



## PATIENT

Sox Seeley

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

20 years

## WEIGHT

10 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Tiffany Boomer

## HOSPITAL NAME

Moyock AH

## REFERRING VET

Dr. Eure

## INVOICE

75063

## DATE

4/30/26

## PRESENTING CLINICAL SIGNS

History: HAS HAD ON/OFF VOMITING ISSUES FOR THE PAST SEVERAL YEARS, WITH THE MOST CONCERNING TO THE OWNER BEING THE LAST FEW MONTHS HE VOMITS ALMOST EVERY MORNING (MOSTLY CLEAR LIQUID) BUT P HAS BEEN ON TRANSDERMAL CERENIA DAILY FOR QUITE SOME TIME. ALSO ON MIRTAZAPINE AND GABAPENTIN TRANSDERMAL. O RECENTLY STARTED OMEPRAZOLE ONCE DAILY. EATING WELL WITH APPETITE STIMULANT.

Abnormal PE/Chem/CBC/UA Results: HAS HAD ELEVATED AMY/LIP IN THE PAST BUT THE LAST BW SHOWED A PANCREATIC LIPASE THAT WAS TOO HIGH TO READ. (SENDING RESULTS) HAS HAD A HISTORY OF MILDLY ELEVATED BUN/SDMA AND SG AROUND 1.022, BUT WNL RESULTS ON LAST LABS THAT WE RAN.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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. Slight pinpoint mineralization was noted in the kidneys. The right kidney measured 3.15 cm. The left kidney measured 2.8 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.

### 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.



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## Liver

The **liver** was diffusely hyperechoic to the falciform fat. Multi-focal, hypoechoic, ill-defined nodules were noted without disrupted architecture. The largest nodule measured 1.8 cm. 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

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

Hepatic remodeling with likely minor nodular hyperplasia pattern. However, primary metastatic neoplasia is possible.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease. If liver enzyme elevations are an issue then FNA of the hepatic parenchyma is recommended. Structurally the pancreas appears unremarkable. However, I cannot rule out low-grade inflammation. Subxiphoid palpation is recommended to assess for pain in the region of the pancreas.



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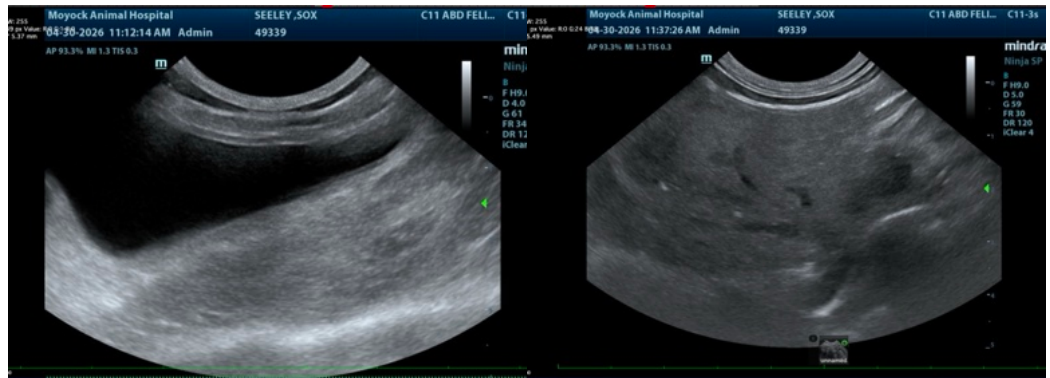
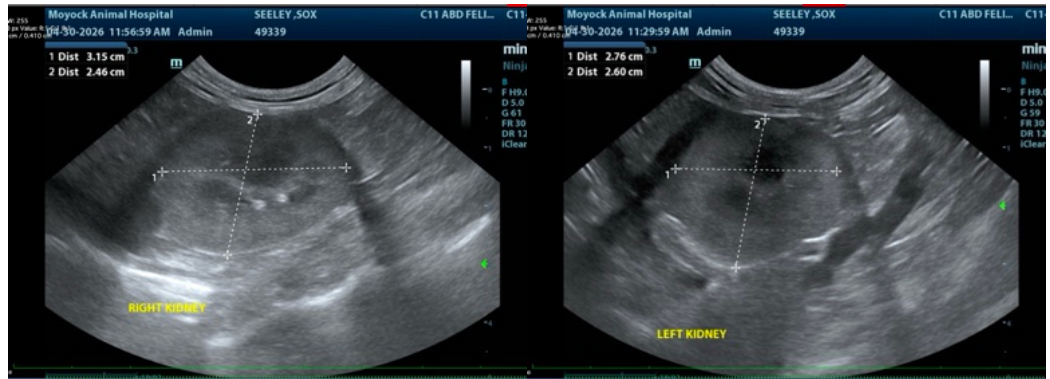
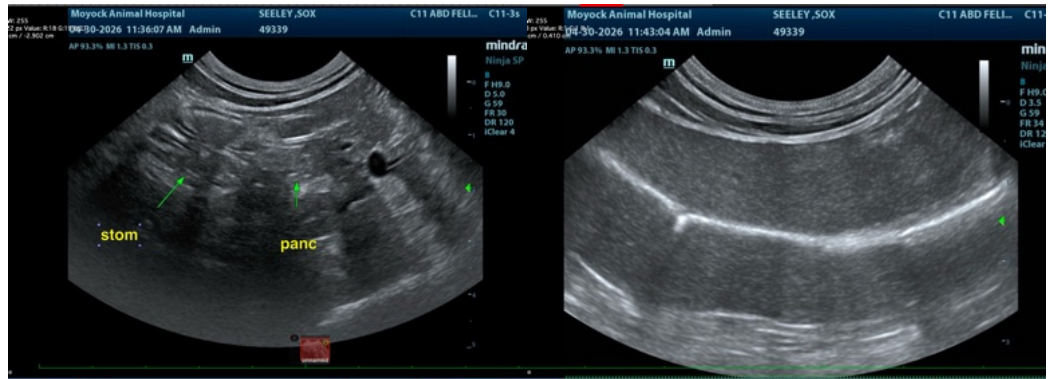
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)