenteritis presentation with reactive mesenteric lymphadenopathy.
- Renal dystrophy - Moderate on the right, mild on the left.
- Age related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mesenteric lymph nodes with cytology and culture recommended. PCR may be appropriate, given that the Prednisone therapy may be suppressing a more significant presentation. Prognosis long-term is guarded.





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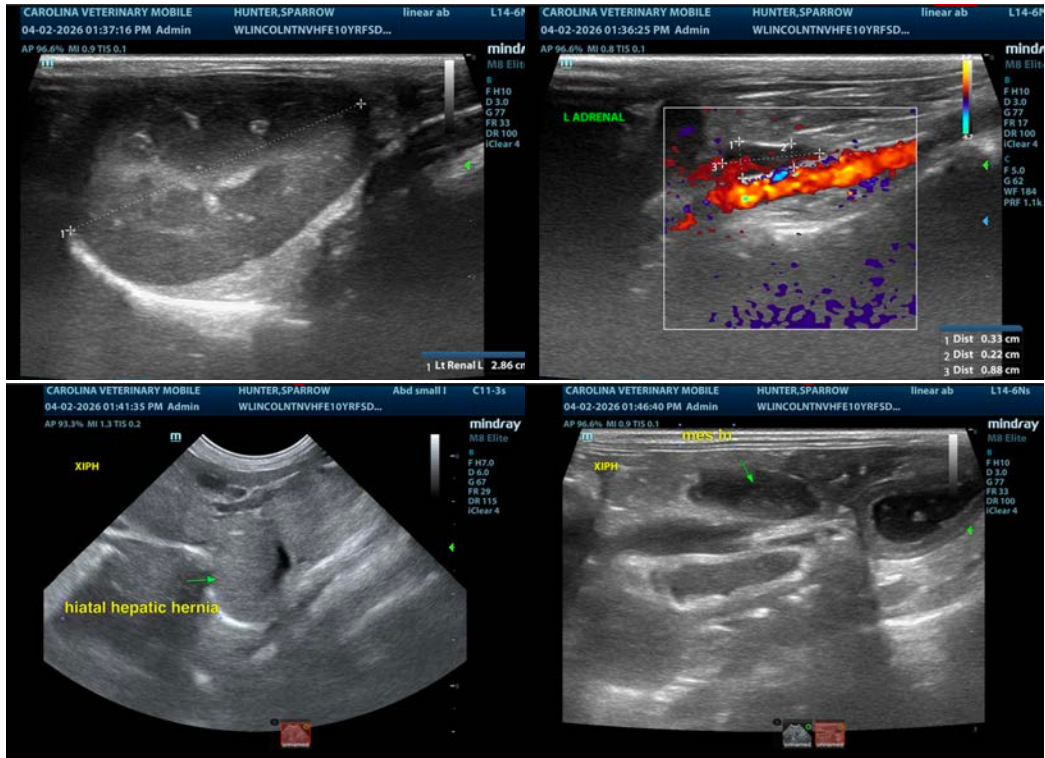
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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