



PATIENT

Archie Ng

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

6 years

WEIGHT

11 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS, CEO of
SonoPath.com

IMAGING PERFORMED BY

Vincent Ravancho

HOSPITAL NAME

St George VH

REFERRING VET

Dr. Ng

INVOICE

69544

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: Recheck from U/S invoice 65325

Abnormal PE/Chem/CBC/UA Results: Pending UTD BW Previous BW: ALT 114 Eos : 1048 Neut: 9694

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight, pinpoint mineralization was noted in the kidneys. The left kidney measured 4.8 cm. The right kidney measured 4.74 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 right adrenal gland measured 0.57 cm. The left adrenal gland measured 0.32 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** revealed slight coarse architecture and a minor amount of remodeling. This is similar to the prior sonogram. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



PATIENT

Archie Ng

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

6 years

WEIGHT

11 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS, CEO of
SonoPath.com

IMAGING PERFORMED BY

Vincent Ravancho

HOSPITAL NAME

St George VH

REFERRING VET

Dr. Ng

INVOICE

69544

DATE

12/11/25

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable intestinal thickening was noted without loss of mural detail. This is more prominent with reactive and remodeled mesentery.

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

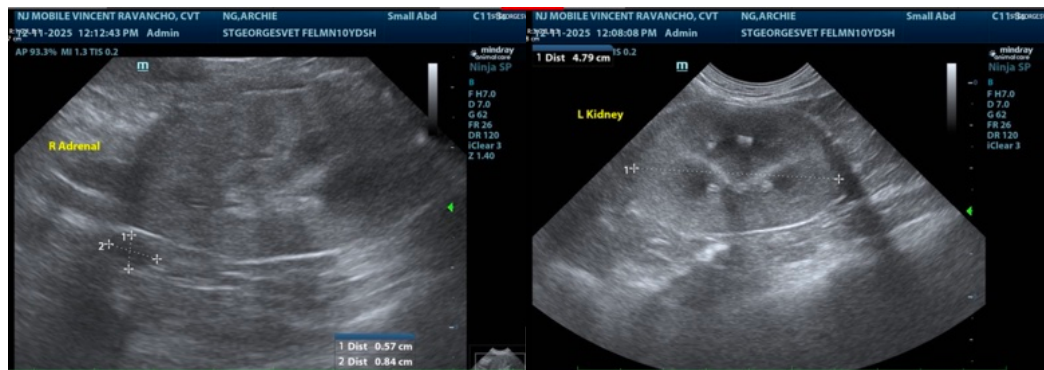
Age related abdominal changes with pinpoint, non-obstructive renal mineralization.

Non-specific inflammatory hepatopathy based on liver enzyme elevations and sonographic appearance of the liver.

Variable intestinal thickening, more prominent with reactive mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no significant progression from the prior sonogram noted in this patient. However, renal mineralization appears to be increased. Midabdominal palpation is warranted to assess for pain related to the visceral presentation. Inflammatory bowel is likely, yet I cannot rule out emerging intestinal lymphoma, yet neoplastic criteria is not overtly met. The abdomen is fairly stable compared to the prior sonogram with the exception of the intestinal presentation appears to be more prominent. I recommend matching the presentation with clinical history of inflammatory bowel type symptoms. If weight loss is an issue or clinical signs are persistent despite medical management then full thickness intestinal biopsies would be indicated. FNA of the liver is recommended for further definition.





PATIENT

Archie Ng

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

6 years

WEIGHT

11 lbs

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (CFM), Cert.
 IVUSS, CEO of
 SonoPath.com

