



PATIENT

Sol Ortega

SPECIES

Feline

BREED

DSH

SEX

Neutered Mae

AGE

3 Years

WEIGHT

13.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd, DVM, D,
 ABVP (CFP)

HOSPITAL NAME

The Pet Hospital of
 Bessemer City

REFERRING VET

Dr. Rubi Ramos

INVOICE

74786

DATE

4/28/26

PRESENTING CLINICAL SIGNS

Chronic vomiting since 2024. No complete response to dietary changes.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 6/9, mm pink, BAR Initial blood work normal in 2024. TLI, B12, Folate in 2024 no significant abnormalities. sedated with Telazol/ace im

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 3.0 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. Left kidney measured 3.62 cm. Right kidney measured 3.72 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. Right measured 0.45 cm.

Spleen

The **spleen** measured at the upper limits of normal at 0.94 cm, unremarkable otherwise.

Liver

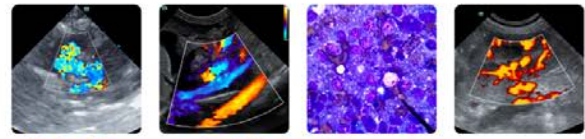
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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.

Gastrointestinal

The gastric wall presented slight focal thickening at 0.67 cm. Epigastric lymph nodes were slightly enlarged/reactive, measuring 0.48 cm in width. Mesenteric lymph nodes measured up to 0.52 cm.

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



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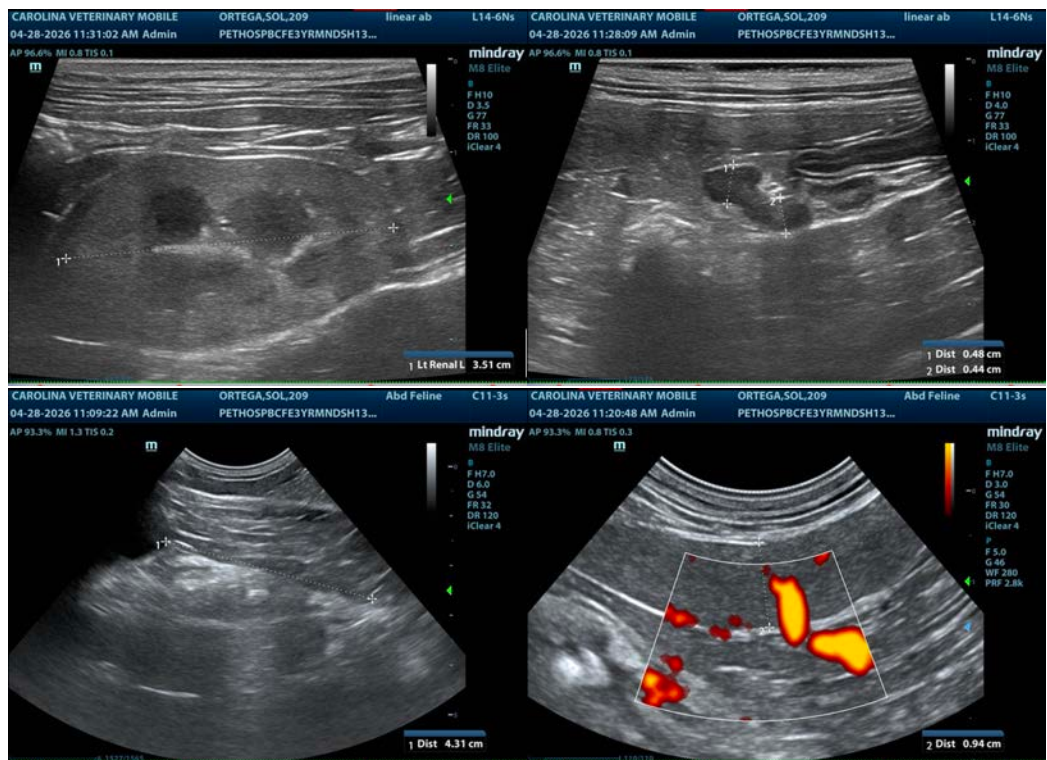
upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Mild multifocal lymphadenopathy.
- Slightly prominent spleen.
- Slight gastric thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt neoplastic criteria. However, I cannot rule out a preneoplastic state. Underlying inflammatory bowel with reactive lymph nodes likely with minor structural changes. However, emerging round cell neoplasia is a potential. Endoscopy with mucosal biopsies would be ideal. Managing for inflammatory bowel with hydrolyzed diet, broad-spectrum anti-parasitic management and potential low-dose Prednisolone trial may all be effective if sampling is not option. However, minimal structural abnormalities noted.



