



PATIENT

Se7en Eytan

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

6.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

The Venturing Vet

REFERRING VET

Dr. Herzog

INVOICE

71502

DATE

2/11/26

PRESENTING CLINICAL SIGNS

- Hx of IBD, intermittent V+, weight loss recently (possible stress - O away)
- Prednisolone 3mg, B12
- WBC 24.2 (3.5-16) Neutrophils 21296 (2500-8500) was 11178 on 1/15 BUN/Creat ratio 44 T4 0.6 Folate 7.6 (9.7-21.6) Urine protein 2+

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. The left kidney measured 3.35 cm. The right kidney measured 3.56 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 0.49 cm. The left adrenal gland measured 0.3 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** is slightly swollen with slightly increased portal markings. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The cecum was dilated in this patient with echogenic gas accumulation and wall thickening. This is consistent with Typhlitis. Soft stool was noted in the colon.

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

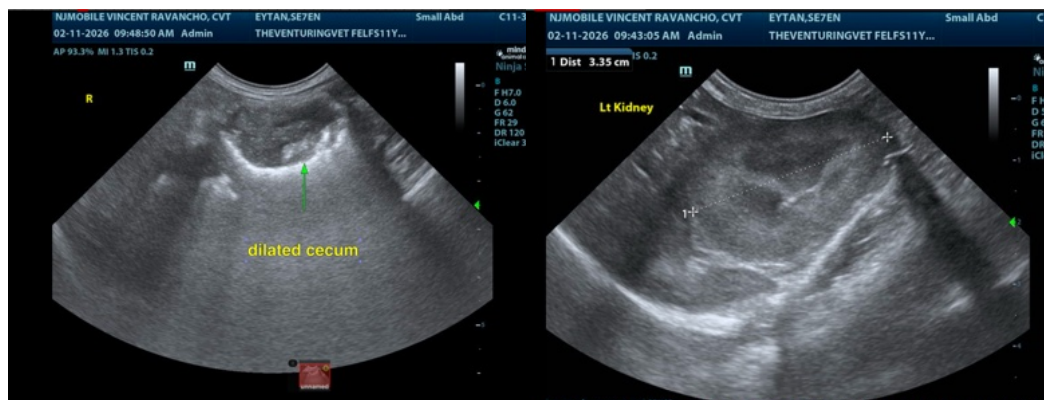
Gastroenteritis, Typhlitis pattern.

Variable small intestinal thickening was noted with muscularis hypertrophy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for acute on chronic inflammatory bowel, parasitic disease and dietary indiscretion are all possible. I cannot completely rule out underlying, partially suppressed neoplasia given the prednisone therapy. There was no overt evidence of neoplasia noted at this time. Management for enterotoxins and Typhlitis would be appropriate.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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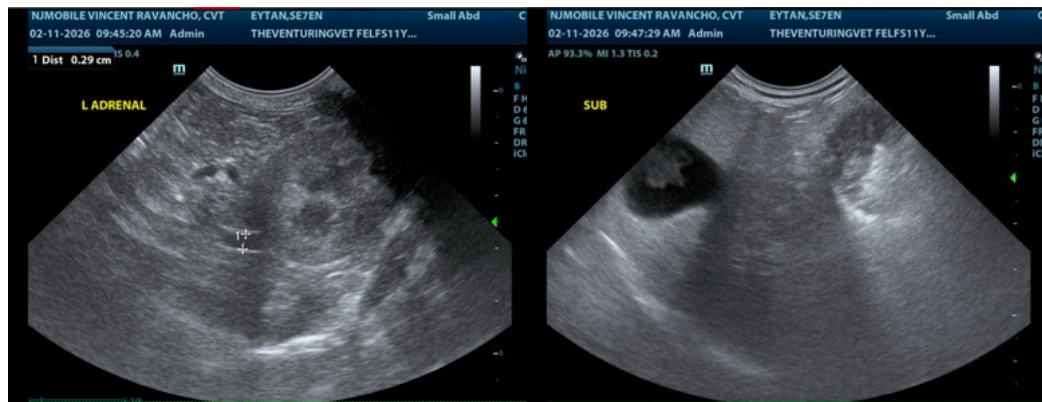
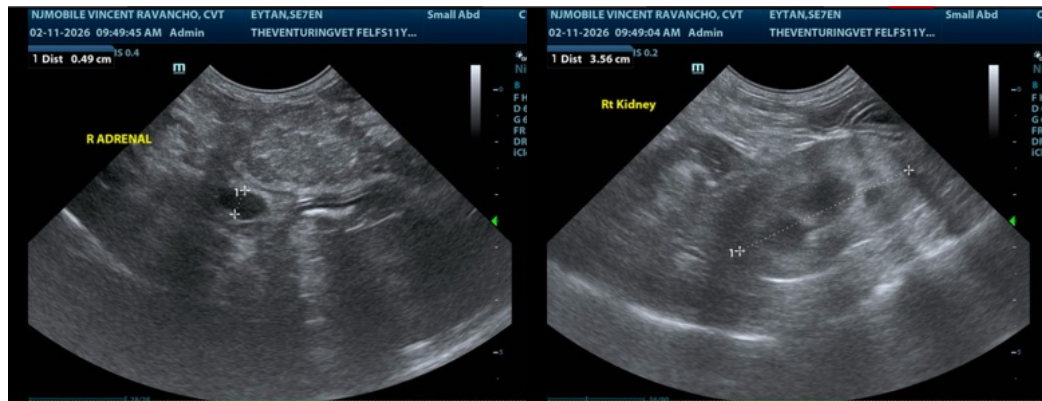
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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