



PATIENT

Sohie Harris

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Wasserman, DVM

HOSPITAL NAME

Highlands AH

REFERRING VET

Dr. Frankenberger

INVOICE

37035

DATE

5/9/26

PRESENTING CLINICAL SIGNS

History: Inappropriate urination for 2 months with crying. Vomiting >4 months once daily (food, sometimes liquid). Appetite usually normal. Drinks well. Formed stools. 0.1ml butorphanol 10mg/ml given IM at time of ultrasound.

Abnormal PE/Chem/CBC/UA Results: 5/9/26 Labs: Neutrophils 12.7, eos 0.15, 124k platelets, ALT <10 URSG 1.022, slightly cloudy. Otherwise normal urine.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 right kidney measured 3.8 cm. The left kidney measured 3.4 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. The left adrenal gland measured 0.46 cm. The right adrenal gland measured 0.46 cm.

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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume, and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal



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The upper **gastrointestinal tract** was unremarkable with empty lumen. Curvilinear patterns were maintained. The proximal descending colon revealed minor colonic hypertrophy and hard stool with colic lymph node enlargement. This change is consistent with colitis and potential obstipation; however, this should be evaluated clinically and radiographically. The descending colon revealed a stricturing lesion, measuring approximately 1.4 cm, that was partially obstructive. The deep descending colon in the level of the pelvis was empty. The ileocecal junction was free of evident pathology.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

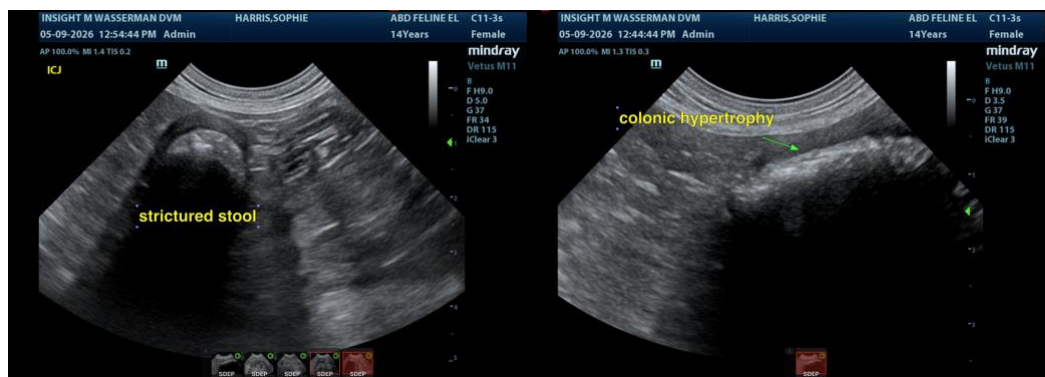
As stated above, a **colic lymph node** was enlarged (5.0 mm), presenting normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable urinary tract
- Chronic colitis pattern and stricturing descending colonic lesion
- Colonic lymphadenopathy
- Age-related abdominal changes otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend reassessing the clinical history as to difficulty in defecation versus lower urinary tract signs. Differentials on the stricturing lesion in the descending colon include carcinoma, granulomatous disease, colonic stricture secondary to inflammatory lesions and colitis. The lymphadenopathy is likely reactive, however, metastatic is possible. Surgical intervention with subtotal colectomy and lymph node removal is recommended. Chest radiographs are warranted to assess for metastatic disease. Removal of the proximal and mid descending colon would be indicated in this patient.





