



PATIENT

Yolo Pfeifer

SPECIES

Feline

BREED

Manx

SEX

Spayed female

AGE

12 ½ years

WEIGHT

6.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Village Pet Clinic

REFERRING VET

Dr. Defabio

INVOICE

74076

DATE

4/2/26

PRESENTING CLINICAL SIGNS

- Initially sedated for sonogram with 0.03ml Dexdomitor 0.5mg/ml IV. Inadequate. Additional 0.04ml given Iv. Adequate for sonogram.
- History of IBD
- On long term prednisolone for IBD 1mg/kg PO SID approximately 1 year and IBD symptoms well managed. Initiated EOD taper and Yolo became clinical vomiting with inappetence. Currently on IVF today 60ml/hr for 1 hour. Therapy decreased.
- BW today ALB 4.6, ALT 1198, BUN 58, TotalCa 13.4, Phos 10.6, Creat 4.3, GLU 203, TP 8.2 UR SG 1.036 Cystocentesis 1+protein Total T4 3.41 ug/dl

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. A mild amount of sand was noted. Grouping of which measured 1.7 cm. 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 3.56 cm. The right kidney measured 3.3 cm.

Adrenal Glands

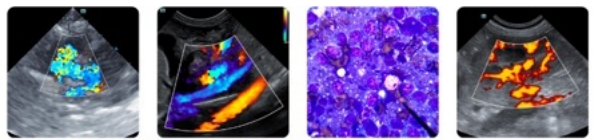
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.27 cm. The right adrenal gland measured 0.53 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 was noted.

Liver

The **liver** revealed slightly increased portal markings. Lobar biliary calculi were noted. The portal vein was mildly tortuous, yet there was no evidence of shunting. The gallbladder and common bile duct were unremarkable.



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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.

Pancreas

The **pancreas** was prominent, hypoechoic and mildly irregular. Subxiphoid palpation is recommended to assess for pain. I suspect low-grade pancreatitis.

ULTRASONOGRAPHIC FINDINGS

Bladder sand. Otherwise, structurally unremarkable urinary tract.

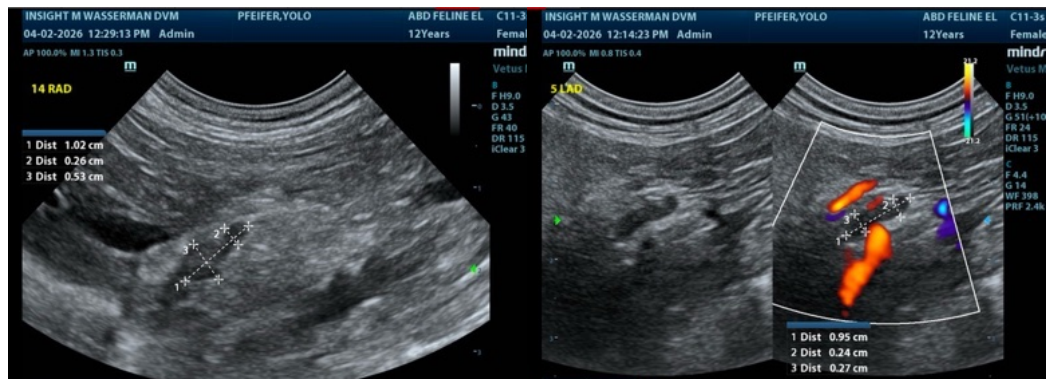
Non-specific inflammatory hepatopathy with non-obstructive cholelithiasis.

Low-grade pancreatitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The Prednisolone therapy may be suppressing a more significant presentation. Subxiphoid palpation is recommended to assess for pain in the region of the pancreas. Ultrasound-guided FNA of the liver, assessment for underlying infectious agents such as Toxoplasmosis, Bartonella would be appropriate.

Broad spectrum antibiotics such as Enrofloxacin and Clindamycin combination, pain management and 6 weeks of Ursodiol therapy is warranted. Full urinalysis, culture and sensitivity is indicated with a dissolution protocol based on urinalysis results.





