

## PATIENT

Midnight Herrin

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

9 years

## WEIGHT

7.23 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Brittney Beigel DVM

## HOSPITAL NAME

Bayside Animal  
Medical Center

## REFERRING VET

Dr. Buchanan

## INVOICE

74697

## DATE

4/21/26

## PRESENTING CLINICAL SIGNS

History: weight loss, waxing waning appetite. Possible loose stools (multicat household, and someone's stools are loose). Temporary improvement for 48 hours after cerenia injection  
P was fasted for US scan. No sedation needed.  
r/o IBD vs neoplasia vs other

## 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 was noted. Ureteral papillae were normal.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.78 cm.

### Adrenal Glands

The **adrenal glands** were not overtly visualized. However, the regions of the adrenal glands appeared 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 was 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 was duplicated or bifid. This is a normal variant. A minor amount of debris and coalesced bile was noted.



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### Gastrointestinal

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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. The mesenteric lymph node was reactive and measured 1.4 x 0.66 cm.

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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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### ULTRASONOGRAPHIC FINDINGS

## WEIGHT

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Mild intestinal thickening, chronic IBD GI pattern.

Slight mesenteric lymphadenopathy, reactive.

Unremarkable kidneys.

## INTERPRETED BY

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### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The azotemia is likely prerenal in in this patient. Management for inflammatory bowel and reactive lymph nodes would be indicated. Assessment for occult neoplasia elsewhere in the body or malassimilation is indicated.

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Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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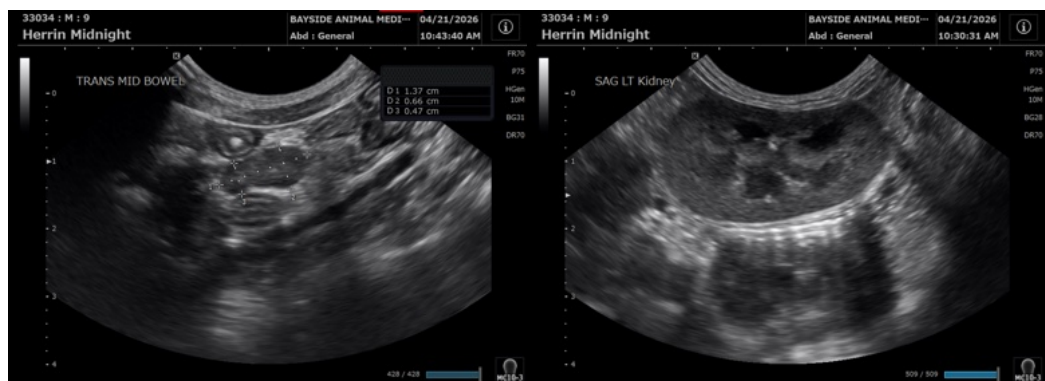
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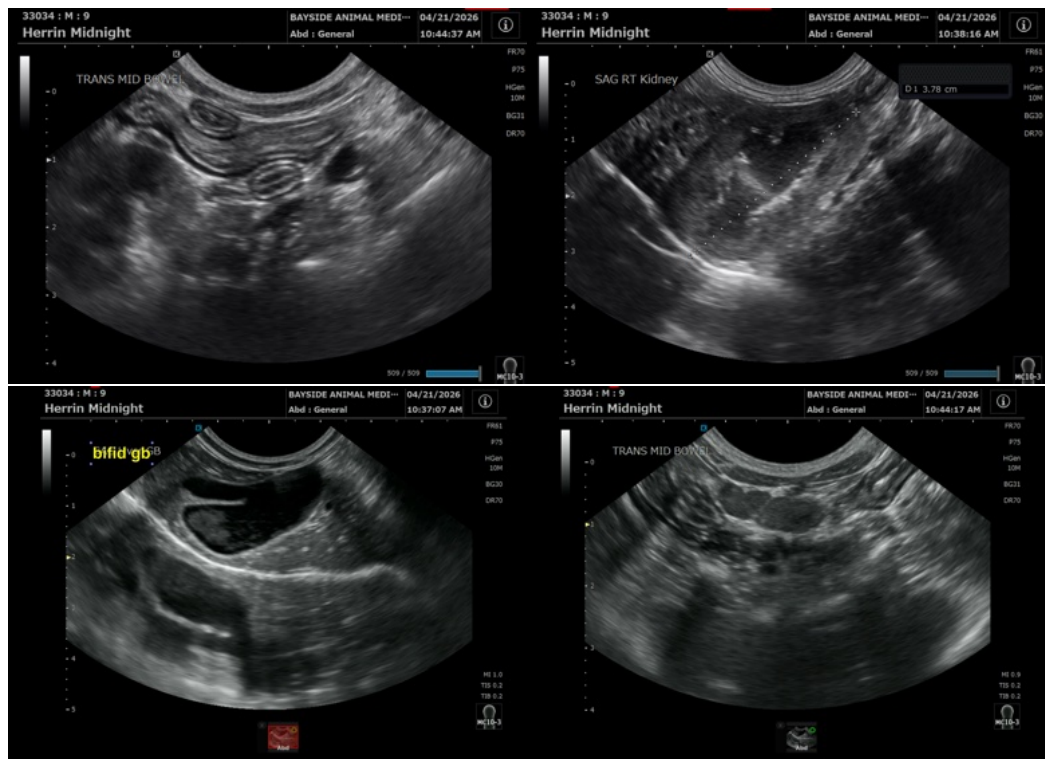
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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