



## PATIENT

Lily San

## SPECIES

Feline

## BREED

DMH

## SEX

Spayed Female

## AGE

13

## WEIGHT

4.3 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Tiago Cardoso

## HOSPITAL NAME

Alma Veterinary  
Hospital

## REFERRING VET

Dr. Tiago Cardoso

## INVOICE

37037

## DATE

5/10/26

## PRESENTING CLINICAL SIGNS

History: Chronic intermittent vomiting since obtained in 2024 from rescue centre. Roughly twice a week, sometimes hairballs. Has steadily lost weight, was 5.6Kg in 2024, 5.0kg in 2025 and now 4.3kg. Appetite is reduced according to owner, stools normal to dry.

Abnormal PE/Chem/CBC/UA Results: PE unremarkable. Bloods in January: ALT 181 (12 - 130 U/L) and ALP 165 (14 - 111 U/L), CBC and biochem/lytes wnl otherwise.

## 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 2.0 cm beyond the cystourethral junction.

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. Trace pyelectasia was noted in the left kidney. The right kidney revealed an anechoic cyst at the cranial pole, measuring 2.0 cm. Slight hyperechoic medullary rim sign was noted, not overtly pathological. The kidneys measured 4.0 cm each.

### *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** was mildly enlarged (1.2 cm) with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. This is a mild change.

### *Liver*

The **liver** revealed multifocal hypoechoic nodular changes. The gallbladder and common bile duct were unremarkable.

### *Gastrointestinal*

The **stomach** revealed progressively shadowing luminal material, likely hairball accumulation, along with ingesta. The small intestine and colon were unremarkable. The ileocecal junction was mildly thickened (region of approximately 2.0 cm x 1.0 cm) with muscularis hypertrophy and enhanced surrounding mesentery.



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## Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild 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

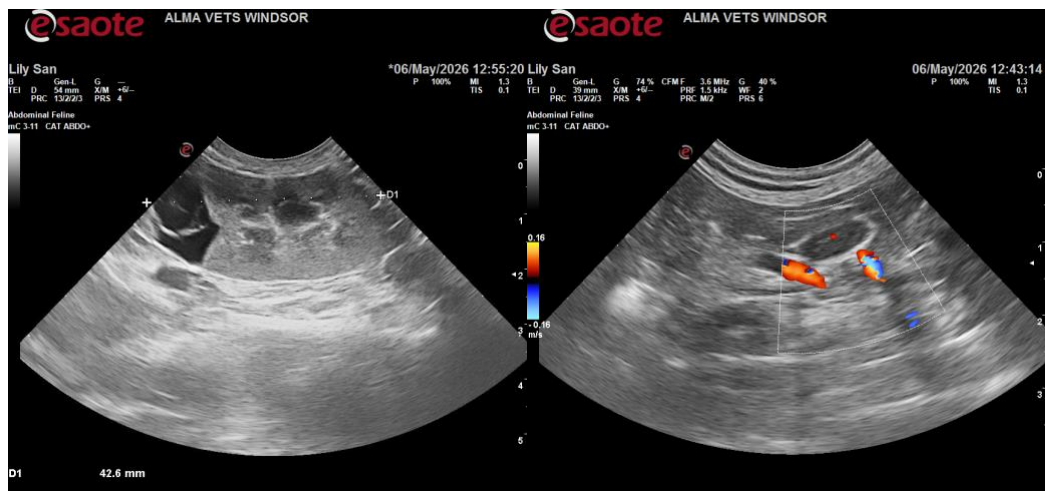
- Age-related renal changes with right renal cyst (appears benign), trace left kidney pyelectasia, and slight hyperechoic medullary rim sign (not overtly pathological).
- Thickened ileocecal junction
- Undefined nodular hepatic changes
- Mild splenic enlargement
- Hairball density in the stomach
- Age-related pancreatic changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the spleen and liver would be indicated in this patient to ensure these are benign and reactive parenchymal changes.