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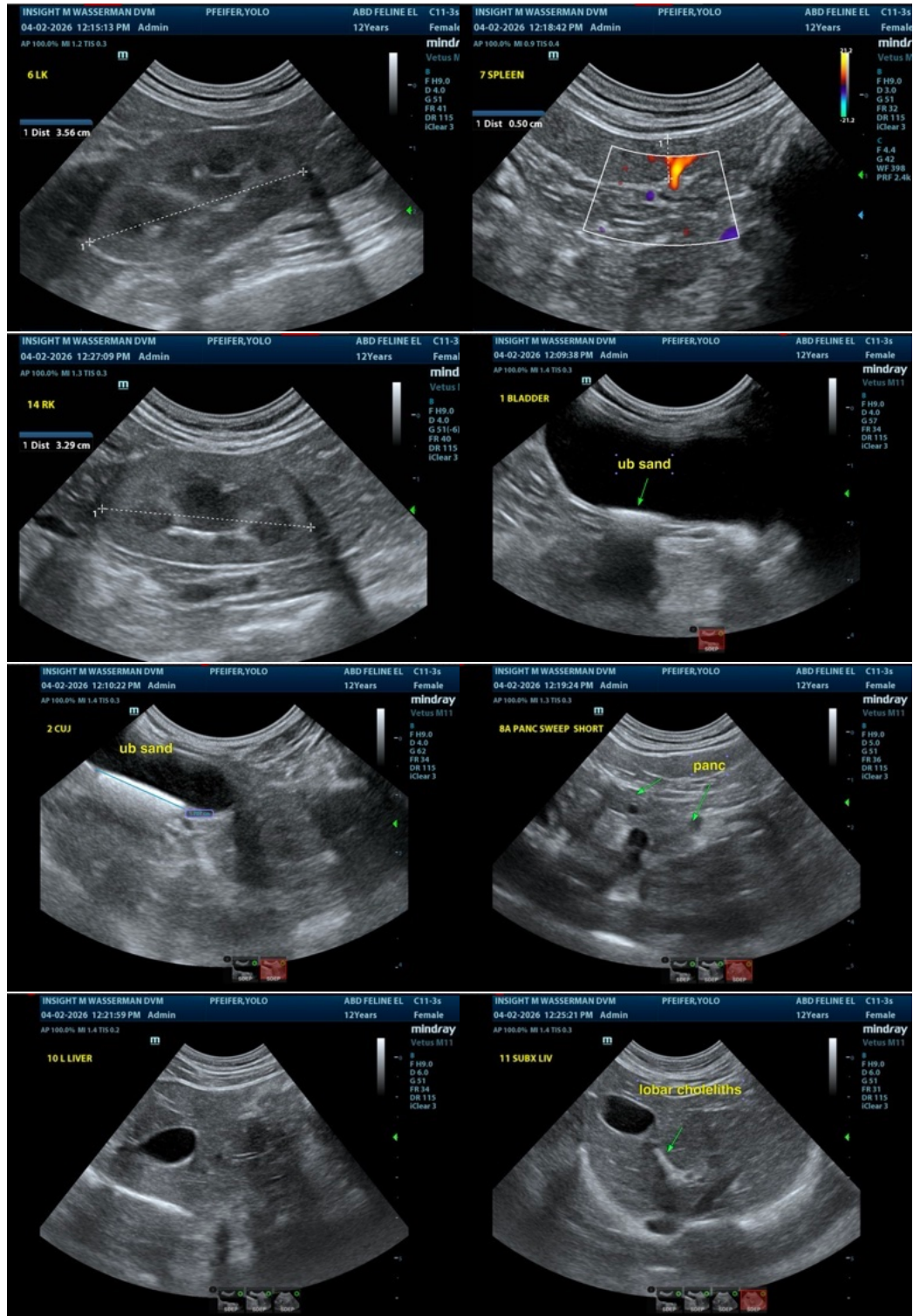
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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