



PATIENT

Sassy Velez

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

8.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Papell

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

Dr. Glotzer

INVOICE

16234

DATE

05/14/26

PRESENTING CLINICAL SIGNS

Sassy has been vomiting (undigested food) for the past two days and has also been frequently going in and out of the litter box with some spotting noted.

BCS: 9/9 GLU 248 H, GLOB 5.2 H, ALKP <10 L, GGT 6 H, TBIL 1.3 H (false reading during to hemolysis), LIPA 1410 H USG 1.048, pH 6.0, PRO 30, GLU 50

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Slight right kidney pyelectasia was noted. The left kidney measured 4.11 cm in length. The right kidney measured 4.14 cm in length.

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 0.32 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

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. Mild hyperechoic falciform fat.

Gastrointestinal



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The **stomach** revealed progressively shadowing luminal material consistent with hairball accumulation. The small intestine and colon were unremarkable.

Pancreas

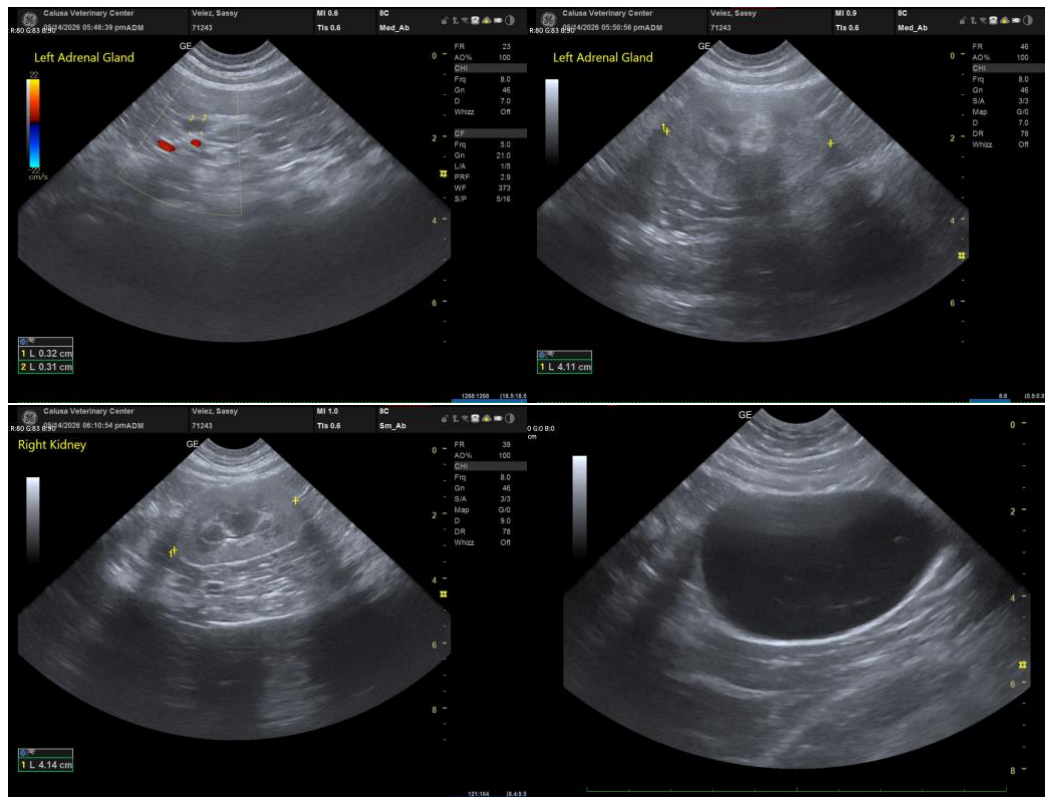
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes with mild right kidney pyelectasia.
- Minor hepatic lipidosis pattern- yet not clinically significant.
- Hairball density in the stomach.
- No other evidence of significant disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Likely hairball accumulation is the cause of the clinical signs. Medical management is indicated.





