



PATIENT

Aurora Sherman

SPECIES

Feline

BREED

Tortoise shell

SEX

Spayed Female

AGE

10

WEIGHT

5.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Union Vet AH

HOSPITAL NAME

Dr. Parthenia
Hemaiaalla

REFERRING VET

Union Vet AH

INVOICE

Dr. Parthenia
Hemaiaalla

DATE

5/9/26

PRESENTING CLINICAL SIGNS

History: The pet presented with a low appetite in the last couple of weeks. The owner stated that the pet started eating the kitten food for a period of time, then the cat vomited today. The owner stated that the pet usually has loose stool on and off, with blood spots sometimes.

Abnormal PE/Chem/CBC/UA Results: The pet is dehydrated 5% with POD2/4 CBC ---- regenerative anemia, FPLI consistent with pancreatitis. TT4 .06 (gray zone).

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 3.9 cm. The right kidney measured 3.9 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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.

Liver

The **liver** was slightly enlarged with uniform parenchyma. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** revealed minor progressively shadowing luminal material yet nonobstructive. The small intestine and colon were unremarkable with normal curvilinear 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



PATIENT

Aurora Sherman

- Structurally unremarkable abdomen
- Minor gastric luminal material – possible minor hairball accumulation, not likely the issue.
- Slightly enlarged liver

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of anemia is unclear. Structurally, the pancreas appears unremarkable yet cannot rule out minor low-grade pancreatitis. CBC path review +/- bone marrow aspirate and GI protectant protocol empirically could all be justified.

BREED

Tortoise shell

SEX

Spayed Female

AGE

10

WEIGHT

5.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Union Vet AH

HOSPITAL NAME

Dr. Parthenia
Hemaiaalla

REFERRING VET

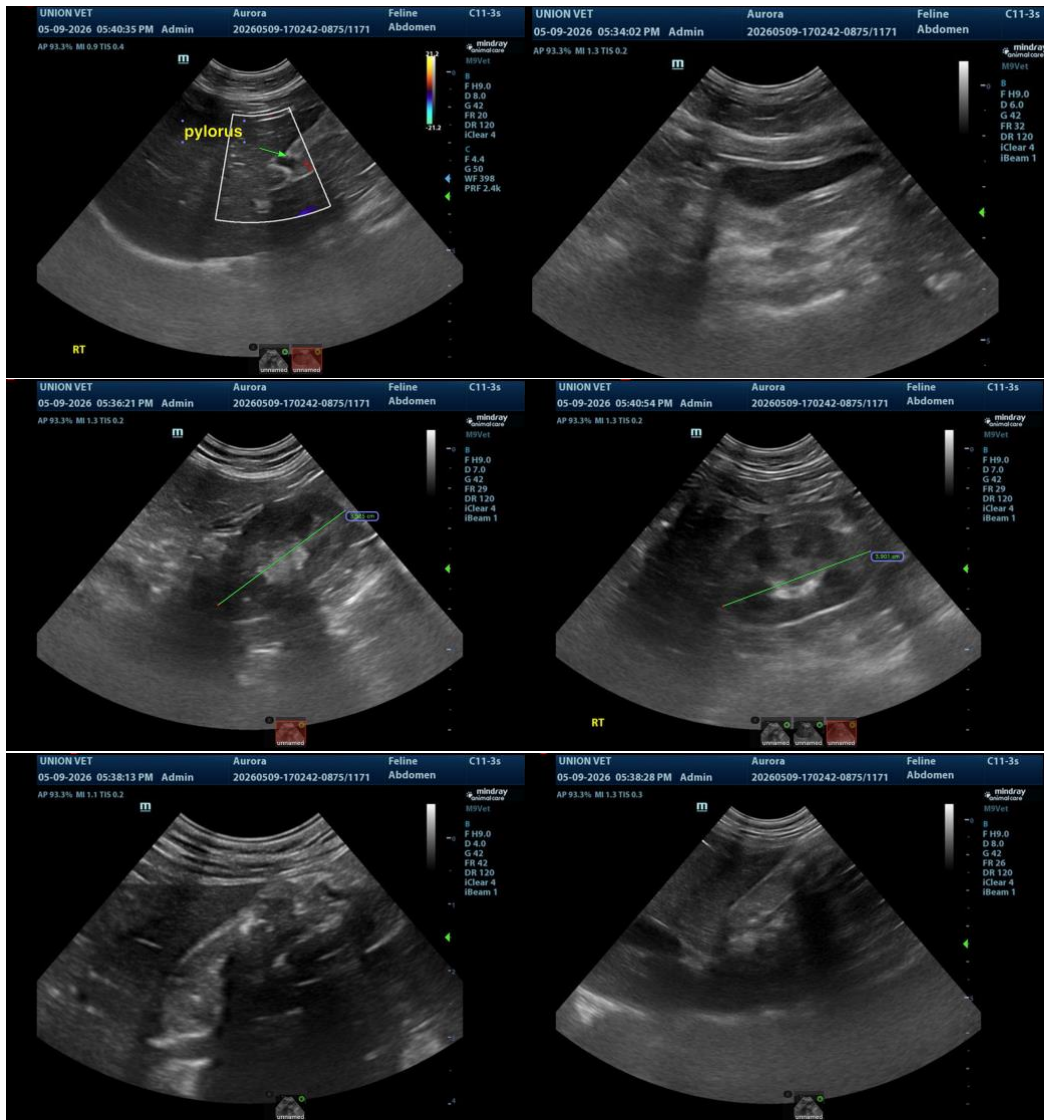
Union Vet AH

INVOICE

Dr. Parthenia
Hemaiaalla

DATE

5/9/26





PATIENT

Aurora Sherman

SPECIES

Feline

BREED

Tortoise shell

SEX

Spayed Female

AGE

10

WEIGHT

5.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Union Vet AH

HOSPITAL NAME

Dr. Parthenia
Hemaiaalla

REFERRING VET

Union Vet AH

INVOICE

Dr. Parthenia
Hemaiaalla

DATE

5/9/26



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, Owner, Founder -- SonoPath.com
info@SonoPath.com