



PATIENT

Aegon Zhang

SPECIES

Feline

BREED

Devon Rex

SEX

Neutered Male

AGE

2 Years

WEIGHT

8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shen Li

HOSPITAL NAME

Dr. Shen Li Veterinary
Service

REFERRING VET

Dr. Shen Li

INVOICE

16042

DATE

05/11/26

PRESENTING CLINICAL SIGNS

Hx of vomiting and diarrhea with weight loss about 1 year ago and improved on hydrolyzed diet. Today is recheck exam. O reported diarrhea episode only happens occasionally.

Abnormal PE/Chem/CBC/UA Results: Ropey intestine. Lymphocytes 13.875 (0.65 - 6.86 K/ μ L) Monocytes 1.142 (0.042 - 0.467 K/ μ L) Eosinophils 3.232 (0.209 - 1.214 K/ μ L) Basophils 0.316 (0 - 0.1 K/ μ L) CBC pathology review pending. Chem lytes T4 fecal UA normal. Clinically stable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 **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. The left kidney measured 3.92 cm in length. The right kidney measured 4.64 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

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 were noted.

Liver

The **liver** revealed slight coarse architecture. No evidence of masses or cavitations. The gallbladder was empty and unremarkable with a minor amount of remodeling. A history of cholangiohepatitis is likely yet likely stable given the lack of liver enzyme elevations.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed variable thickening and a full stomach with shadowing material consistent with postprandial presentation. Hyperperistalsis was noted. Some areas of mucosal fogging were noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.



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Free Abdomen

Aegon Zhang

A trace amount of free fluid was noted in the abdomen.

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ULTRASONOGRAPHIC FINDINGS

- Full stomach.
- Minor intestinal thickening.
- Mild hepatic remodeling.
- Trace free abdominal fluid.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

The cause of free fluid in the abdomen is unclear. Recheck sonogram at complete NPO status would be ideal. No overt evidence of neoplasia yet cannot rule out its potential emergence. 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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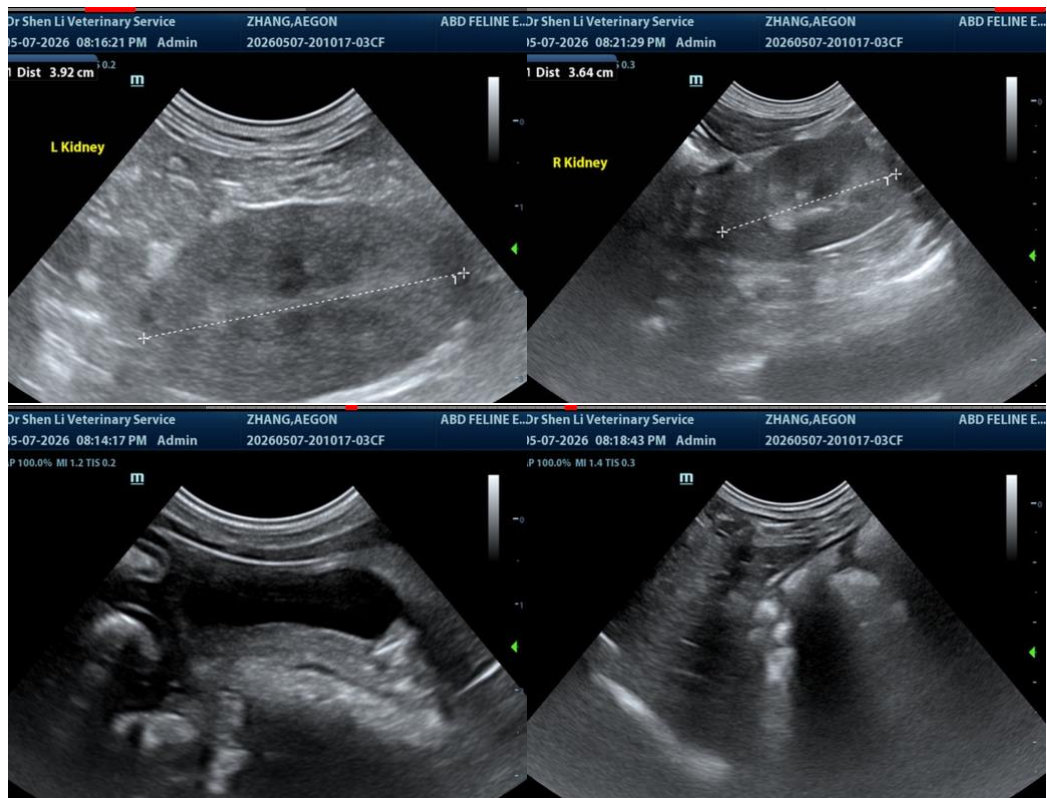
Dr. Shen Li

