



PATIENT

Sidney Stein

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years 8 Months

WEIGHT

9.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Alex McFeely, DVM

HOSPITAL NAME

Centre Animal Hospital

REFERRING VET

Alex McFeely, DVM

INVOICE

75750

DATE

6/5/26

PRESENTING CLINICAL SIGNS

Sidney presented for a recheck ultrasound, particularly to recheck her gallbladder. Previous ultrasound by a different veterinarian in March of 2025 had following findings: "Large cholelith with small areas extending up the intrahepatic ducts and down the bile duct". She has been on ursodiol since, which owner would like to discontinue. The ultrasound was recommended to re-evaluate before changing medical management. Sidney is also on methimazole for hyperthyroidism and has a new mammary mass.

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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Right kidney measured 3.3 cm. Left kidney measured 3.46 cm. Cortical infarct noted in the cranial pole of the left kidney.

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. Right measured 0.32 cm. Left measured 0.28 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** revealed persistent cholelithiasis. Lobar biliary calculi appear to be stable. No overt obstructive calculi noted. The gallbladder was not overtly visualized, likely collapsed with calculi, yet no obstruction noted.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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Pancreas

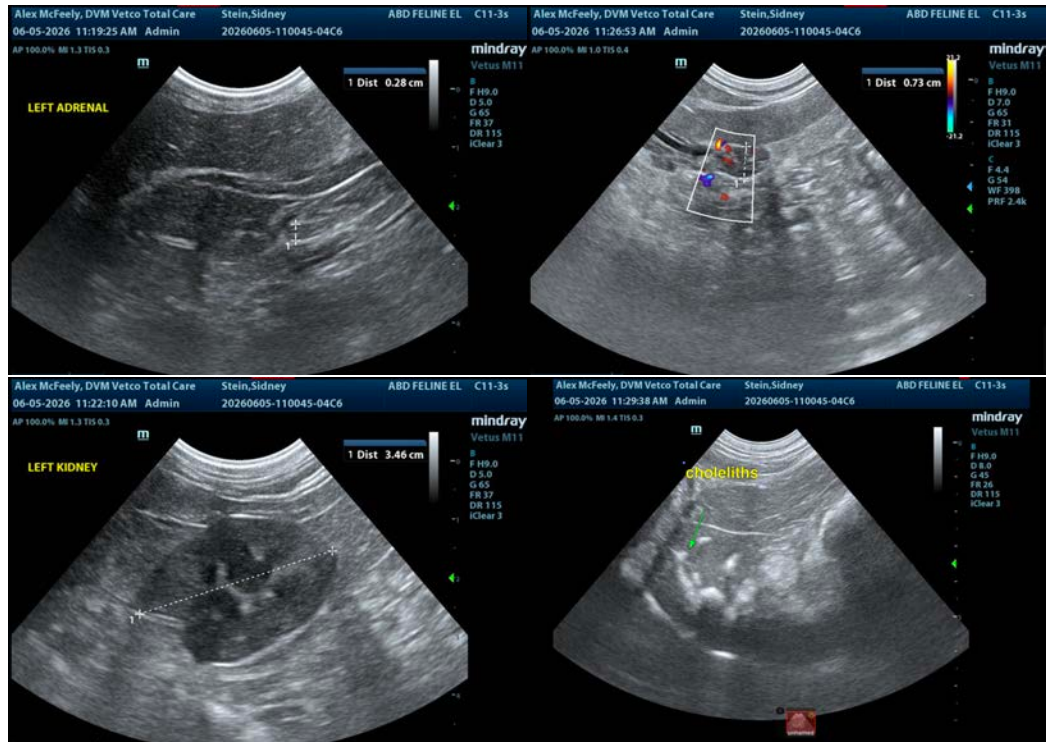
The pancreas revealed a hypochoic nodule medial to the spleen measuring 0.73 cm. Some enhanced mesentery noted around the pancreatic nodule. The nodule appears mildly vascular.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic nodule – most consistent with hyperplasia.
- Persistent cholelithiasis, appears stable.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant improvement from prior sonogram. Bile acid profile would be ideal to assess for early hepatic dysfunction. No evidence of active pancreatic inflammation. However, left dorsal digital abdominal palpation near the spleen would be warranted to assess for any discomfort.