Regarding the ileocecal junction thickening, hypertrophy owing to chronic inflammatory bowel versus emerging granulomatous disease or carcinoma are all possible. This area should be monitored carefully. Palpation of the mesenteric root to assess for physical character of the ileocecal junction would also be indicated. Recheck sonogram of the ileocecal junction in particular in 7-10 days is recommended, after assessing various cytology results. Prognosis is good to guarded depending upon cytology results and any progression of the ileocecal junction.

Hairball management is indicated. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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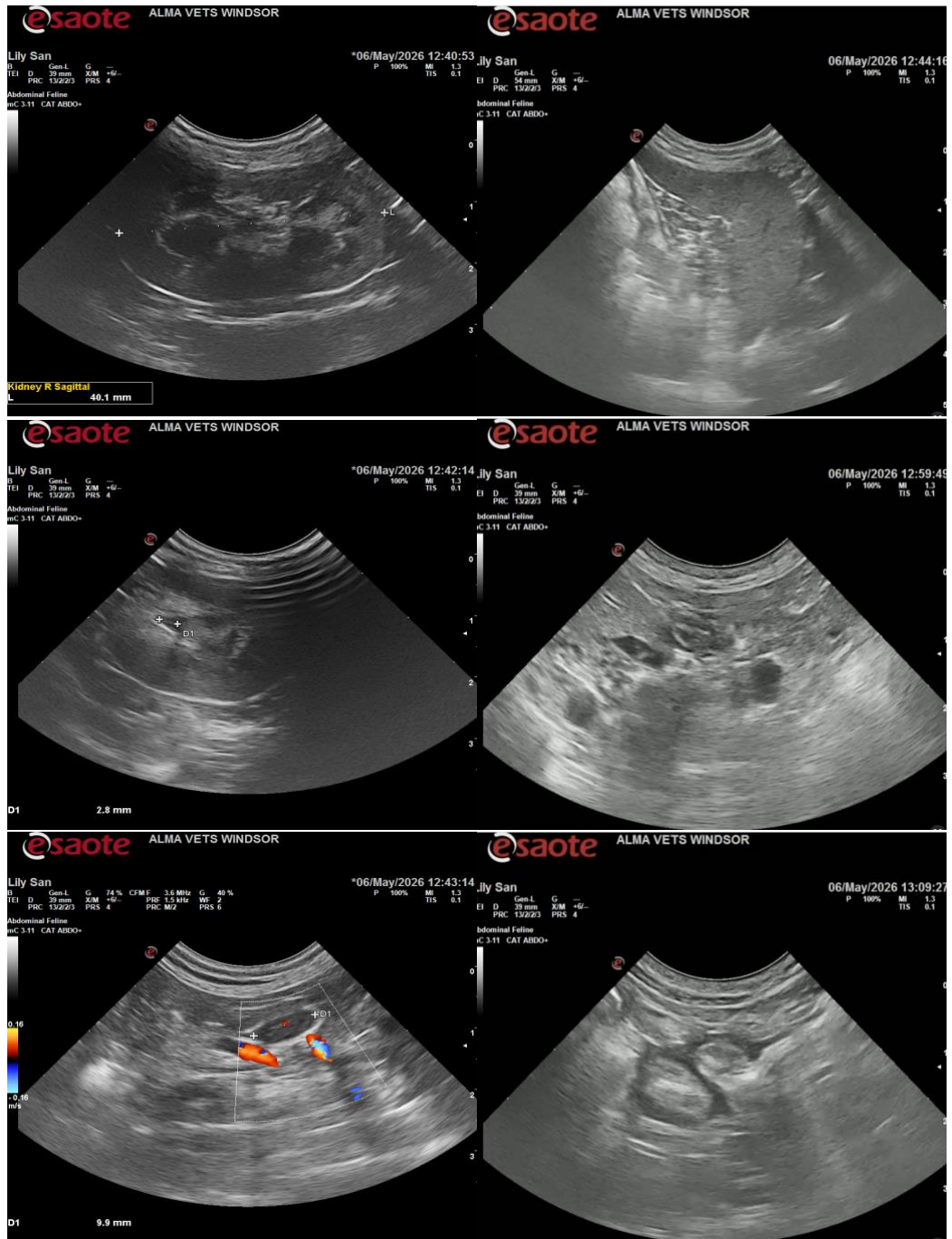
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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