



PATIENT

Kee Grrz Coe

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Beth Coe

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Beth Coe

INVOICE

75533

DATE

5/29/26

PRESENTING CLINICAL SIGNS

Multiple episodes vomiting (bile/liquid) past 24 hours. Hiding past 24 hours. Normal BM and small urine in litter this AM. Hx of IBD controlled well with diet. Likes to chew on artificial plants, but no known dietary indiscretion. Indoor only. Cosequin SID. No other meds.

Abnormal PE/Chem/CBC/UA Results: PE: Vocalized palpation mid-caudal abdomen, but otherwise NSF. CBC: NSF Chem: NSF fPL: WNL Abdominal Rads: Jejunum subjectively "bunched" appearance caudally, but no plication or obstructive gas pattern noted. ST opacity fundus stomach with small gas? Bladder small. NSF otherwise. No feces desc colon. Soft feces transverse colon,.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented minimal urine at the time of the sonogram, with a minimal amount of suspended debris.

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. Left kidney measured 3.3 cm. Right kidney measured 3.6 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. Left measured 0.30 cm. Right measured 0.30 cm.

Spleen

The **spleen** measured 1.0 cm. It 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 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 **gastrointestinal tract** was empty. Minor muscularis hypertrophy noted in the distal small intestine with some reactive surrounding mesentery consistent with enteritis and minor steatitis.



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Pancreas

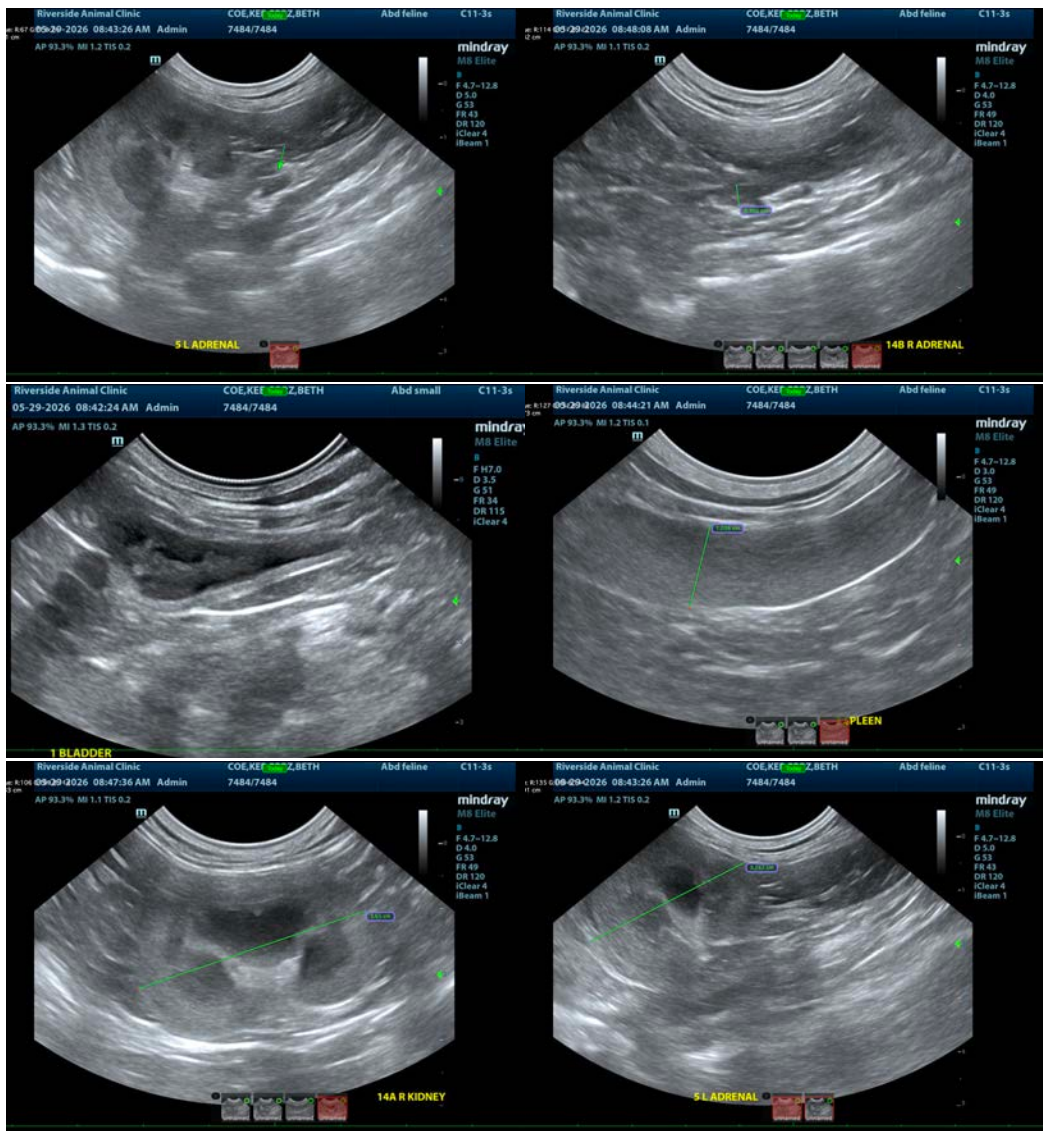
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Enteritis and minor steatitis pattern.
- Minimal urine and minimal suspended debris in urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for inflammatory bowel and parasitic disease indicated. No evidence of significant disease.