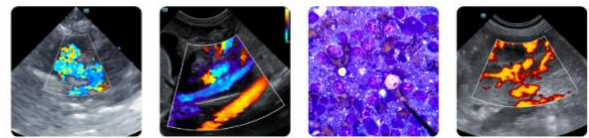
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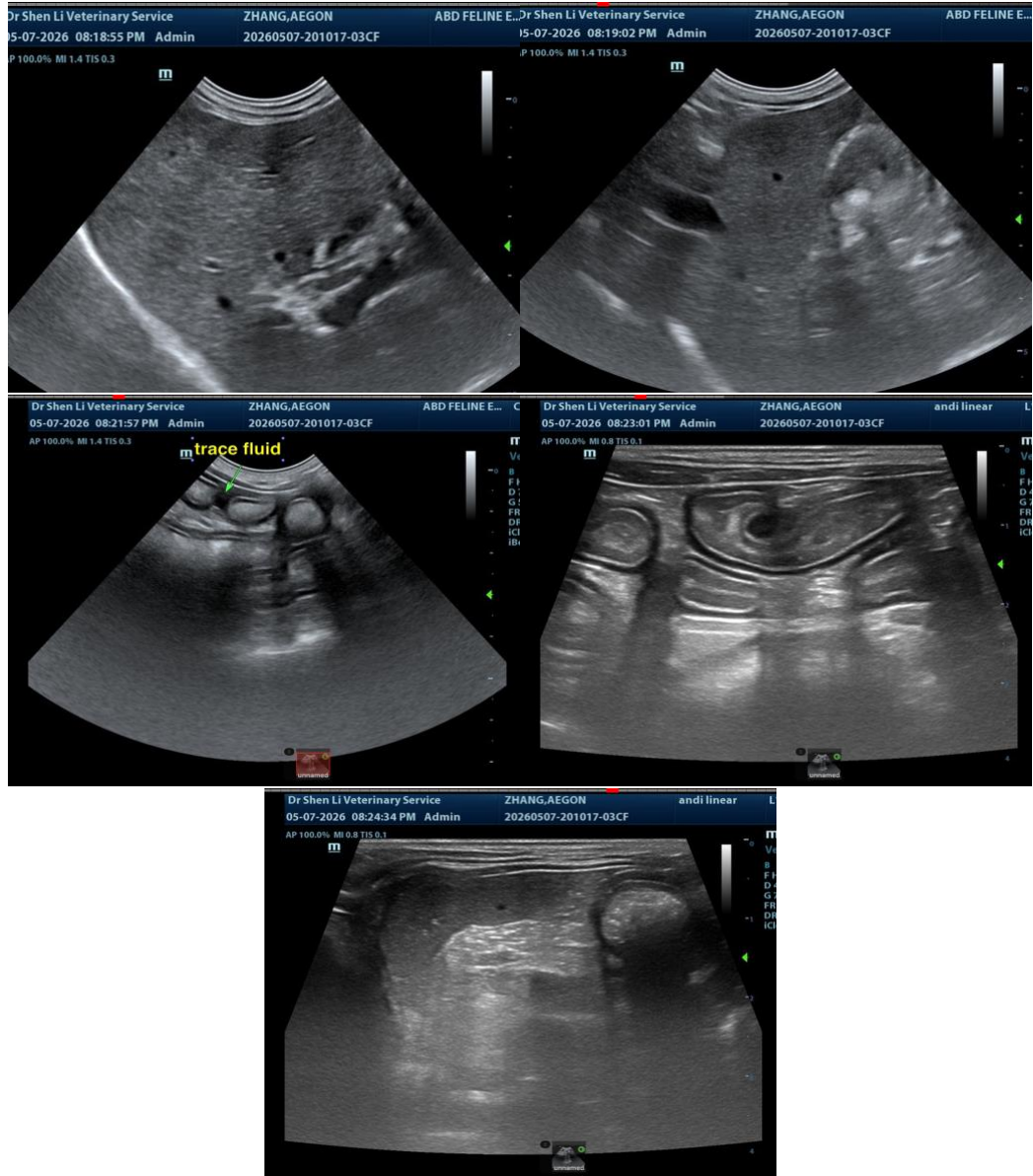
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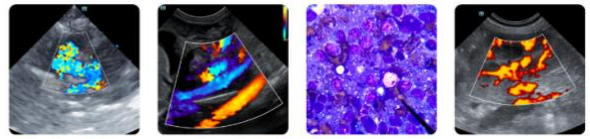
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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