



## PATIENT

Cricket Murphy

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Female

## AGE

13 years

## WEIGHT

14.2 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Lauren Hardy

## HOSPITAL NAME

Panhandle VS

## REFERRING VET

Dr. Logan

## INVOICE

74953

## DATE

4/29/26

## PRESENTING CLINICAL SIGNS

History: P has been vomiting and inappetent since 4/26. O also report some crying out during litter box usage. Not UTD on vaccines or prevention. No previous illnesses.

Abnormal PE/Chem/CBC/UA Results: BCS 7/9 Moderately tense on abdominal palpation Mild symmetric hindlimb muscle atrophy CBC- mild dehydration at HCT 49.8%; suspected nRBC Chem- moderate hyperproteinemia (4.9), moderate hypoglobulinemia (1.3) UA- 3 WBC/HPF. No bacteria

## 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. Slight mineralization and slight pyelectasia was noted. Pyelectasia measured 0.5 cm. The left kidney measured 3.6 cm. The right kidney measured 3.8 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. The left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.4 cm.

### 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal



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contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

## 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. The gastric lumen was fluid filled. 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 left base of the **pancreas** was mildly enlarged and slightly irregular. I suspect low-grade inflammation. There was minor pancreatic duct dilation noted.

## ULTRASONOGRAPHIC FINDINGS

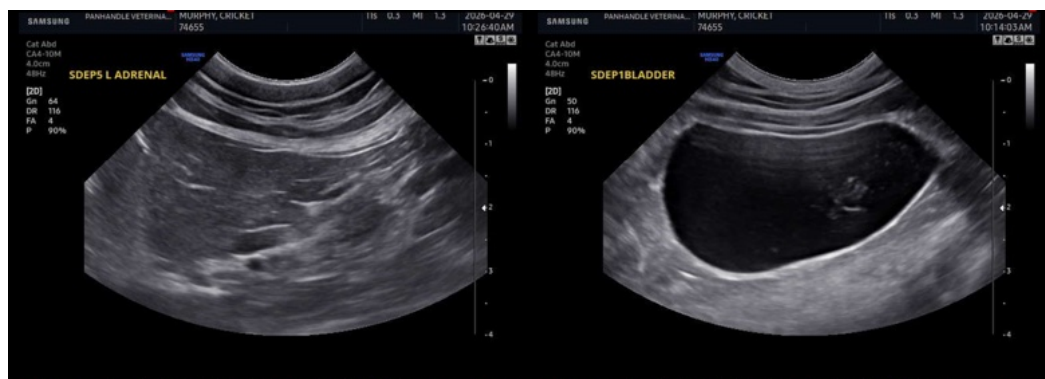
Minor pancreatitis pattern.

Age related renal changes with slight mineralization.

Otherwise, unremarkable abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain in the region of the pancreas. Pain management and broad spectrum antibiotics are recommended. If the patient was exposed to infectious agents then Bartonella and Toxoplasmosis may be appropriate.





