



PATIENT

Lily Hermann

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years 7 Months

WEIGHT

11.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

Hannah Bowman,
DVM

INVOICE

37100

DATE

5/13/26

PRESENTING CLINICAL SIGNS

History: acute onset of vomit, lethargy and diarrhea. Housemate was ill with diarrhea a week ago but resolved. Cerenia given yesterday at 1pm and patient did vomit in the evening and again this morning. Exam- unremarkable. diagnostics: cbc/chem/ytes- wnl - xrays: potential soft tissue material seen in stomach/pylorus.

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 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 4.3 cm. The right kidney measured 4.6 cm. Slight pinpoint mineralizations were 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 right adrenal gland measured 0.45 cm. The left adrenal gland measured 0.43 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 were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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

A trace amount of ingesta or possible hair accumulation was noted in the **pylorus**. Transit of chyme appeared to be normal, other than minor delayed outflow pattern in the stomach. The small intestine and colon were unremarkable with normal curvilinear patterns and content.

Pancreas



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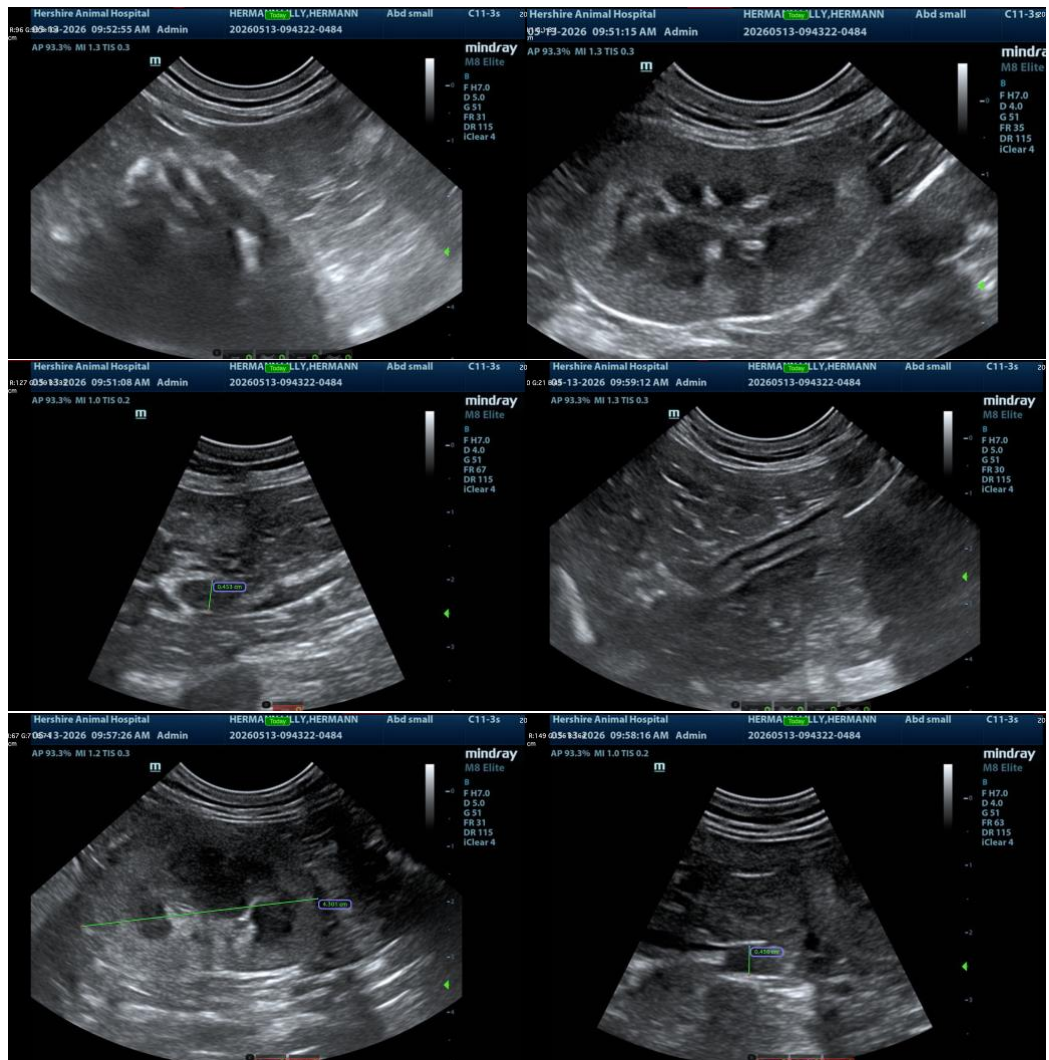
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal, and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Slight hair and ingesta density in the pyloric outflow
- Slight pinpoint renal mineralizations
- Structurally unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echotexture of the material in the stomach would suggest minor hairball accumulation. Medical management should prove effective.





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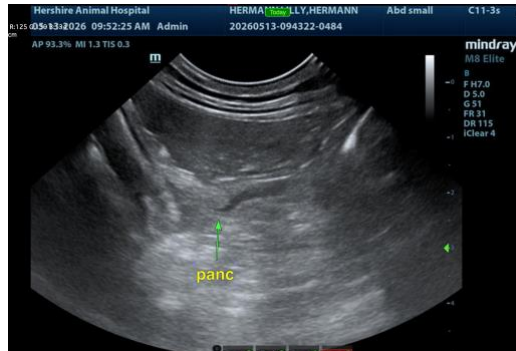
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com