



PATIENT

Bailey Henninger

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

5.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Julia Kerr

INVOICE

16097

DATE

05/12/26

PRESENTING CLINICAL SIGNS

*P was here on 5/7/26 for squatting to urinate for a long period of time and a very small amount of urine was produced. O noted urine in the blood at that time. P was seen at rDVM 2 weeks prior for allergies and ocular/nasal discharge, was at rDVM 5/4 for corneal ulcer. 5/7 P treated for stress cystitis. Given SQ fluids and robenacoxib. P returned 5/9 for straining noted in litter box. P given SQ fluids, Cerenia SQ, and high colonic enema. P has been on lactulose and MiraLAX. P prescribed cisapride. P again seen on 5/11 for no U/BM since Saturday per O. Pt was seen on cameras going in and out of 4 litter boxes repeatedly for about an hour. Pt refused food yesterday and this AM, but O was able to feed a small amount (maybe 5 licks) of canned food mixed with water before leaving this afternoon. Admitted for iv fluids, Cerenia, metronidazole. *Concern for anorexia; acute hepatopathy bacterial/ viral/ inflammatory/ infiltrative, other

PE: comfortable, soft on abdominal palpation 5/9 epoc: unremarkable 5/9 rads: irregular stool in the colon and entire bowel is thickened and gassy 5/11 liver panel: ALP 307 H, ALT (dilution factor) 1,198 5/11 rads chest- age related changes; abdomen: gi tract empty- some gas; still concerns for possible decreased detail left side on VD fpL: 3.5 normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.7 cm in length. A slight hyperechoic medullary rim sign was noted.

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 0.40 cm width. The right adrenal gland measured 0.40 cm width.

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



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The **liver** presented with nonspecific mild hyperechogenicity and uniform parenchyma with normal vascularity. No evidence of posthepatic obstruction.

The gallbladder was bi-lobed.

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

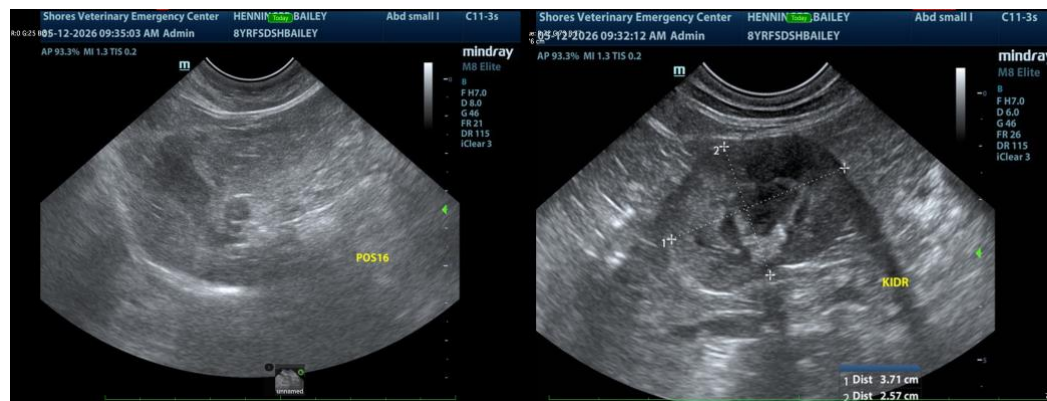
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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

- Minor nonspecific degenerative renal changes with medullary rim sign.
- Duplicated/bi-lobed gallbladder.
- Acute hepatic insult.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the liver enzyme elevations, infectious agents such as toxoplasmosis should be considered. Ultrasound-guided FNA of the liver after coagulation panel is indicated. The cause of straining is unclear. Assessment for UTI is warranted, if not already performed. Very nonspecific abdominal presentation. No evidence or suspicion of neoplasia. Medullary rim sign in kidneys of cats is very idiopathic, can be related to FIP, however, there's no other evidence of FIP in this patient.





