



PATIENT

Prince Harry McMillen

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

6 Years

WEIGHT

18.06 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Oberer-Gerber

INVOICE

36712

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: 4/1/23 presented for suspected abdominal pain. On exam, mild lip licking, repeatable, on palpation of abdomen cranial-mid spine correlating over location of pain on palpation of lumbar spine just caudal to T/L junction. bilateral low-grade MLP 1-2/4 with mild crepitus R, good HL/hip ROM -- persistent and stable since last evaluated. Sedated ortho rads + AXR were declined. An in-house CBC/Chem/PL/T4 was unremarkable. Treated w/ 3d course of meloxicam and 7d course of OTM buprenorphine. TODAY, presents as ER for re-evaluation as new clinical signs of 1-2 days of vomiting and diarrhea have occurred. Diarrhea worst yesterday and appears to be improving today.

Abnormal PE/Chem/CBC/UA Results: Heart/lungs = NSF. Worsening abdominal pain on palpation, especially in the cranial ABD. BCS: 5.5/9 bilateral low-grade MLP 1-2/4 with mild crepitus R, good HL/hip ROM -- persistent and stable since last evaluated. HCT = 52.5% HIGH PLT = 43 LOW --> IDX InVue = decreased estimate (Blood Smear to IDX = pending to confirm PLT numbers) Chem = NSF T4 = 1.5 UA (cysto) = pending Spinal rads = pending to screen for referred pain.

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 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 4.3 cm. The right kidney measured 4.85 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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. The spleen measured 1.26 cm.

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.



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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 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.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral disease response for the clinical signs. Given the tense abdomen, referred back pain should be considered a potential, yet the abdomen was unremarkable from a visceral standpoint.





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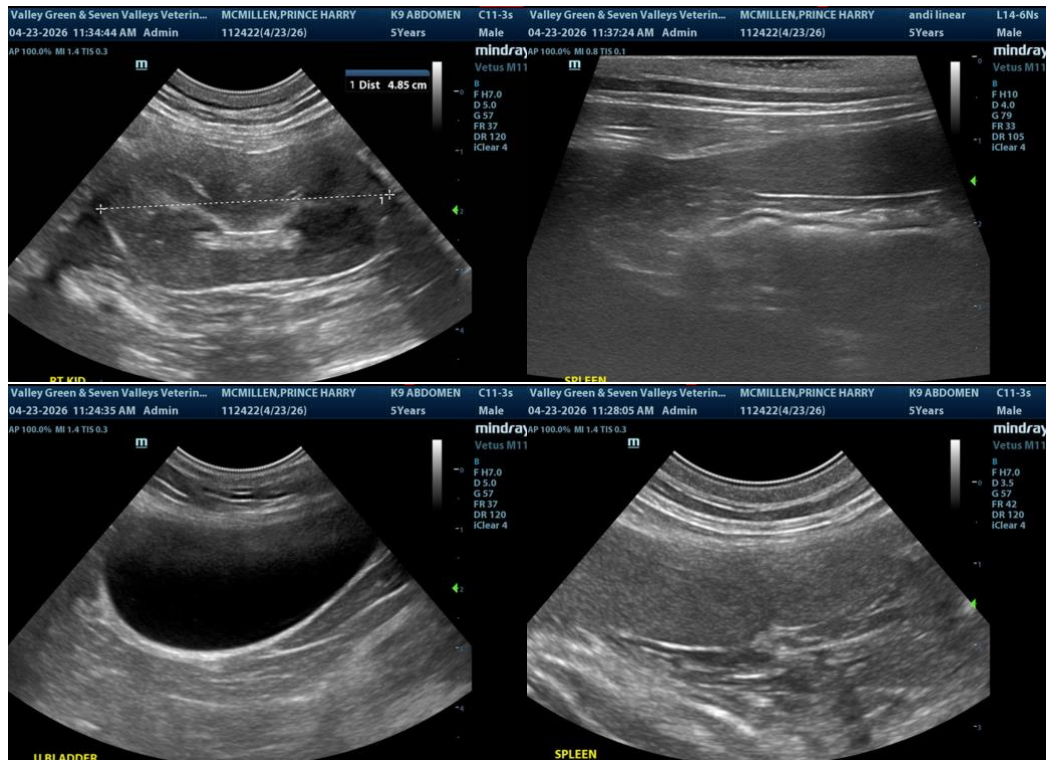
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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