



## PATIENT

Missy Cerrato

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

15 years

## WEIGHT

8.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

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

## HOSPITAL NAME

Butler VH

## REFERRING VET

Dr. Sereda

## INVOICE

71620

## DATE

2/17/26

## PRESENTING CLINICAL SIGNS

Elevated liver, pancreatic and renal values.  
UA NSF, urine specific gravity 1.030  
ALT 167, ALP 65, SDMA 15, lipase 58

## 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. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Cortical collapse and mineralization was noted. The left kidney measured 3.45 cm. The right kidney measured 4.22 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 adrenal glands measured 0.6 cm each.

### *Spleen*

The **spleen** revealed multi-focal, hyperechoic lipid plaques noted measuring up to 1.23 cm.

### *Liver*

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively enlarged liver size with normal contour and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder and common bile duct were unremarkable.

### *Gastrointestinal*

The **gastrointestinal tract** revealed a full stomach and progressively shadowing luminal material. This is consistent with likely hairball accumulation.



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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.

**Free Abdomen**

Variable lymph nodes were slightly enlarged, rounded and hypoechoic. The left pancreatic lymph node measured 0.9 cm, mesenteric root measured 0.8 cm.

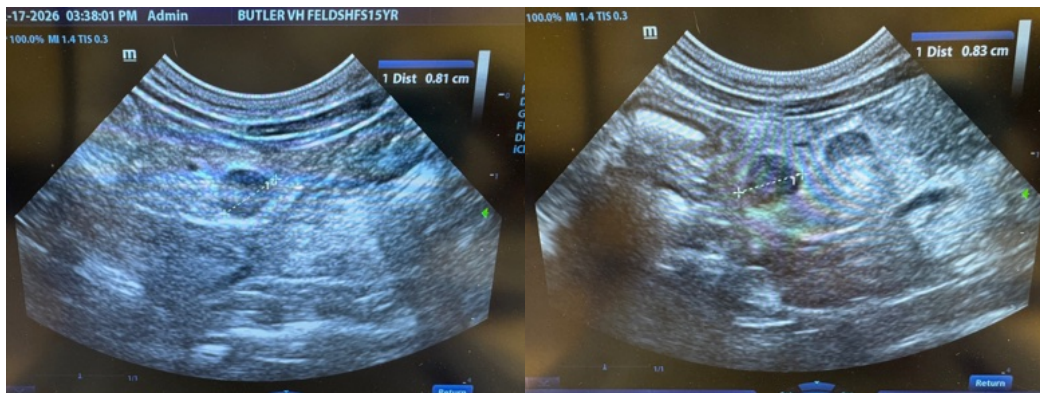
**ULTRASONOGRAPHIC FINDINGS**

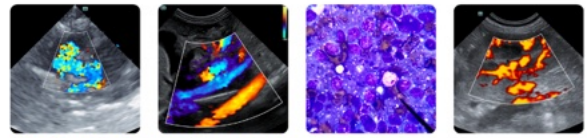
- Minor mesenteric and pancreatic lymphadenopathy.
- Slightly swollen liver.
- Hairball density in the stomach.
- Renal calculi and dystrophy, mild to moderate on the left and minor on the right.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend management for lymphadenitis or reactive lymph nodes. Recheck sonogram is recommended in 3-4 weeks to assess if any growth occurs on the lymph nodes. If the lymph nodes become large enough to readily sample, then ultrasound-guided FNA is indicated.

