



PATIENT

Millie Slatinsky

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years

WEIGHT

7.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Michael
Wasserman

HOSPITAL NAME

Animal Wellness World

REFERRING VET

Dr. Pilkerton

INVOICE

15435

DATE

04/24/26

PRESENTING CLINICAL SIGNS

Acute history of vomiting, Jaundice and increased liver values. Not on prevention. Fecal pending. Current medications Amoxicillin/clav. Clinically improved after sc fluids, cerenia injection, and convenia injection earlier this month.

Abnormal PE/Chem/CBC/UA Results: Chemistry 4/21: TP 8.3, Glob 5.2, Chol 335, Alt >1000, ALP 342, GGT 46, Tbili 8.1, CBC: No anemia reported by referring veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 **iliac trifurcation** was unremarkable.

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 3.9 cm in length. The right kidney measured 3.85 cm in length.

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 0.30 cm width. The right adrenal gland measured 0.35 cm width at the caudal pole and 0.31 cm width at the cranial pole.

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** presented largely normal in size with subtle coarse architecture. Acute hepatic insult is suspected. The gallbladder and common bile duct were unremarkable. Slight free fluid was noted adjacent to the liver, of unknown cause, likely secondary to hepatic inflammatory event.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

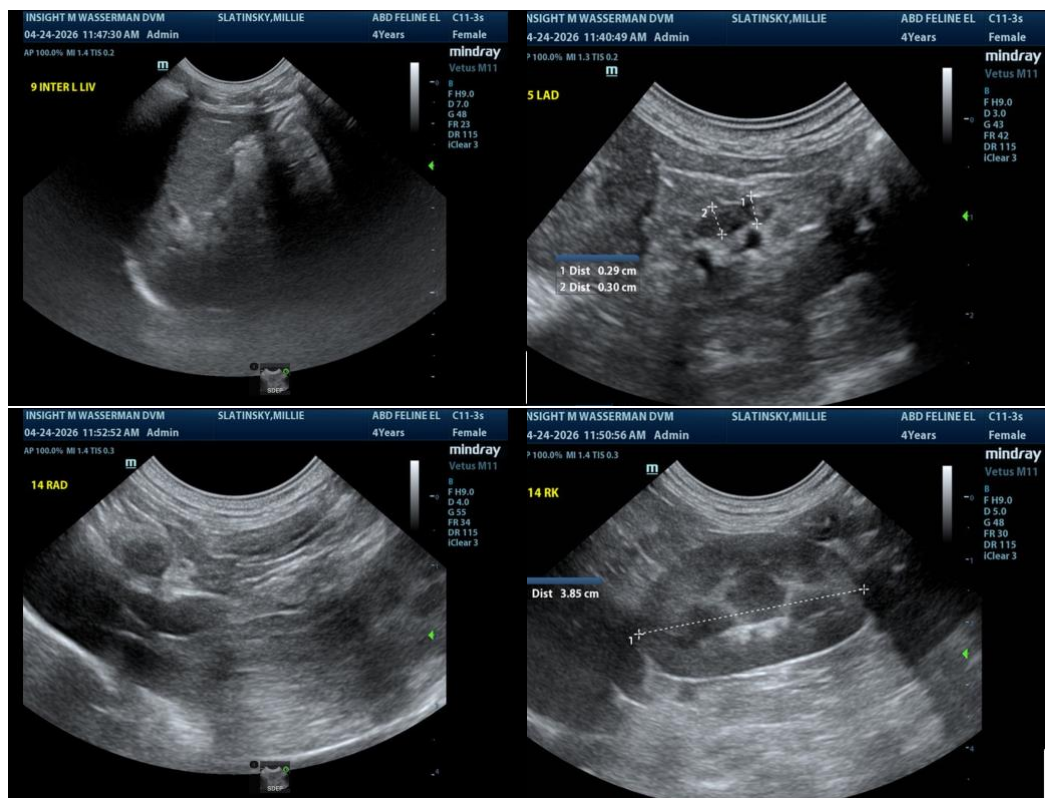
The **pancreas** presented mildly hypoechoic and slightly irregular with minor duct dilation.

