

## PATIENT

Milo Ahn

## SPECIES

Feline

## BREED

American Shorthair

## SEX

Neutered male

## AGE

2 years

## WEIGHT

4.9 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Rebecca Hamilton

## HOSPITAL NAME

BondVet Edgewater

## REFERRING VET

Dr. Ordonez

## INVOICE

68942

## DATE

11/24/25

## PRESENTING CLINICAL SIGNS

History of vomiting for the last 3 months. non- responsive to Cerenia, Famotidine, bland diet  
Abnormal PE/Chem/CBC/UA Results: CBC/Chem- unremarkable.

## 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 was 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 3.8 cm and the right kidney measured 3.76 cm.

### *Adrenal Glands*

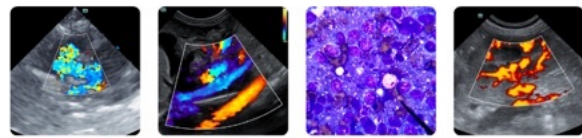
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.32 cm. The right adrenal gland measured 0.26 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 was 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. portal vein to vena cava ratio was 1:1. The portal vein measured 0.5 cm. Normal branching was noted, there was no evidence of portosystemic shunting. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common



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bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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**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. A minor amount of fluid filled gastric lumen was noted. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. The mesenteric lymph nodes were slightly enlarged and reactive measuring

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**Pancreas**

The **pancreas** presented a mild amount of mixed echogenic remodeling.

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**ULTRASONOGRAPHIC FINDINGS**

Fluid filled gastric lumen. Typical of non-specific gastric upset. Potential pancreatitis and gastritis.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subxiphoid palpation is recommended to assess for pain in the region of the pancreas. Management for inflammatory bowel, gastritis, diet intolerance, parasite management and Prednisolone trial are all potential options in this patient. There was no evidence of significant structural disease at this time.

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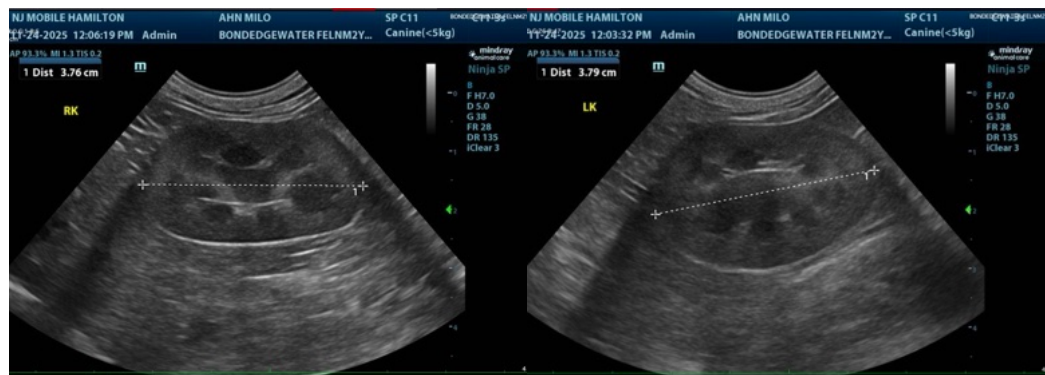
Dr. Ordonez