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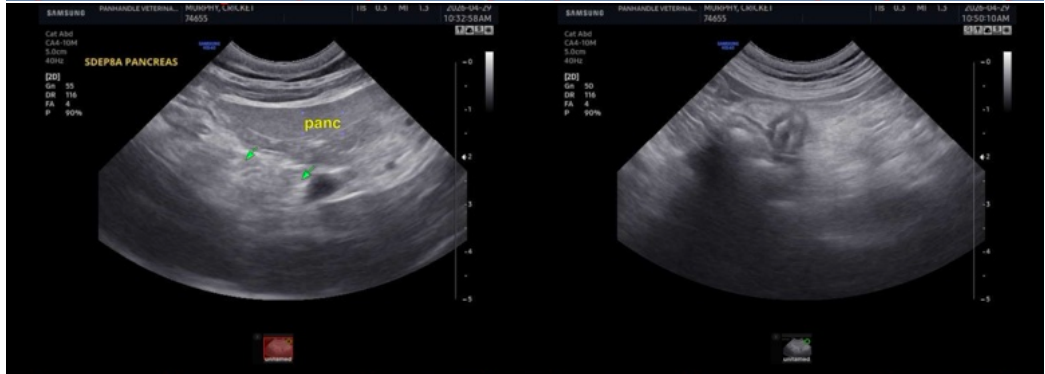
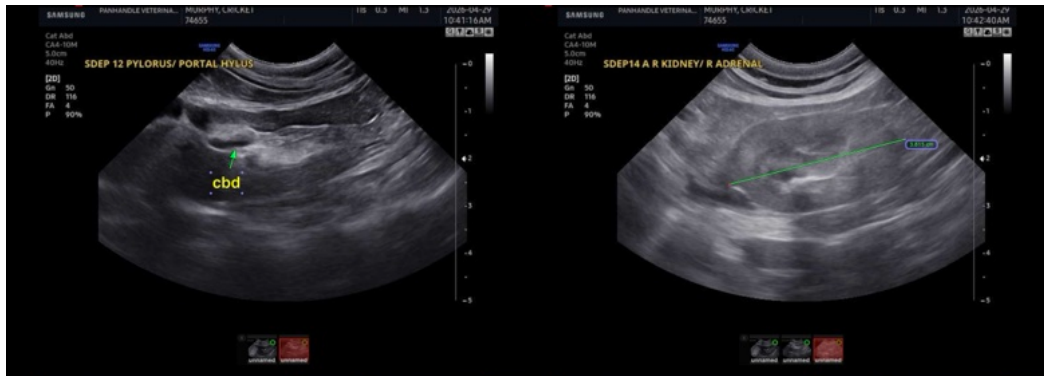
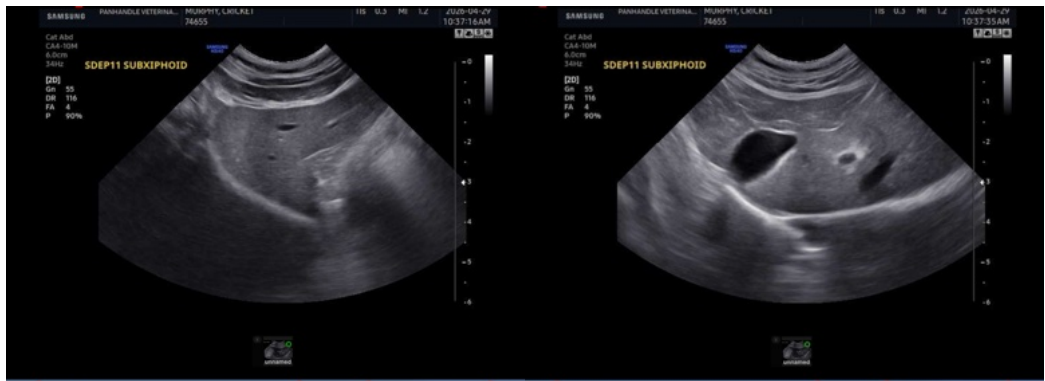
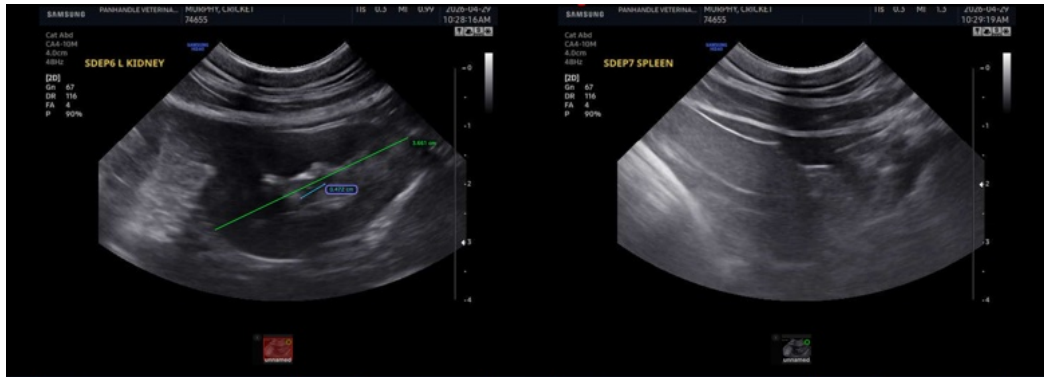
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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