



PATIENT

Pippa Taylor

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

3.35 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Louise Corbeil &
Vet Student

HOSPITAL NAME

Cochrane Animal Clinic

REFERRING VET

Dr. Louise Corbeil

INVOICE

16393

DATE

06/05/26

PRESENTING CLINICAL SIGNS

Presented for abd ultrasound for acute on chronic vomiting. Went to walk in clinic April 30th for vomiting, lab work largely unremarkable (see below). Treated with SQ fluids, Cerenia, Vitamin B12., Hydrolyzed diet recc'd but didn't like it, did go on select protein. Seemed to help but now vomiting relapsing. June 3rd presented to Cochrane animal clinic for relapse vomiting - vomiting 5x in the last 24 hours. Typically, 3-5 times per day. Usually after eating. Lab work mild ALT elevation see below. Given Cerenia injection and Cerenia tablets to use PRN. Current diet: Royal Canin selected protein soft food and treats. Suspected poultry allergy (dermatologic issues resolved when off chicken) Lost 0.6kg in the past 3 months.

Abnormal PE/Chem/CBC/UA Results: April 30th 2026 - HCT 53.7%, ALT 147 U/L rr 12 - 130 mild elevation. Thyroid levels normal T4 29 rr 10- 60; . Urinalysis unremarkable, USG 1.046 June 3rd 2026 - Mild stress hyperglycemia 10.8 rr 3.95 - 8.84. ALT 195 rr 12- 130 - mild progression from previous

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 3.0 cm in length. The right kidney measured 3.87 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 0.4 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.

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,



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infiltrative or regenerative pathology was evident. Pockets of free fluid were present between the liver lobes and adjacent to the spleen, yet the cause is unclear. If the patient was under sedation, this can sometimes be artifactual.

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Minor retention of ingesta was present within the **stomach** yet this may be possibly hair accumulation. The small intestine revealed muscularis hypertrophy without loss of mural detail. The colon was slightly thickened with soft stool.

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The mesenteric **lymph nodes** presented 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.

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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.

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ULTRASONOGRAPHIC FINDINGS

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- Minor IBD GI pattern with minor trace ingesta in the stomach.
- Slight free fluid of unknown cause.
- Unremarkable abdomen otherwise.
- Likely reactive hepatopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic clinical sonographic presentation is most consistent with Reactive Hepatopathy which is the most common cause of liver enzyme elevation in dogs and cats. The presumption is that gut and other organ antigen stimuli may be causing a low-grade immune response through portal system with which the liver is reacting to causing low-grade enzyme elevations. US-guided FNA could be performed to assess if low grade lymphoplasmacytic inflammation is present that would support this theory. If FNA is performed, please ask the cytologist to emphasize the primary inflammatory cell type. Empirical treatment measures to address this issue can include diet change to hydrolyzed diet, probiotics, deworming, nutraceuticals (SAME, Actigall...), dental exam and cleaning, and potentially antibiotics such as Clavamox. Metronidazole and Tylosin have traditionally been utilized for this purpose but new studies show that both these antibiotics can disrupt the normal intestinal bacterial flora (intestinal dysbiosis) for weeks and up to 4-6 months. Therefore, Metronidazole and Tylosin should be utilized as a last resort if other efforts have not been effective and sonographic organ appearance remains benign.

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No overt evidence of neoplasia, however, the free fluid is concerning. Management for inflammatory bowel is warranted with recheck sonogram in one week. Parasite management is also indicated.

