



PATIENT

Cora Rodriguez

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

4 years

WEIGHT

7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

All Creatures Great
and Small Denville

REFERRING VET

Dr. Ashmore

INVOICE

77858

DATE

5/21/26

PRESENTING CLINICAL SIGNS

History: Rectal prolapse for no reason
Abnormal PE/Chem/CBC/UA Results: Fecal neg Rads unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 3.65 cm. The right kidney measured 4.2 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 0.32 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** 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. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common 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 free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. An intestinal thickening was noted along with mass formation with reactive surrounding mesentery. This appears to occupy the ileocecal region. Given the undifferentiated aspects of the mass, I cannot definitively say which part of the intestinal tract was present. There was some stasis noted. This appears to be a cluster of mesenteric lymph nodes and intestinal thickening creating a mass together.

Pancreas

The **pancreas** was slightly heterogenous in the left limb with slight, undulating contour. Mild, hyperechoic parenchymal changes were noted.

Anal Glands

The anal glands in this patient both appeared normal. The right anal gland measured 1.7 x 1.4 cm. The left anal gland measured 1.12 x 0.94 cm.

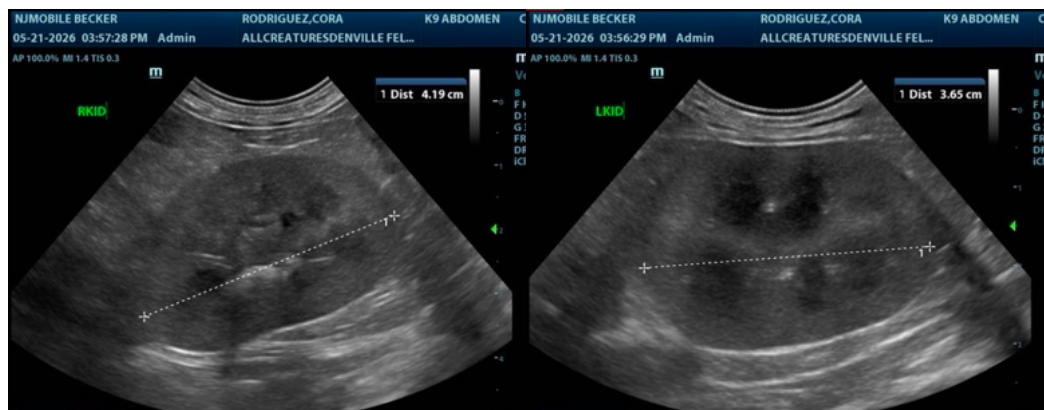
ULTRASONOGRAPHIC FINDINGS

Intestinal thickening and lymphadenopathy creating a mass.

Slightly heterogenous left limb pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intestinal thickening in the mesenteric root area with regional lymphadenopathy and stasis creating a mass effect. Inflammatory bowel, dry form FIP and carcinoma are all possible. Mid, cranial, left digital palpation is warranted to assess for any discomfort in the region of the pancreas. Exploratory surgery would be ideal in this patient unless medical management can achieve resolution.