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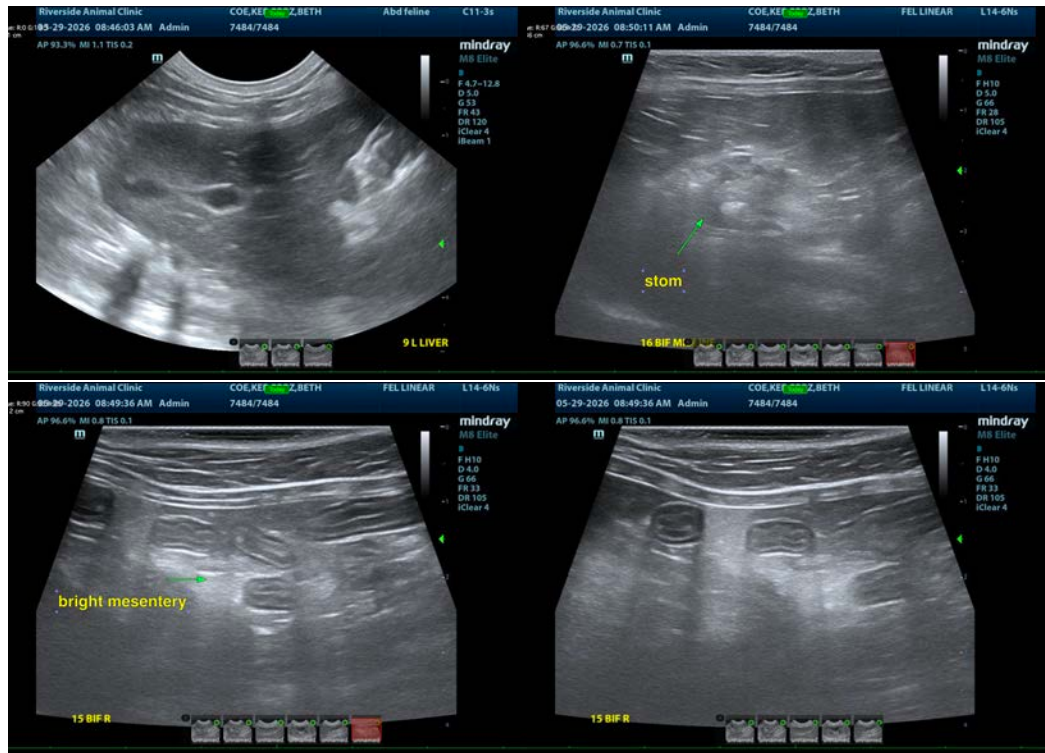
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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