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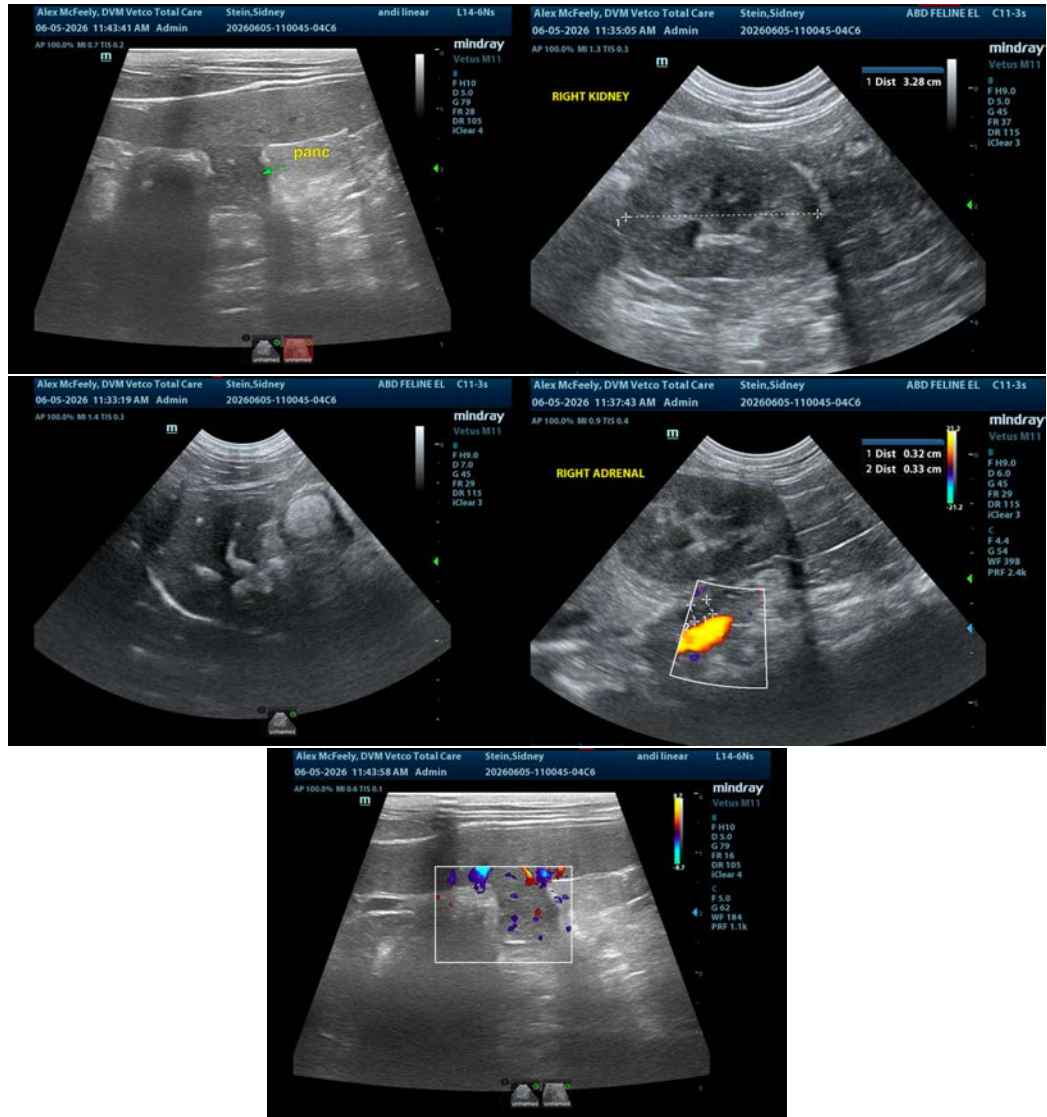
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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