



PATIENT

Pangur Schubert

SPECIES

Feline

BREED

Devon Rex

SEX

Male

AGE

13 years

WEIGHT

9.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Allen

HOSPITAL NAME

Montville AH

REFERRING VET

Dr. Schubert

INVOICE

74864

DATE

4/27/26

PRESENTING CLINICAL SIGNS

History: Doctor's pet - was acutely lame on HL with tarsal pain over the weekend - radiographs full abdominal/thoracic/orthopedic were NSF - lameness improved with onsior and buprenorphine but P increasingly ADR/worsening appetite/lethargic - P has been monitored for HCM since 2017, on Clopidogrel for 2 years, on Felicycyn for 10 months - most recent echo was last week at Crown vet and showed improved measurements since starting Felicycyn

Abnormal PE/Chem/CBC/UA Results: PE - respiratory abdominal effort, ADR, weight loss, clear nasal discharge - Diagnostics: stress leukogram but otherwise normal CBC/chem/T4/UA and rads

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 left kidney measured 2.6 cm and was mildly subnormal in size. The right kidney measured 4.0 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.

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** presented generalized enlargement and mild hepatic vein dilation. This is consistent with passive 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.



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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

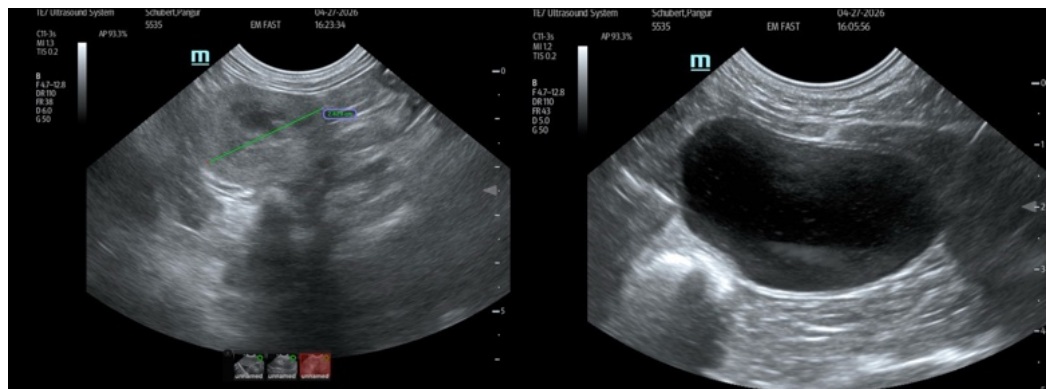
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen, largely age related changes with passive congestion liver pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic work up is indicated with chest radiographs and echocardiogram +/- chest CT, pleurocentesis are all valid interventions. Prognosis is guarded depending upon thoracic findings.





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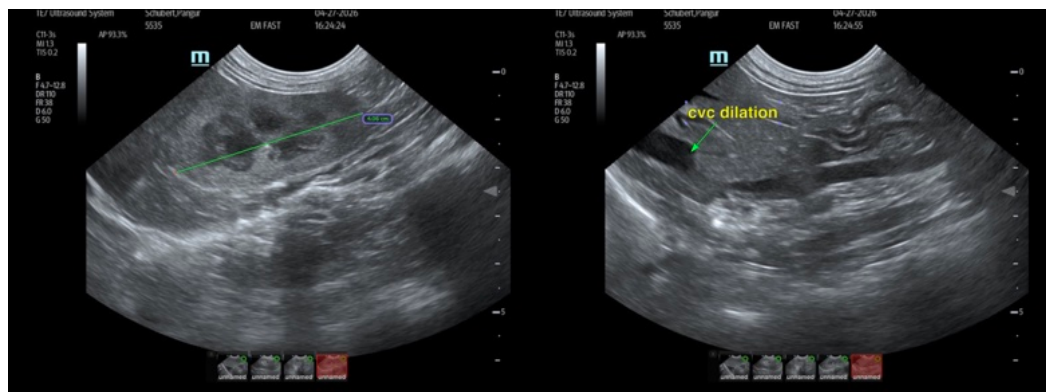
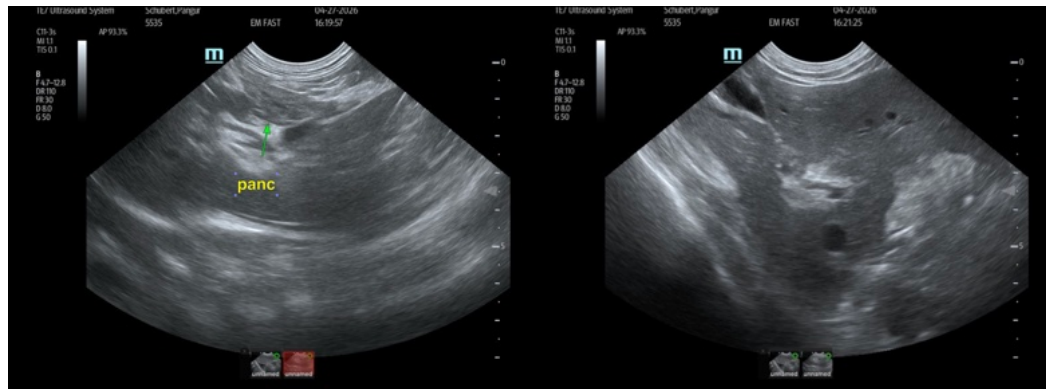
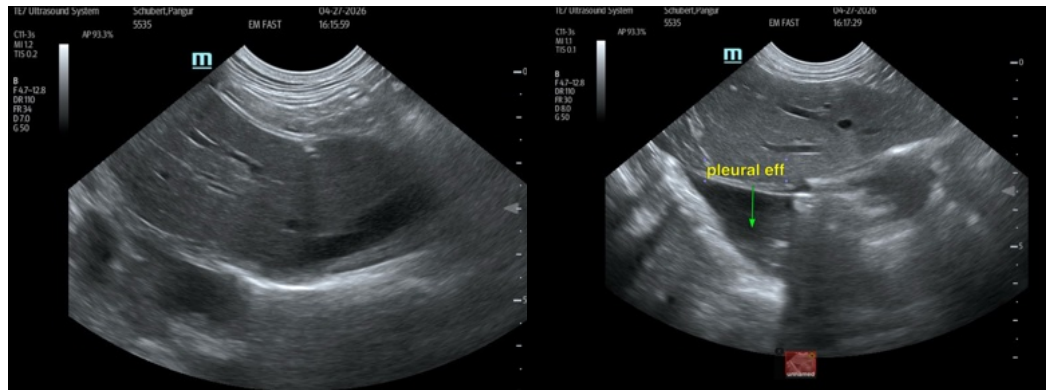
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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