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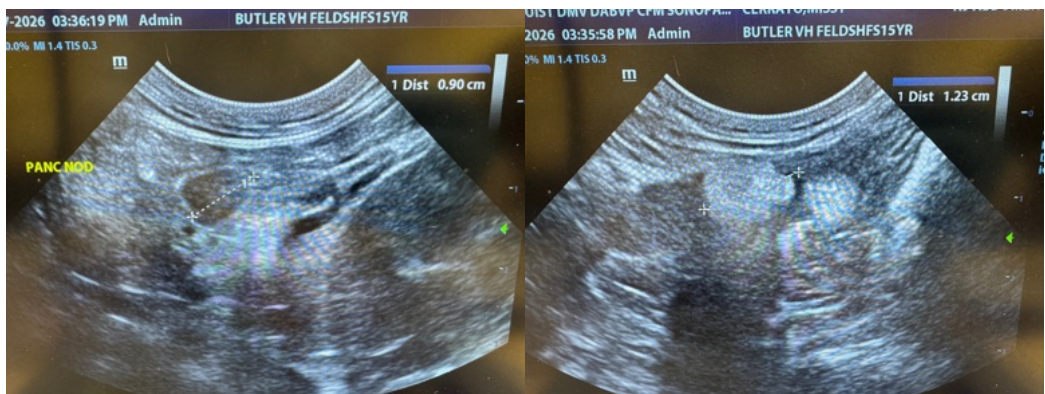
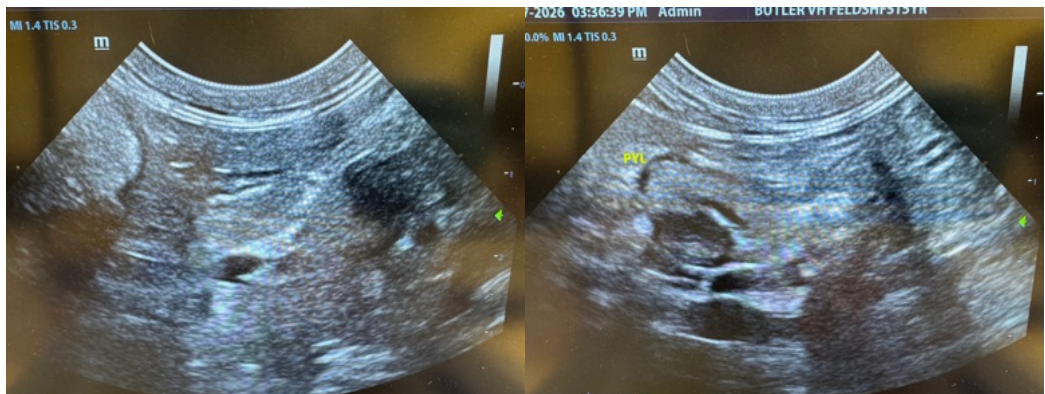
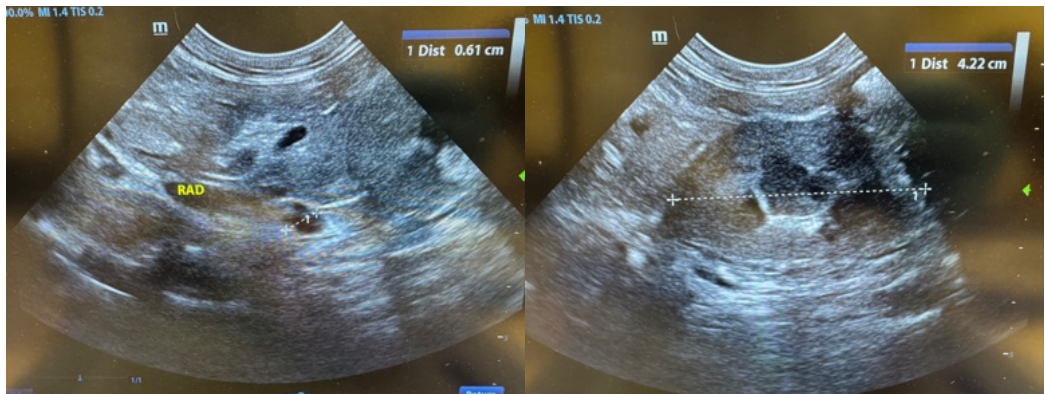
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