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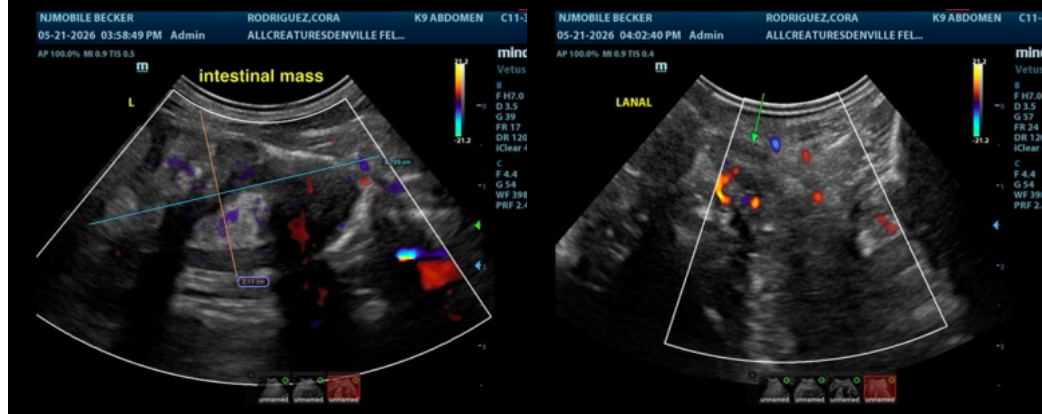
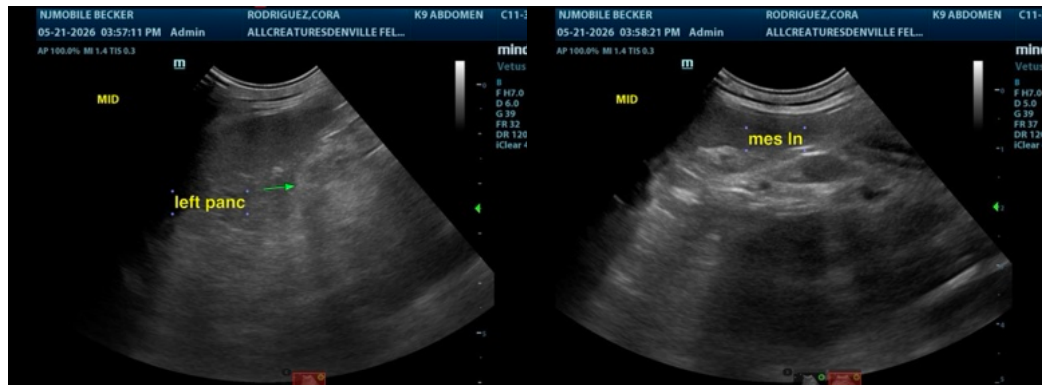
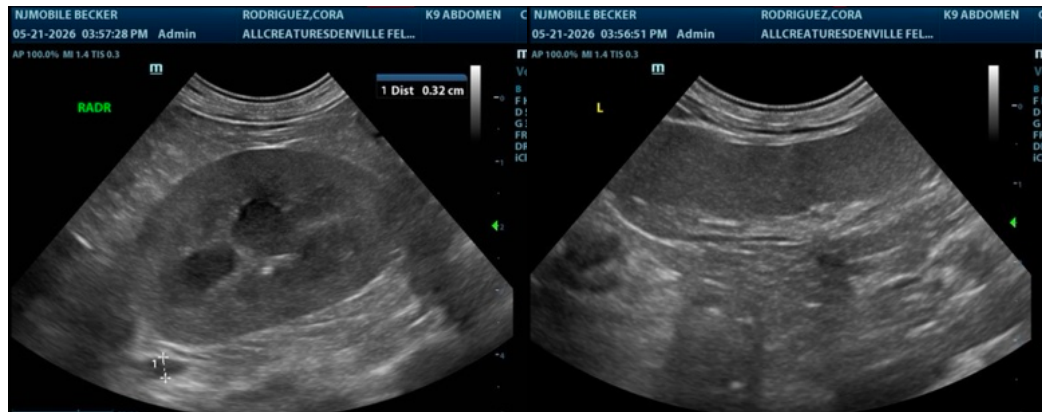
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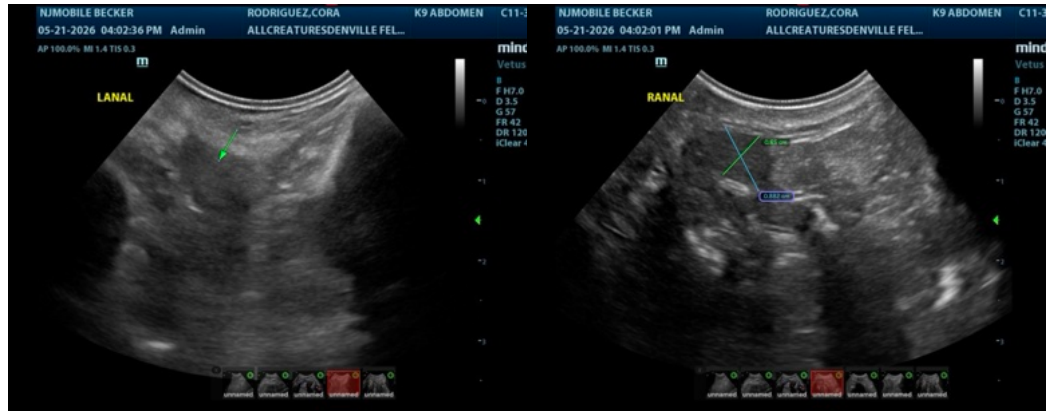
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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