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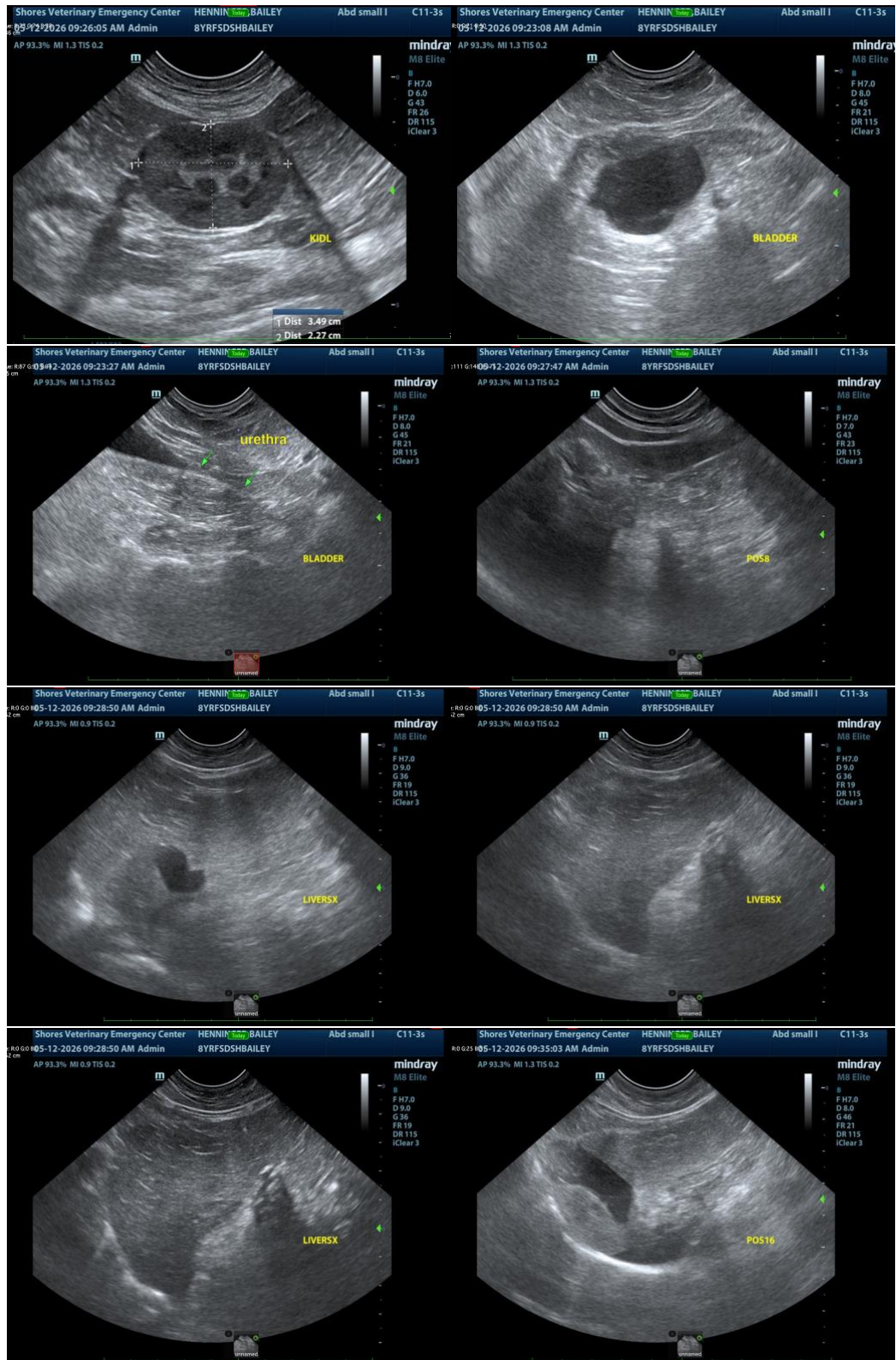
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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