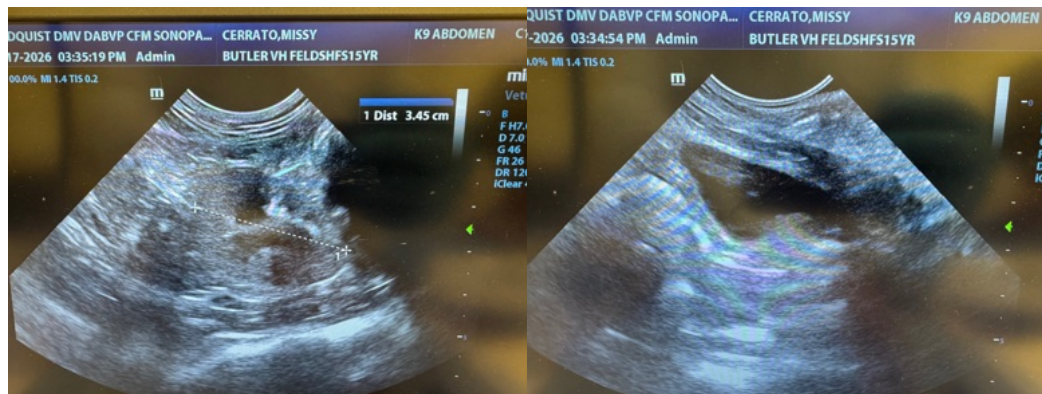
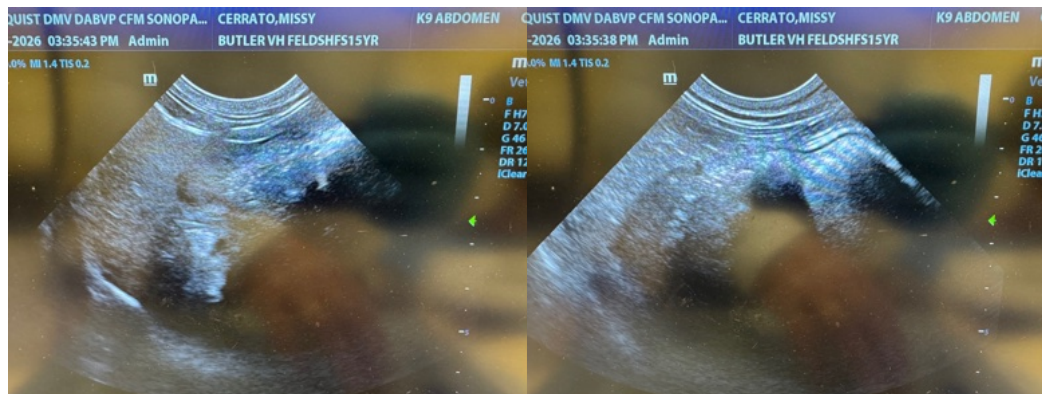
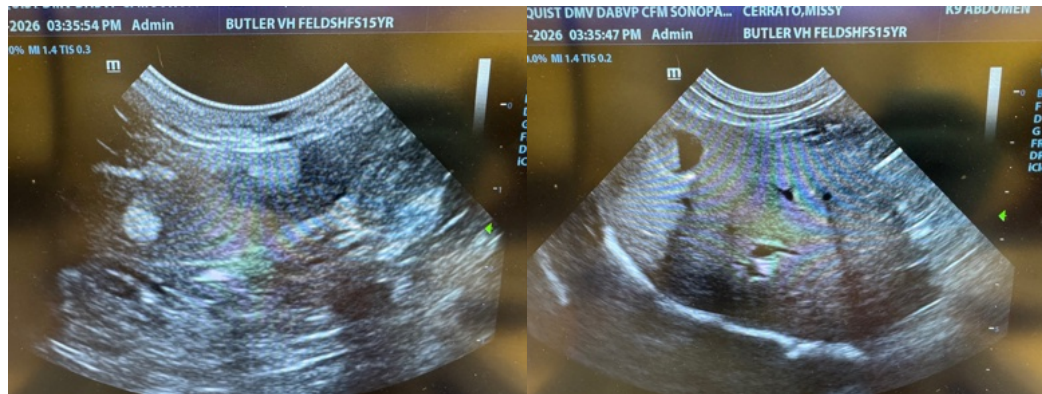
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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