



PATIENT

Jackson Ramon

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

9.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brandon Adkins

HOSPITAL NAME

Royer VS

REFERRING VET

Dr. Adkins

INVOICE

77785

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Presenting Complaint: Jackson Ramon presents for decreased appetite and vomiting

Patient History: - Indoor/outdoor cat, hunter

- Decreased appetite noted approximately 1.5 weeks ago

- Initially would only lick gravy off shredded food, refused dry food

- Ate wet food for a few days, then resumed eating dry food briefly

- Caught three chipmunks over the weekend

- No food intake Monday or Tuesday

- Yesterday drank large amount of water then immediately vomited all water

- Client noted cat appearing thinner

- Uses litter box and goes outside for elimination

- No diarrhea observed in litter box

- No current medications or supplements

Abnormal PE/Chem/CBC/UA Results: NEU * 0.42 2.30 - 10.29 K/ μ L LOW BAND * Suspected LYM *

1.14 0.92 - 6.88 K/ μ L MONO * 3.26 0.05 - 0.67 K/ μ L HIGH EOS 0.09 0.17 - 1.57 K/ μ L LOW GLU 407 71

- 159 mg/dL HIGH BUN 12 16 - 36 mg/dL LOW GLOB 6.1 2.8 - 5.1 g/dL HIGH

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.5 cm. The right kidney measured 4.5 cm.

Adrenal Glands

The **right adrenal gland** was 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 0.5 cm.

The **left adrenal gland** was not overtly visualized. However, the regions of the left adrenal gland appeared unremarkable.



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Spleen

The **spleen** was mildly enlarged and measured 1.08 cm with uniform parenchyma. The spleen was folded upon itself cranially.

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

The **stomach** revealed a large amount of gas and minor amount of fluid accumulation. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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

Unremarkable abdomen, largely age related changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of gross disease. The cause of poor appetite is unclear. A minor amount of excessive GI gas was noted and minor stasis. Dietary indiscretion or intestinal dysbiosis may be an issue. GI protectant protocol can be considered empirically. Given the splenic enlargement, if weight loss is an issue, then 25-gauge FNA is indicated. However, this may be a simple reactive or normal variant for this patient as the enlargement was minor. There was no other evidence of significant disease. Other causes of poor appetite such as orthopedic pain, CNS or thoracic disease should all be considered.



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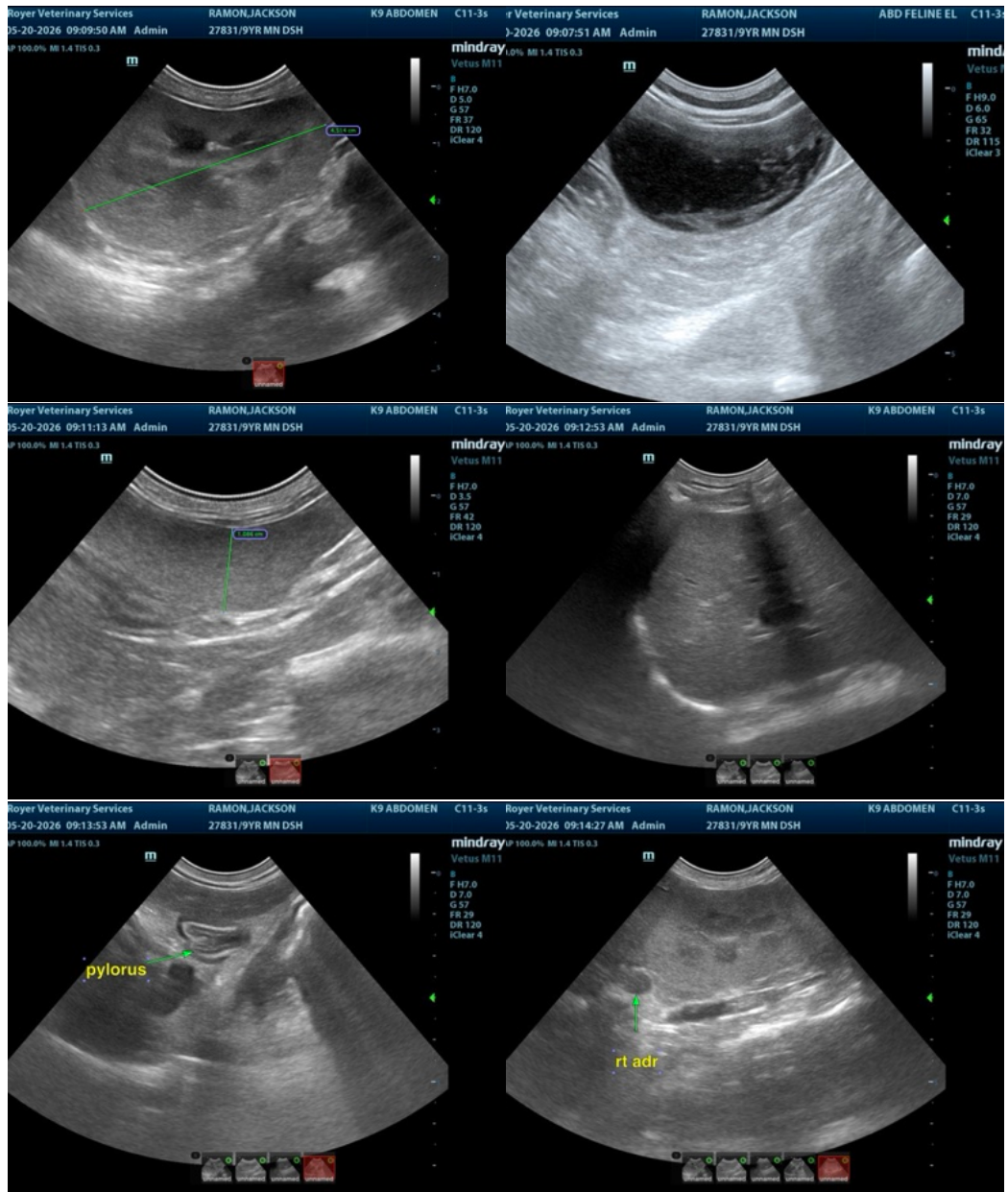
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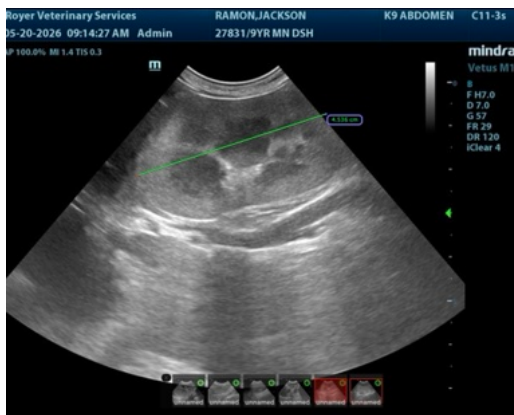
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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