



PATIENT

Spice Wilson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

4.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski

HOSPITAL NAME

Apex VS

REFERRING VET

Alpine 24/7/ ER
Doctor

INVOICE

70057

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: Vomiting for 3–4 days, typically after eating. No diarrhea. Pertinent History: History of pica, Prior linear foreign body surgery (March 2024)

Abnormal PE/Chem/CBC/UA Results: Vital Signs: Temperature [Celsius]:38.0, Heart Rate/min (HR):182, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: 26, Respiratory Effort: 0, Mucus Membranes/ CRT: pink, moist/ CRT < 2 sec, Mentation: BAR, Hydration: Adequate, Diagnostics – Abdominal Radiographs (Serial) Jan 11 (Initial): Stomach contains gas + fluid, Bunching of small intestine, small gas bubbles, Colon with feces and gas Jan 12 (Recheck after fasting): Persistent gastric contents despite fasting Small intestines largely normal, Colon with gas/feces Jan 13 (Repeat): Gastric material persists and should have progressed by now, Colon contents harder → constipation Overall concern increased for gastric outflow obstruction, possibly soft foreign material (cloth/paper)

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 1.0 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 right kidney measured 3.7 cm. The left kidney measured 3.4 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 0.34 cm.

Spleen

The **spleen** revealed a hyperechogenic nodule at the caudal pole measuring 1.1 cm. This is consistent with lipogranuloma. The remainder of the spleen was largely unremarkable. Smaller, lipogranulomatous type lesions were noted. The cranial body of the spleen revealed a fold and mass effect and measured 2.0 x 1.5 cm. This may be a formational abnormality and not necessarily neoplastic.

Liver

The **liver** revealed slightly increased portal markings. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

The **stomach** revealed normal gastric wall thickening, yet a mild amount of residual stasis or soft foreign matter was noted. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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

A large amount of abdominal fat was noted in this patient.

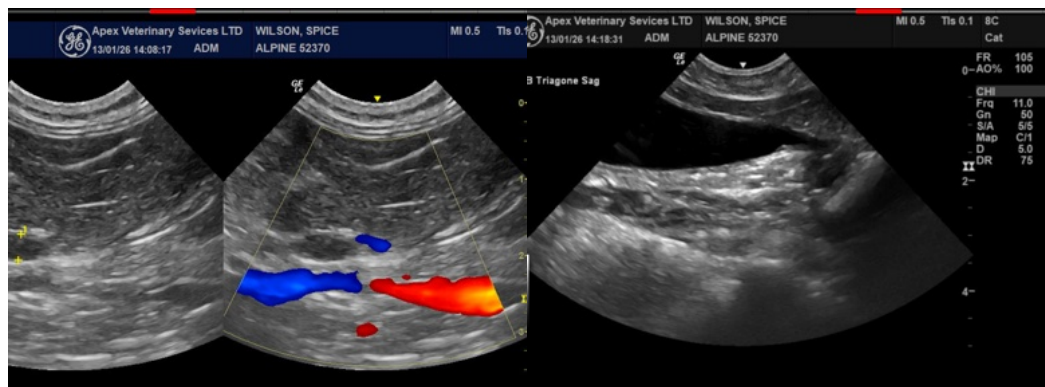
ULTRASONOGRAPHIC FINDINGS

Retention of ingesta or soft foreign matter in the stomach.

Irregular, abnormal splenic presentation. Underlying splenic neoplasia versus malformation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is indicated or direct exploratory/splenectomy. Recheck sonogram is recommended at complete n.p.o. status or direct exploratory surgery with splenectomy, gastrotomy and GI biopsies.





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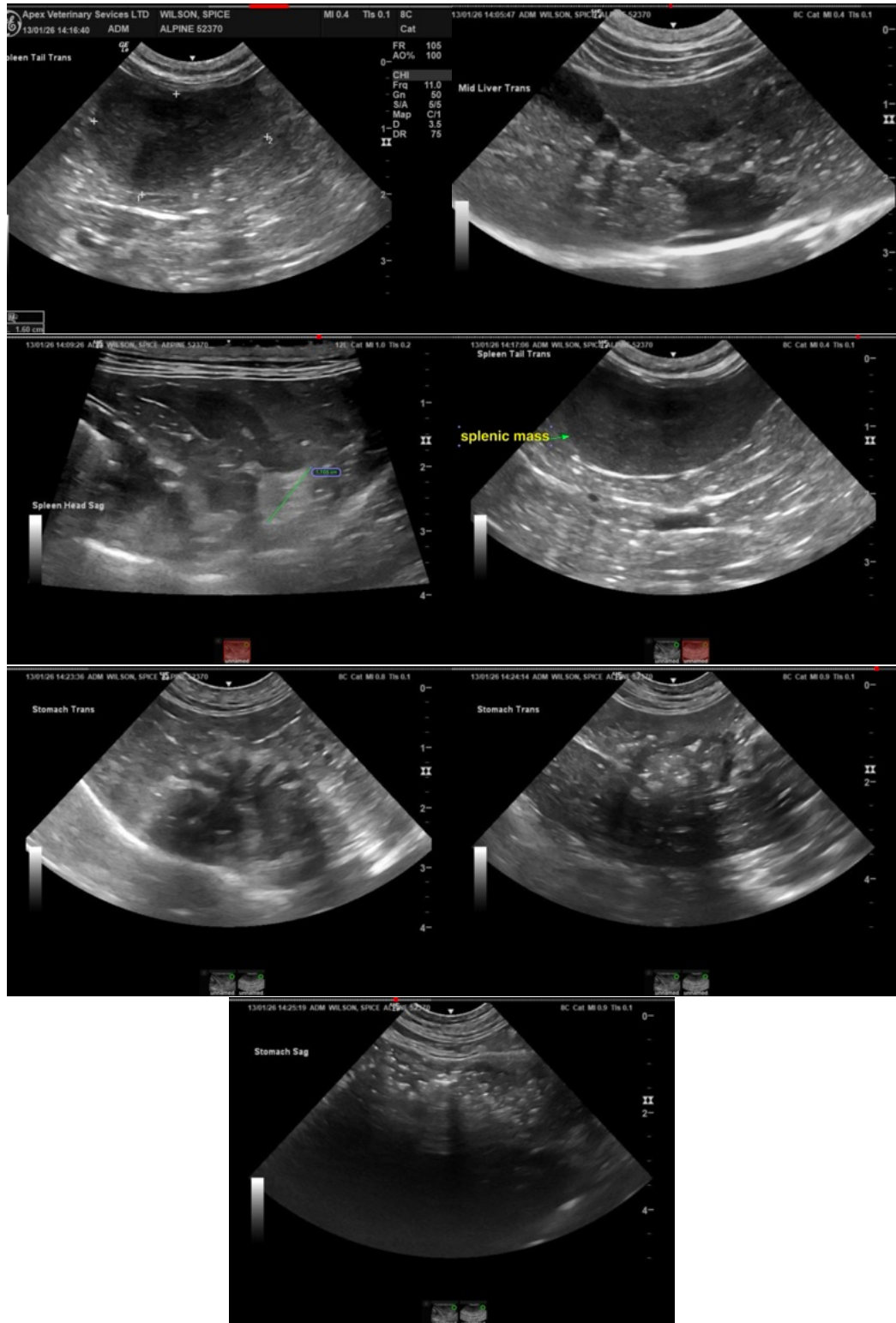
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com