ULTRASONOGRAPHIC FINDINGS

- Acute hepatic insult.
- Possible minor pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplasia. FNA of the liver is recommended. Infectious agents such as toxoplasmosis and Bartonella should be considered. Supportive care should prove effective and coverage for appropriate infectious agents, enrofloxacin/clindamycin combination is recommended. Recheck sonogram in 48 to 72 hours if the patient is not responding. Coagulation panel is recommended.





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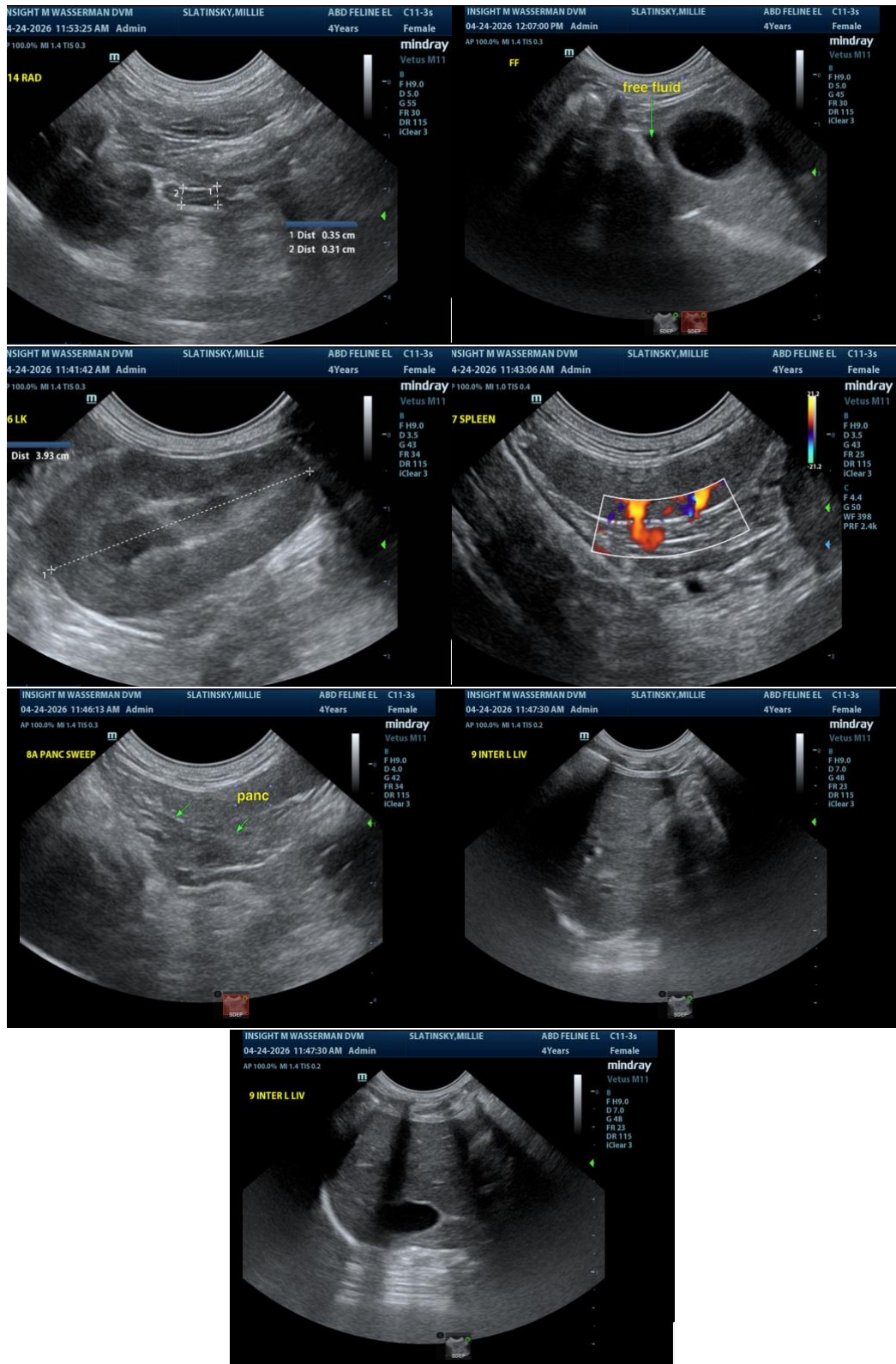
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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