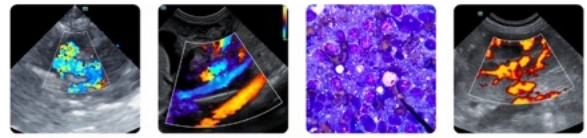
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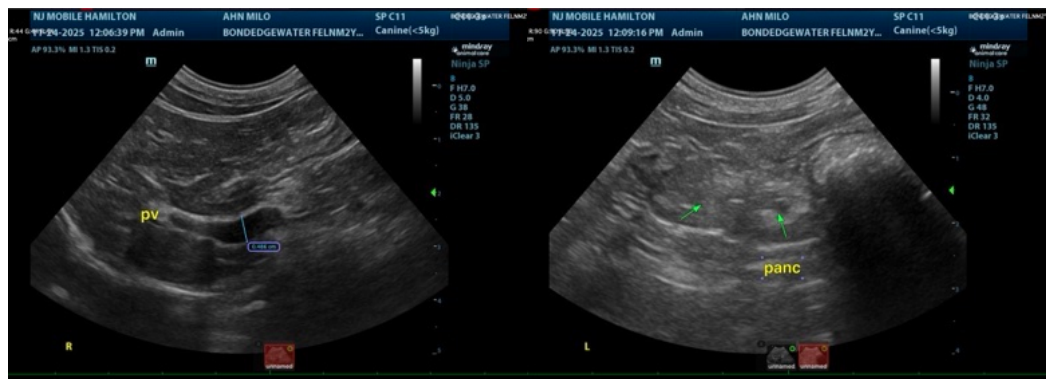
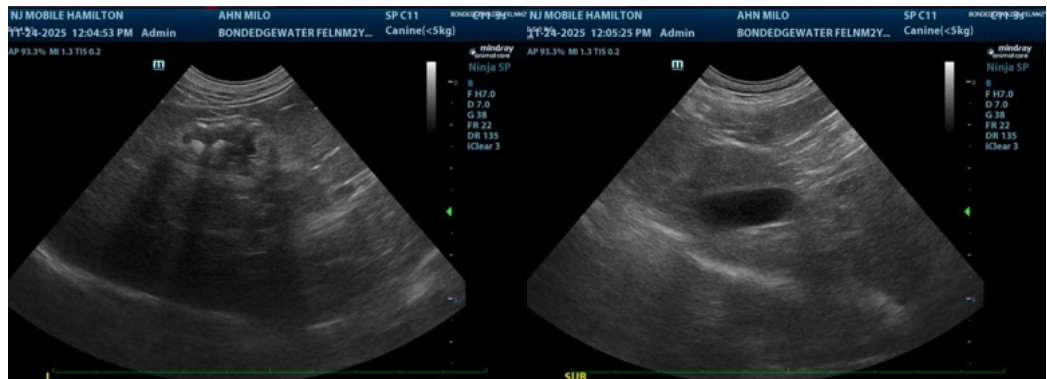
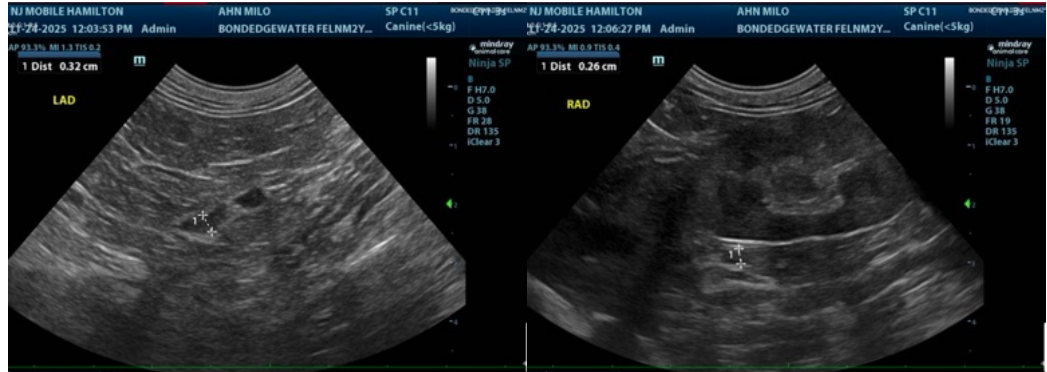
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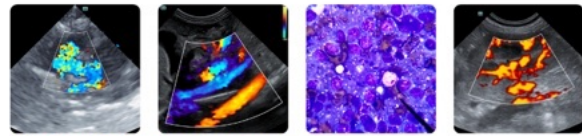
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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American Shorthair

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**

[info@SonoPath.com](mailto:info@SonoPath.com)

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