



## PATIENT

Grl Hebert

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

6 years

## WEIGHT

10.25 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Gunthru Gunther

## HOSPITAL NAME

New Frontier Animal  
Medical Center

## REFERRING VET

Dr. Gunther

## INVOICE

77602

## DATE

5/15/26

## PRESENTING CLINICAL SIGNS

History: Chronic vomiting and lethargy  
Was treated with Convenia injection for UTI 2 weeks ago - overall energy/symptoms improved but have now returned to baseline

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** revealed a mild amount of sand accumulation. The patient is likely passing granules from the kidneys to the bladder. Sand accumulation measured 0.9 cm. This was non-obstructive at the time of the sonogram. However, periodic passage into the urethra is likely.

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. Slight pinpoint mineralization was noted in both kidneys and was non-obstructive. Slight, irregular contour to the caudal pole of the left kidney, likely owing to infarct. The left kidney measured 3.74 cm. The right kidney measured 3.26 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 0.5 cm. The right adrenal gland measured 0.35 cm.

### *Spleen*

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. The spleen measured 1.07 cm. Ultrasound-guided FNA of the spleen was performed without complication.

### *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.



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## ***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. The distal small intestine revealed minor reactive mesentery associated with the small intestine. This is consistent with enteritis and steatitis pattern. 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. 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.

## ***Free Abdomen***

The sublumbar lymph node was slightly enlarged and measured 0.7 cm. The lymph node was reactive.

## **ULTRASONOGRAPHIC FINDINGS**

Sublumbar lymph node.

Slight bladder sand.

Slight pinpoint renal mineralization.

Slightly prominent spleen. Reactive spleen, emerging round cell neoplasia such as mast cell disease or splenitis are all possible.

Enteritis and steatitis pattern.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Medical management for the bladder sand is warranted. Broad spectrum antibiotic protocol and supportive care is recommended with a recheck sonogram in 2-3 weeks if stable. If it is worsening then follow up ultrasound in earlier time frame is indicated. No overt neoplastic criteria; however, there is minor potential for underlying emerging neoplasia.