**IMAGING
 PERFORMED BY**

Vincent Ravancho

HOSPITAL NAME

St George VH

REFERRING VET

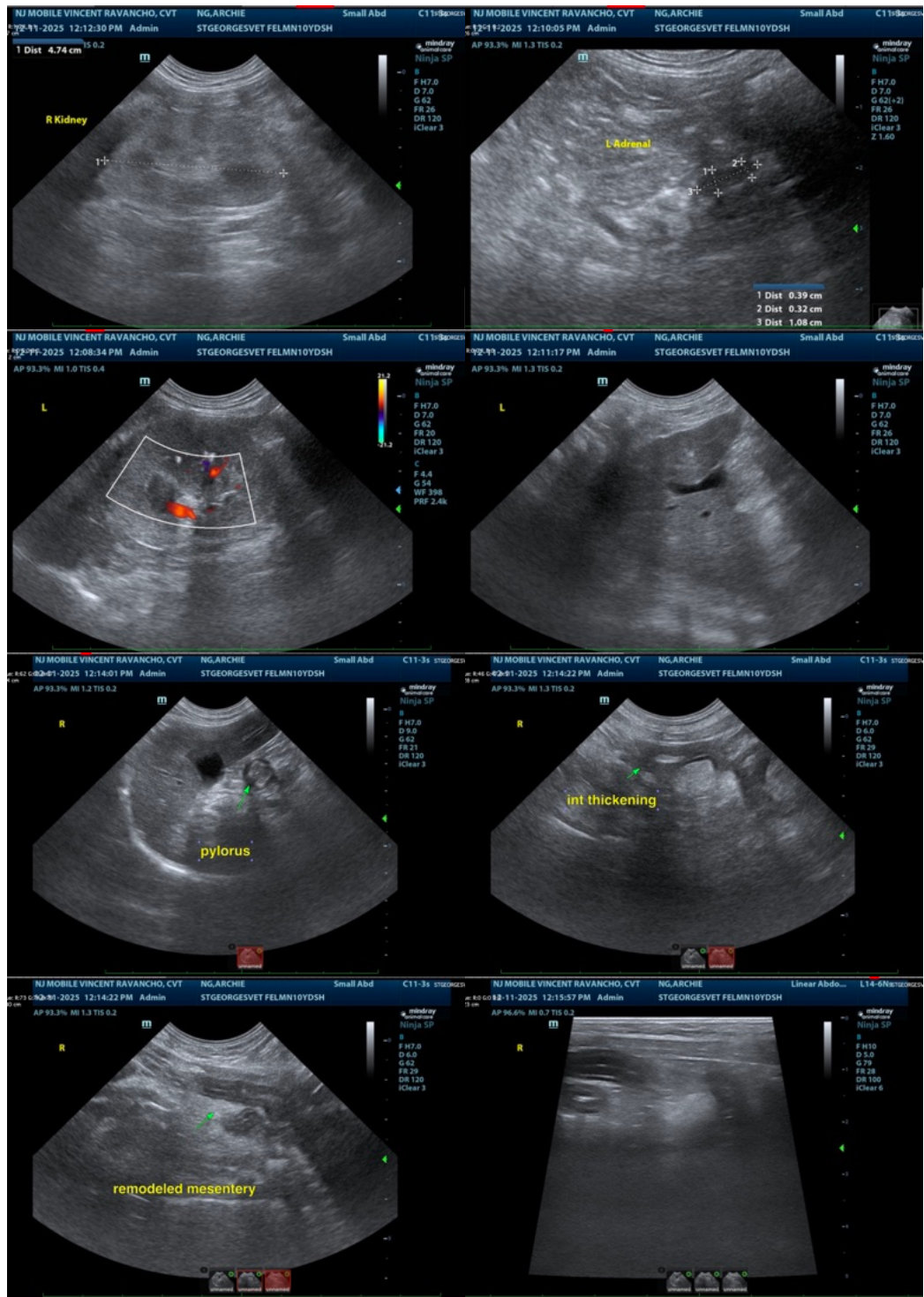
Dr. Ng

INVOICE

69544

DATE

12/11/25



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.



PATIENT

Archie Ng

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.

SPECIES

Feline

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

Info@SonoPath.com

BREED

Domestic Shorthair

SEX

Neutered male

AGE

6 years

WEIGHT

11 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS, CEO of
SonoPath.com

**IMAGING
PERFORMED BY**

Vincent Ravancho

HOSPITAL NAME

St George VH

REFERRING VET

Dr. Ng

INVOICE

69544

DATE

12/11/25