



PATIENT

Violet Domantay

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

5.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Harrs

INVOICE

77907

DATE

5/25/26

PRESENTING CLINICAL SIGNS

History: V/D for 3 days , losing weight , blood in stool Hx of pancreatitis Prev abd u/s 3/4/26

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 3.82 cm. The right kidney measured 3.8 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.

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** revealed coarse architecture with increased portal markings and remodeling. The gallbladder was collapsed and mildly thickened. The cystic and common bile ducts were normal. The hepatic lymph node was mildly enlarged and measured up to 1.5 x 0.5 cm.

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. Hairball density was noted in the



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stomach. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

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Reactive mesentery noted throughout the midabdomen. This is associated with the pancreas. The pancreas revealed extensive, mixed hypoechoic parenchymal changes with undulating contour and regional inflammation.

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Free Abdomen

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Multiple lymph nodes were mildly enlarged, hypoechoic and irregular.

WEIGHT

5.7 lbs

ULTRASONOGRAPHIC FINDINGS

Extensive pancreatitis.

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Cholangiohepatitis or hepatic remodeling pattern.

Reactive mesentery.

Hairball density in the stomach.

Thickened and mildly collapsed gallbladder.

Otherwise, age related abdominal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support, broad spectrum antibiotics and pain management are all indicated. Management for acute on chronic pancreatitis is warranted. If accessible ultrasound-guided FNA of the lymph nodes are indicated, cytology and culture. Recheck sonogram is recommended in 48 hours. I cannot rule out neoplasia in this patient, yet it is not overtly evident. No overt neoplastic criteria is present.

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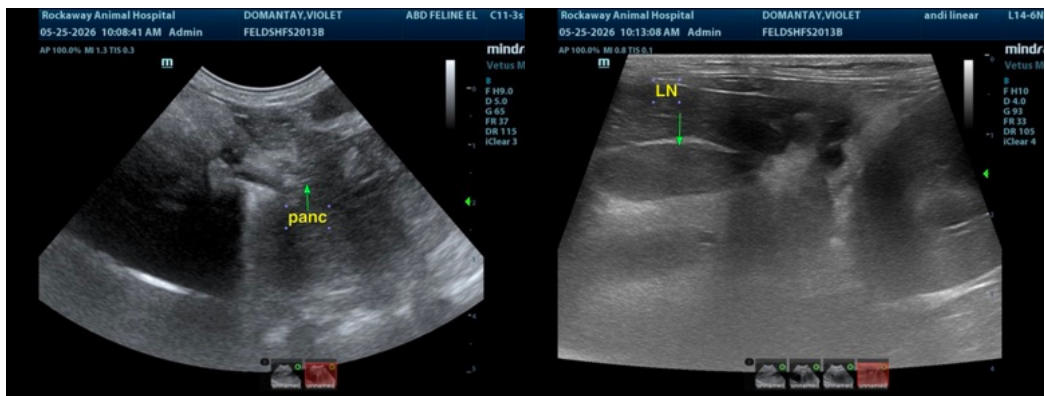
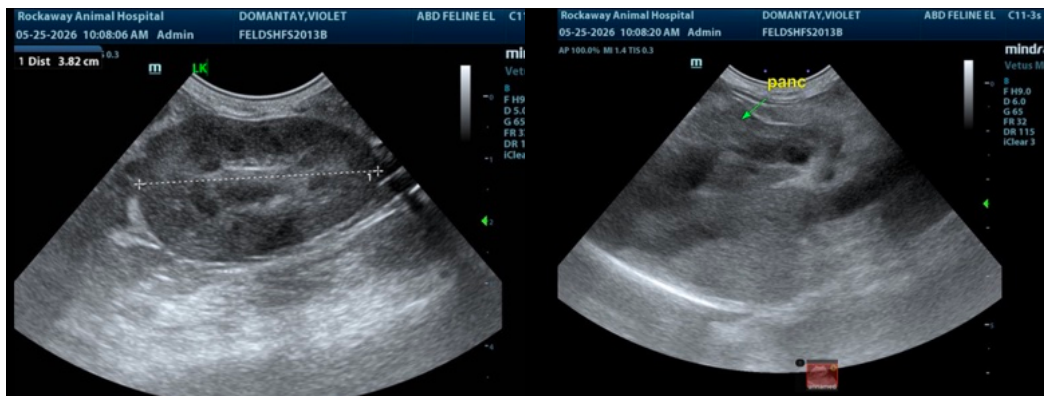
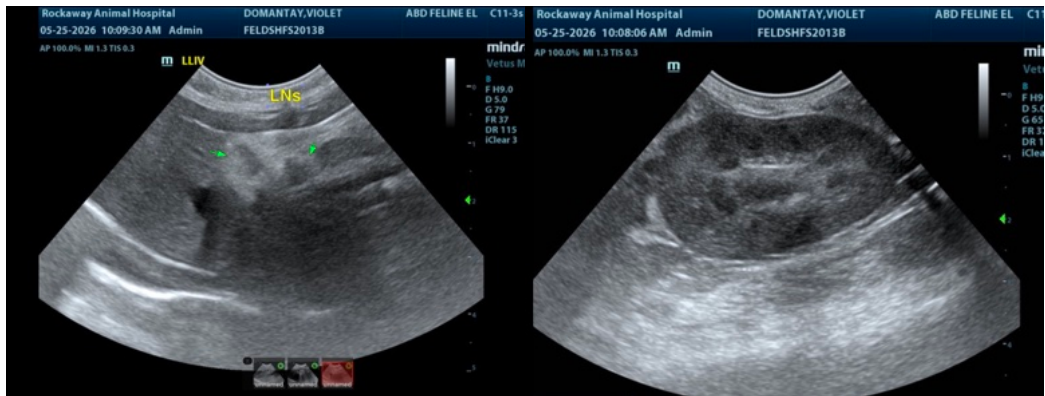
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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