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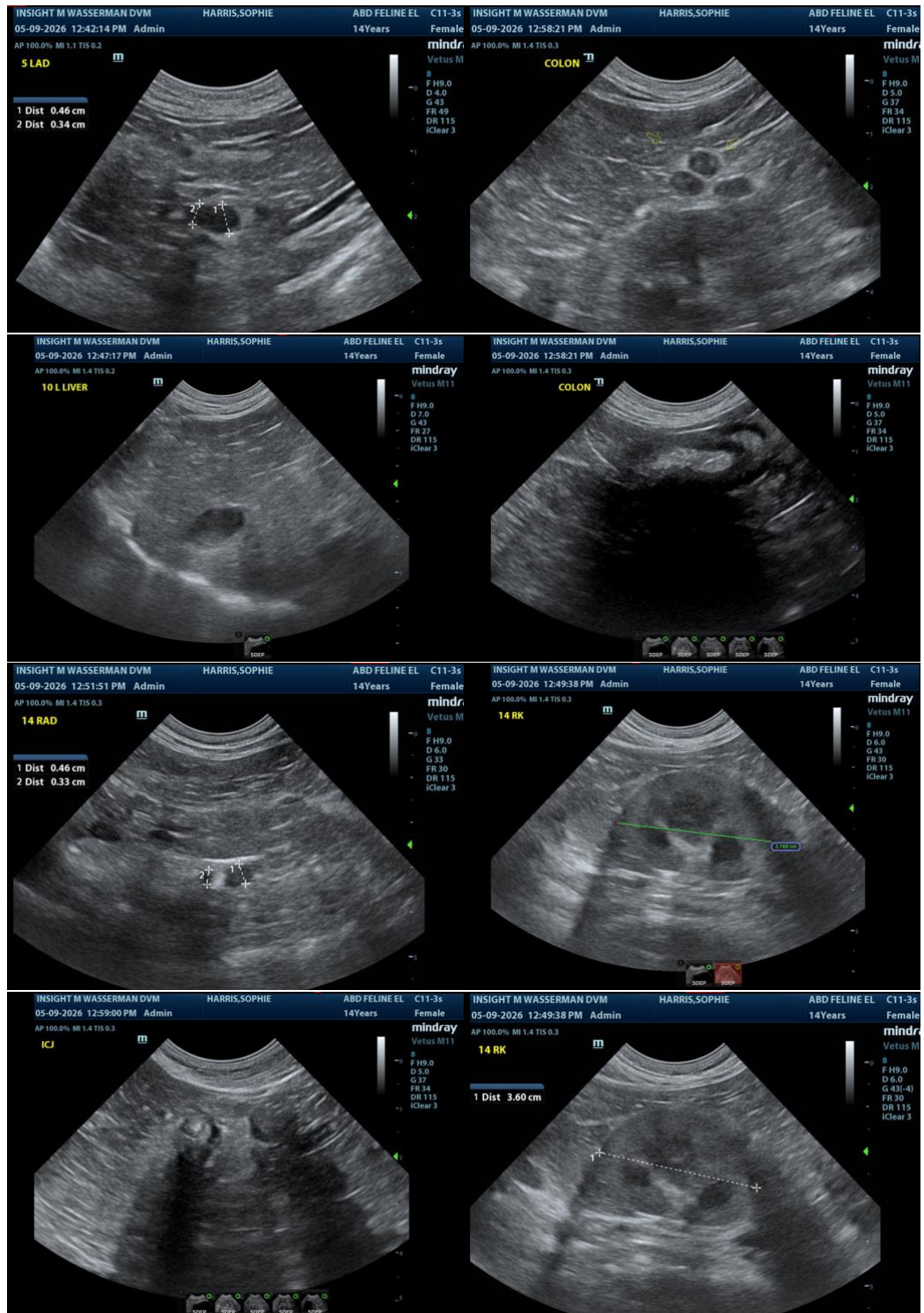
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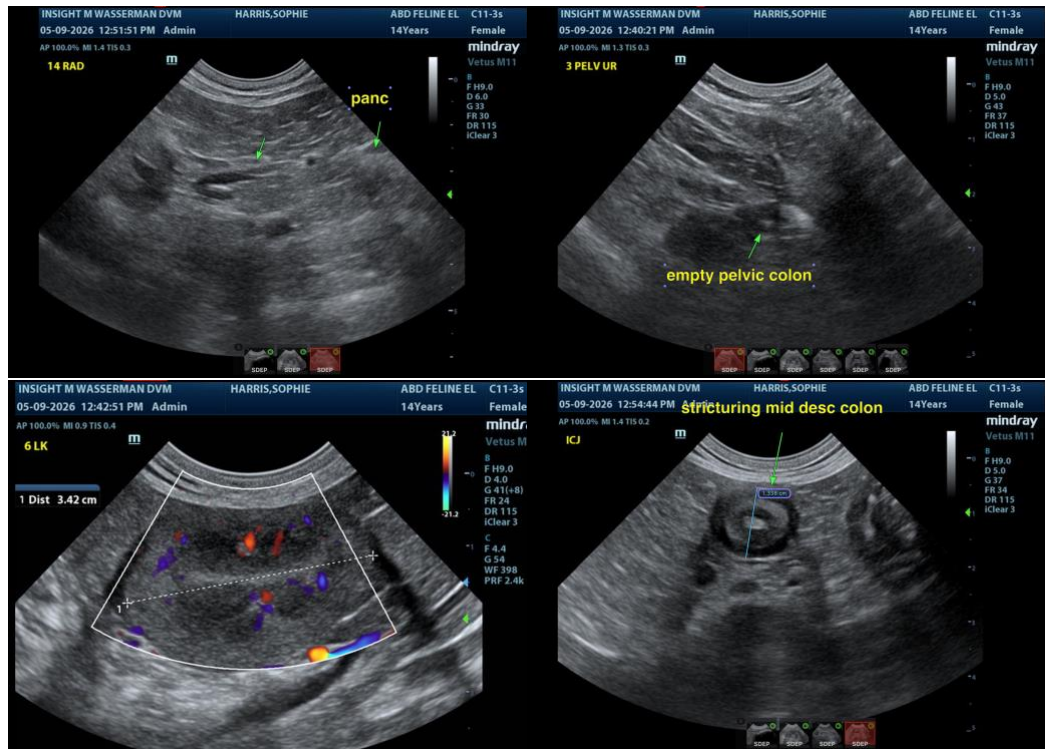
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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