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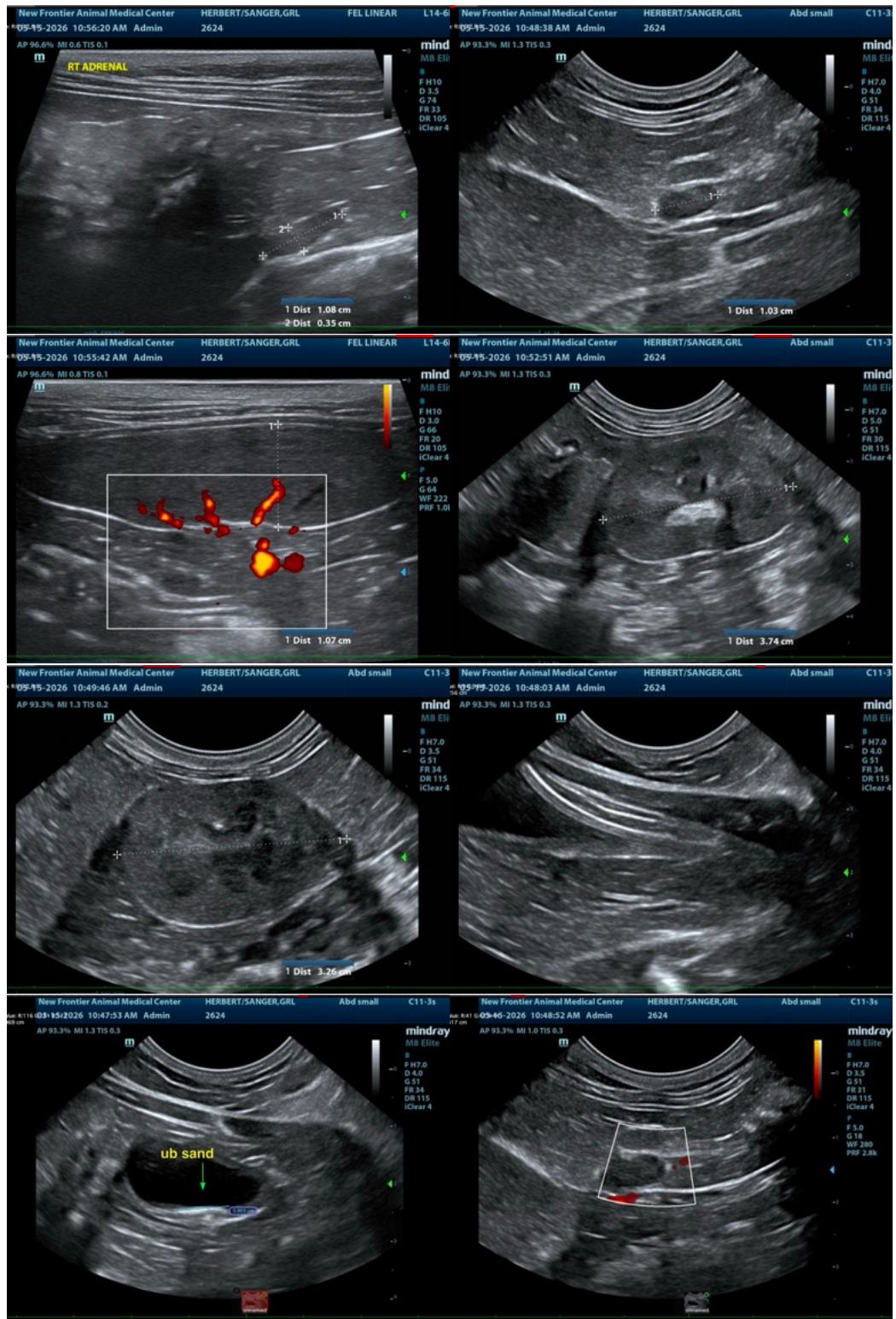
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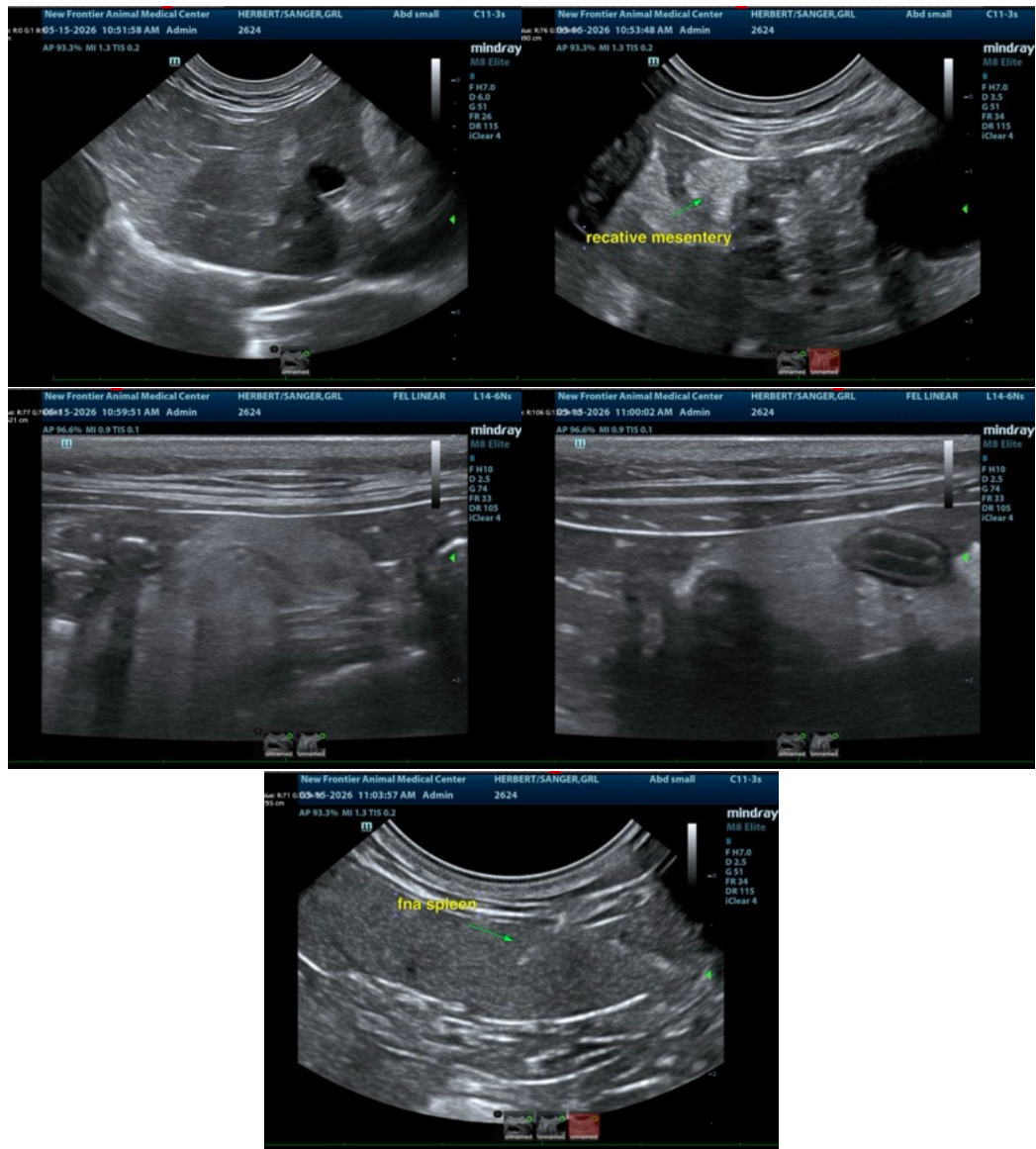
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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