



PATIENT

Ember Smith

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

2 years

WEIGHT

4.25 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Leah Richter

HOSPITAL NAME

Allied Veterinary
Emergency & Referral

REFERRING VET

Dr. Richter

INVOICE

75550

DATE

5/14/26

PRESENTING CLINICAL SIGNS

History: Presents for AUS today to potentially locate ovarian remnant. History of intermittent heat signs. Submitted AMH/progesterone test which came back consistent for ovarian remnant. Had a surgery consult in Feb 2026, and it was elected to hold off on ex lap at that time, and wait for a time when Ember is more obviously in heat in order to improve chances of locating remnant. Showing signs of heat today -- affectionate, tail up, fluffed, vocal.

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 was 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 and right kidney measured 4.0 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 0.3 cm. The right adrenal gland measured 0.3 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.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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The **stomach** presented progressively shadowing luminal content. This is consistent with hair accumulation and possible ingesta.

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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.

Spayed female

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Free Abdomen

WEIGHT

4.25 kg

A single, large fetus was noted in this patient with spinal and cranial ossification. It appears to be near term. The skull size in this patient was 2.3 cm. The fetus appears to be excessively large. C section would likely be necessary in this patient. Attention should be paid towards any manifestation of whelping.

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The regions of the ovaries were imaged with no evidence of gross pathology.

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ULTRASONOGRAPHIC FINDINGS

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Single large fetus with concurrent hairball density in the stomach.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Ovariohysterectomy can be considered at the time of C Section.

REFERRING VET

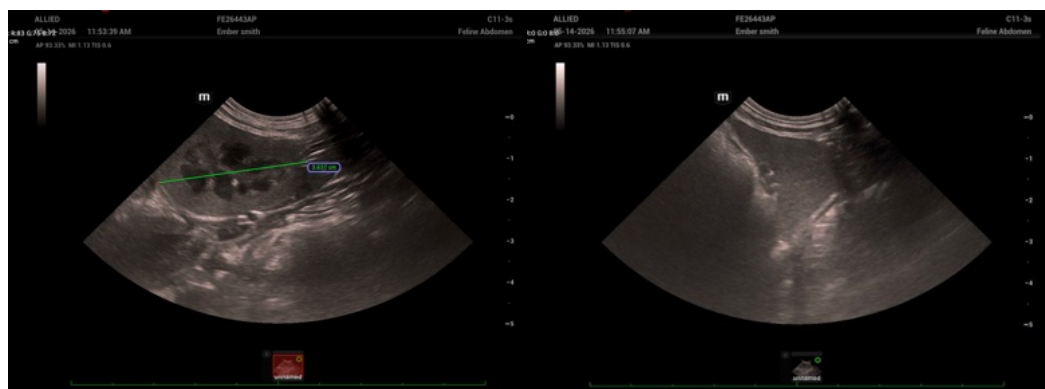
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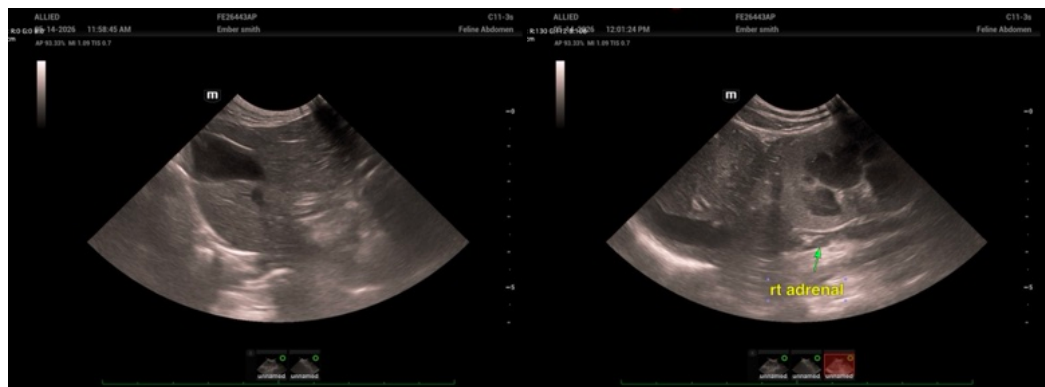
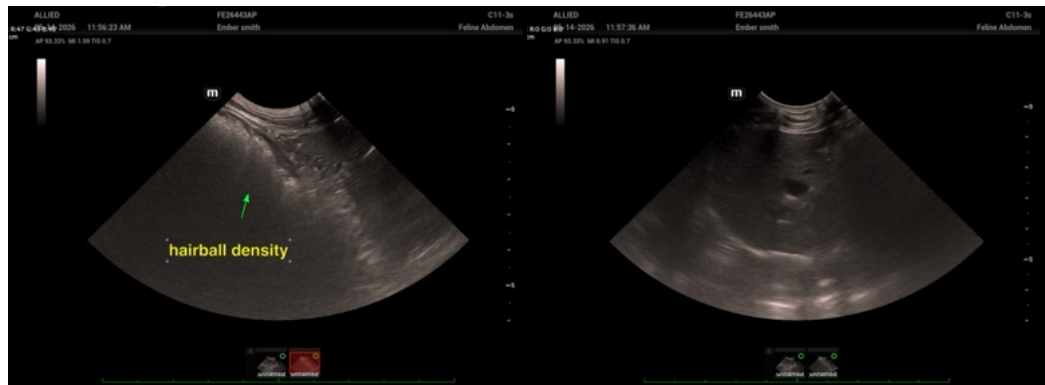
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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