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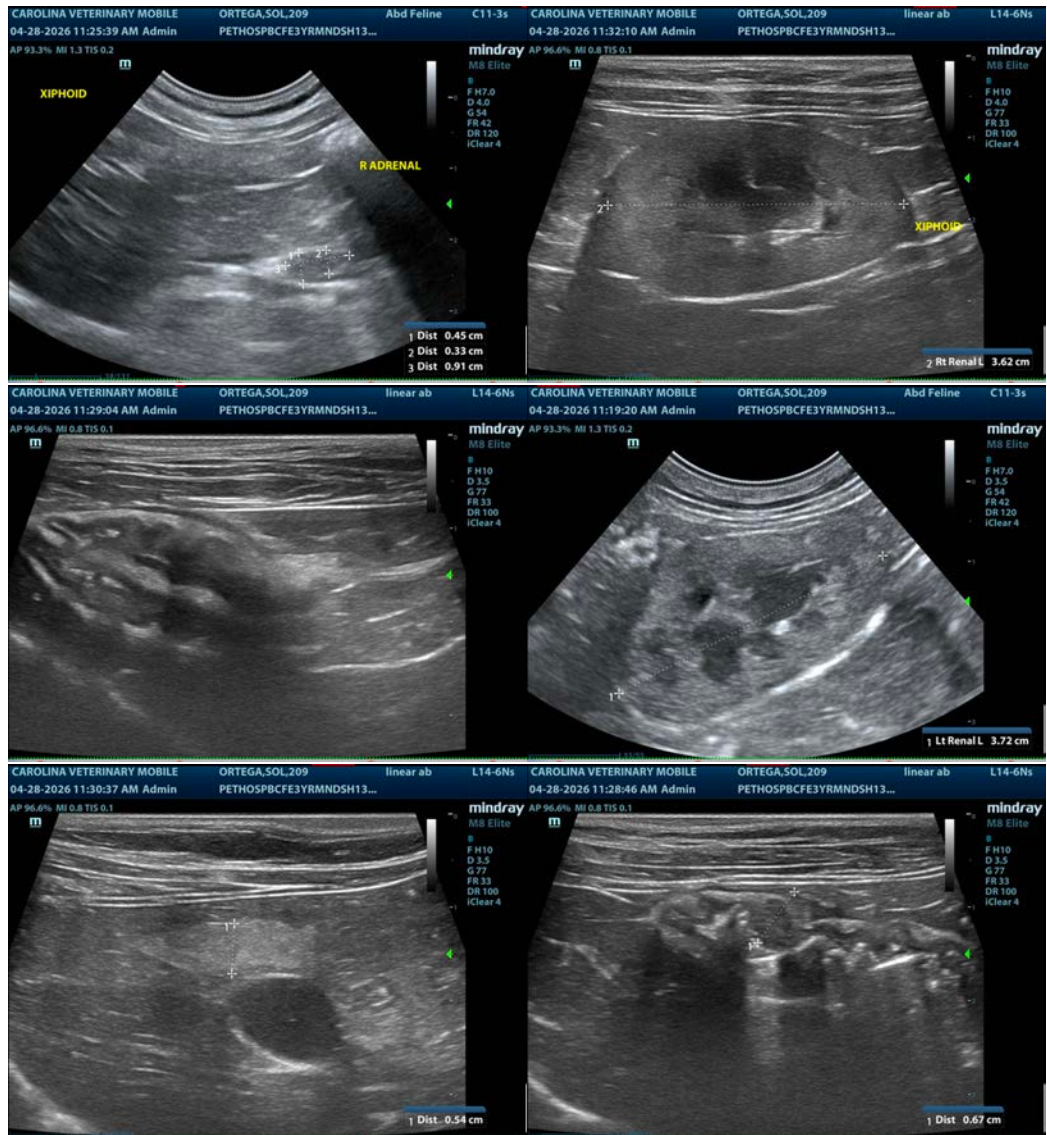
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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