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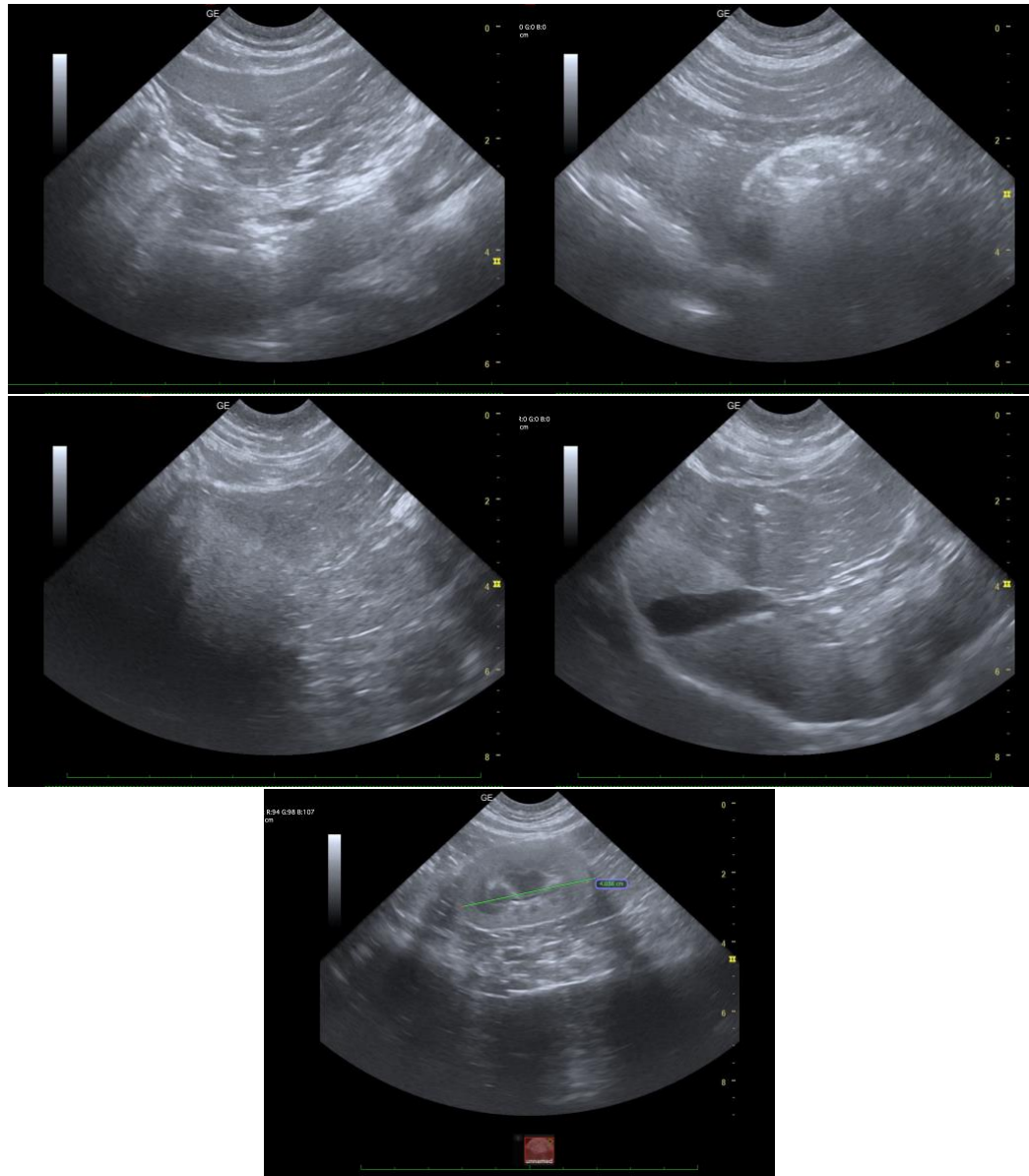
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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