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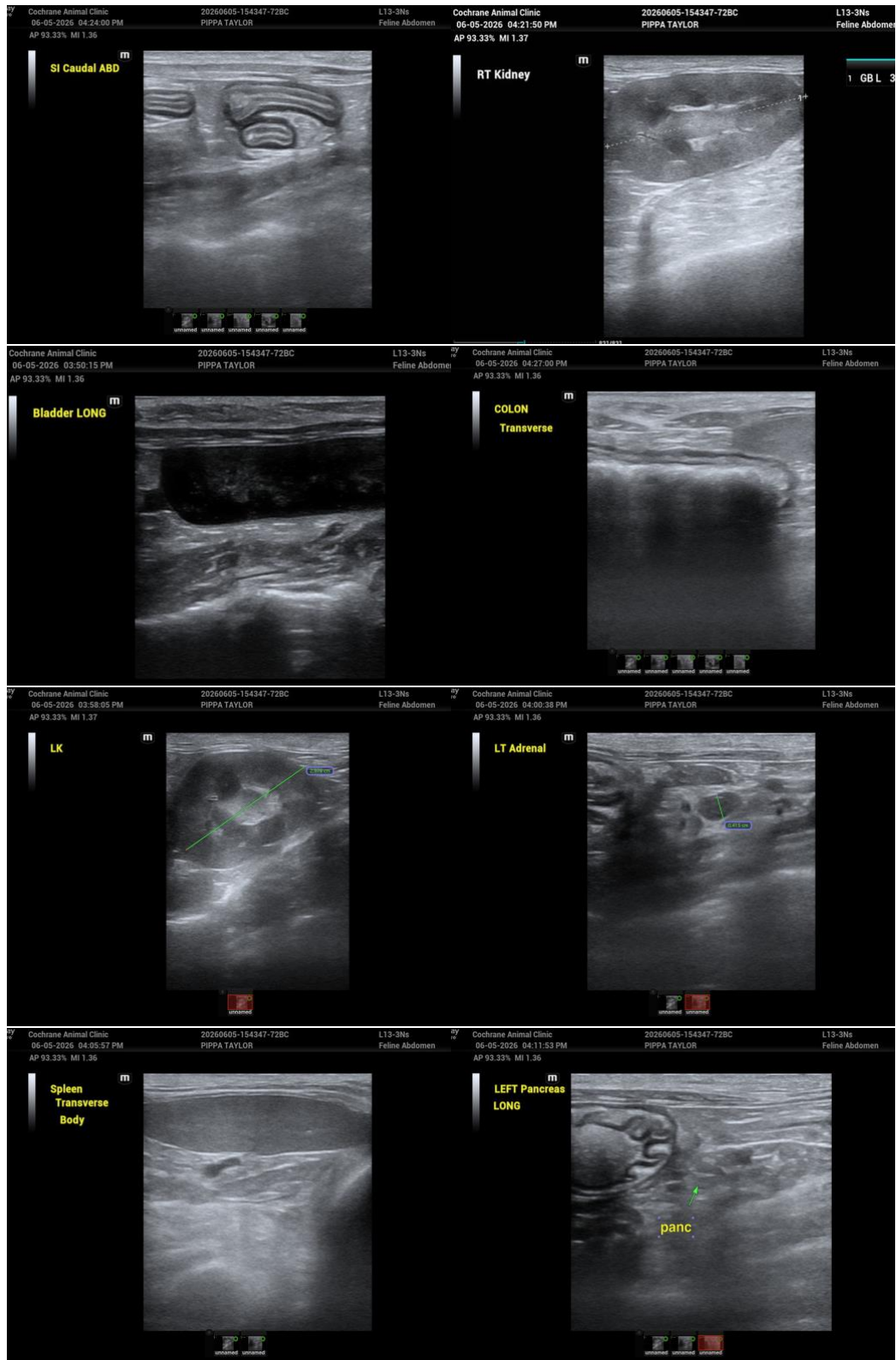
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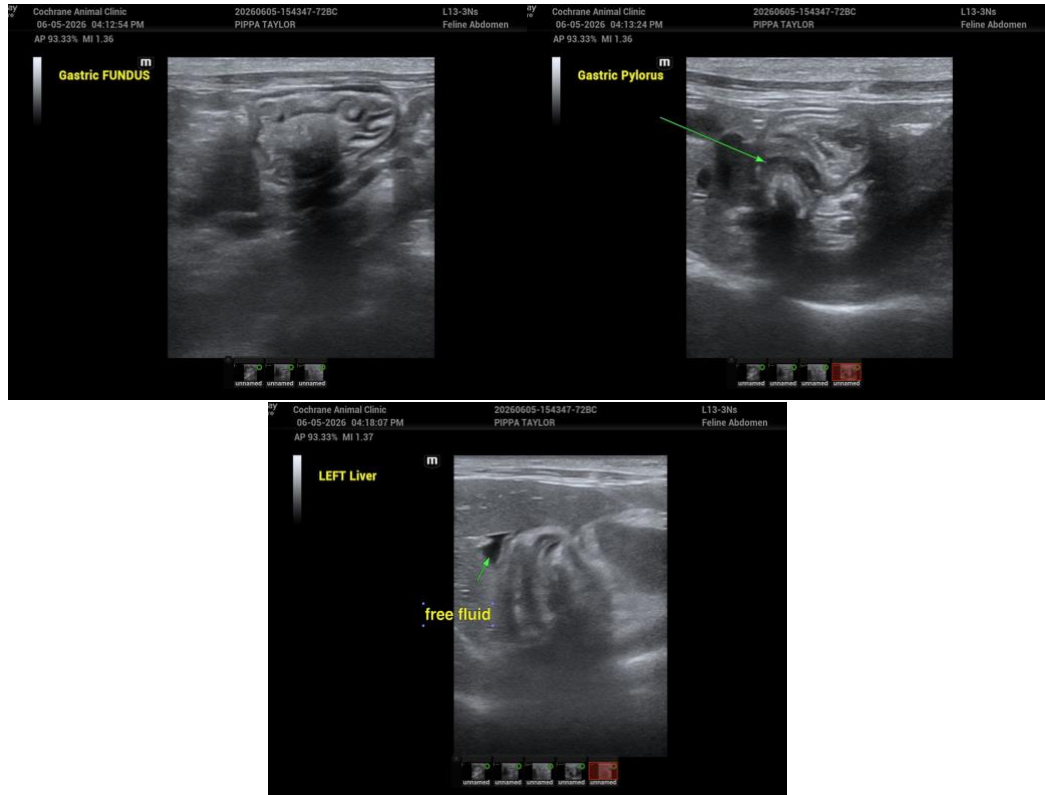
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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