



## PATIENT

Mushu Witte

## SPECIES

Feline

## BREED

Norwegian Forest Cat

## SEX

Neutered Male

## AGE

6 Years

## WEIGHT

11.7 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Ian Anderson

## HOSPITAL NAME

Chester Animal Clinic

## REFERRING VET

Dr. Ian Anderson

## INVOICE

16556

## DATE

05/28/26

## PRESENTING CLINICAL SIGNS

Chronic vomiting of several years duration that has recently worsened to be daily. Previously attempted hydrolyzed diet was not eaten by patient.

Abnormal PE/Chem/CBC/UA Results: Unremarkable CBC/Chem/UA/T4/Keyscreen

## 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 were 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 kidney measured 4.14 cm in length. The right kidney measured 4.4 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 0.45 cm width. The right adrenal gland measured 0.4 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. The spleen measured 0.9 cm width.

### 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 hairball type density. The gastric wall was unremarkable. The small intestine revealed slight increased submucosa echogenicity. Muscularis to mucosal ratio was normal.

### Pancreas



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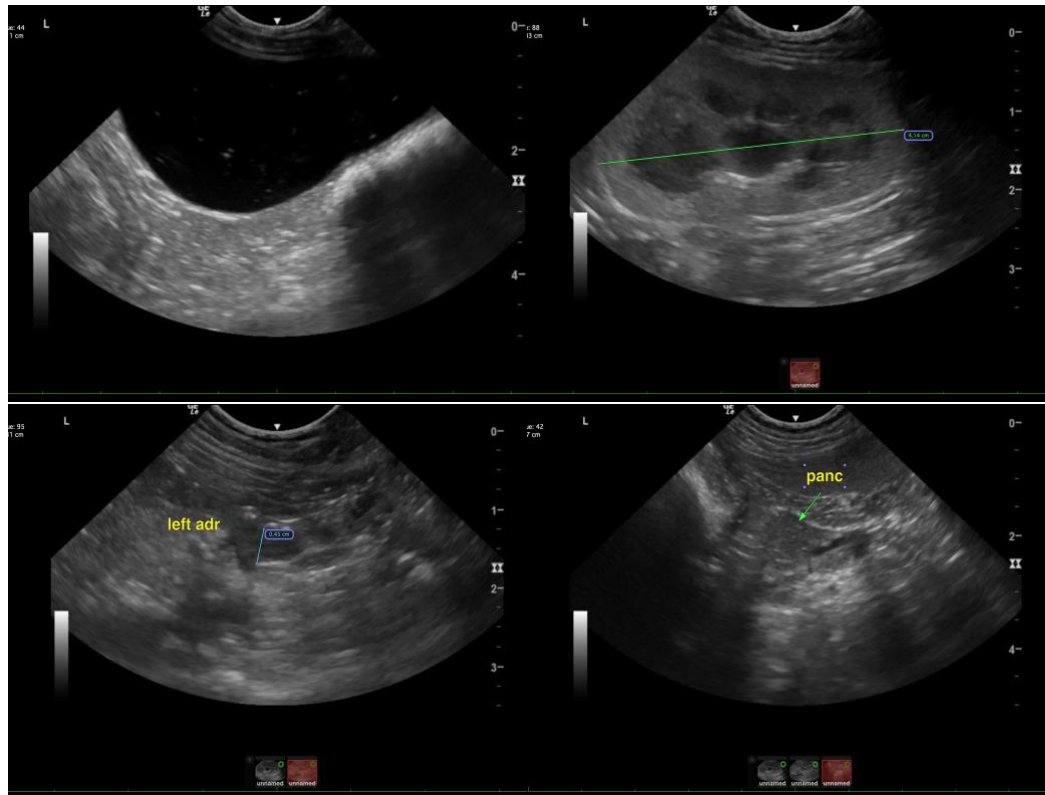
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with hairball type density in the stomach and increased intestinal submucosa echogenicity.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hairball management is warranted. Potential diet change may be appropriate. Fecal test is recommended yet no evidence of gross pathology.





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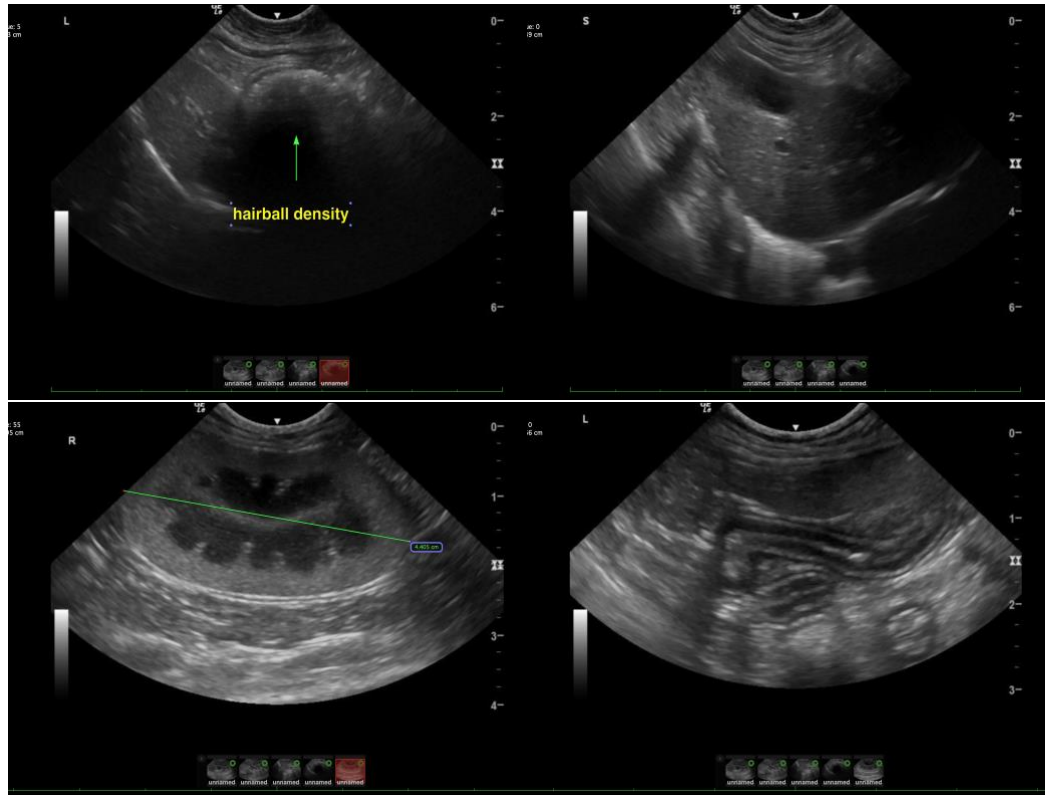
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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