



DATE PRESENTING CLINICAL SIGNS

01/17/26

Patient History: presenting for: Evaluation for anorexia and vomiting with plan for IV fluid therapy.
E/D/U/D, C/S: Owner reports Biscuit has been vomiting foamy liquid intermittently over the past 1-2 weeks, with increased frequency over the last week. Owner notes complete cessation of eating starting Monday afternoon.

PATIENT

Biscuit Rowehl

V/D: Vomiting foamy liquid for 1-2 weeks, increased over the last week. No diarrhea reported.
Onset: Vomiting began approximately 1-2 weeks ago. Anorexia started Monday afternoon prior to the visit week.

SPECIES

Feline

Medical history: No chronic conditions reported. Prior 2 visits at referring clinic this week for supportive care.
Current diet: Owner syringe-fed Hill's a/d yesterday in 4 feedings. Otherwise not eating on her own since Monday afternoon.

BREED

DSH

Other history: Owner able to syringe feed. Ultrasound scheduled at referring clinic for next Friday unless performed sooner.

SEX

Spayed Female

Current Medications: Received maropitant (Cerenia) injection at referring clinic on Wednesday. Started mirtazapine transdermal from referring clinic. SQ fluids given Wednesday.
Labwork Results: Labwork submitted. Referring clinic performed blood work this week: liver and kidney values within normal limits; pancreatic enzyme minimally increased; total T4 normal as of yesterday.

AGE

07/16/15

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: DVM requested.
Imaging Performed by: Andi Parkinson, BS, RDMS.

WEIGHT

3.72 kg

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 were 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 3.88 cm in length. The right kidney measured 3.9 cm in length.

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 0.33 cm width. The right adrenal gland measured 0.28 cm width.

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

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

HOSPITAL NAME

Mason Dixon Animal
Emergency

REFERRING VET

Dr. Moser

INVOICE

13203

thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. The spleen measured 0.67 cm width. The spleen was folded upon itself cranially (positional variant).

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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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

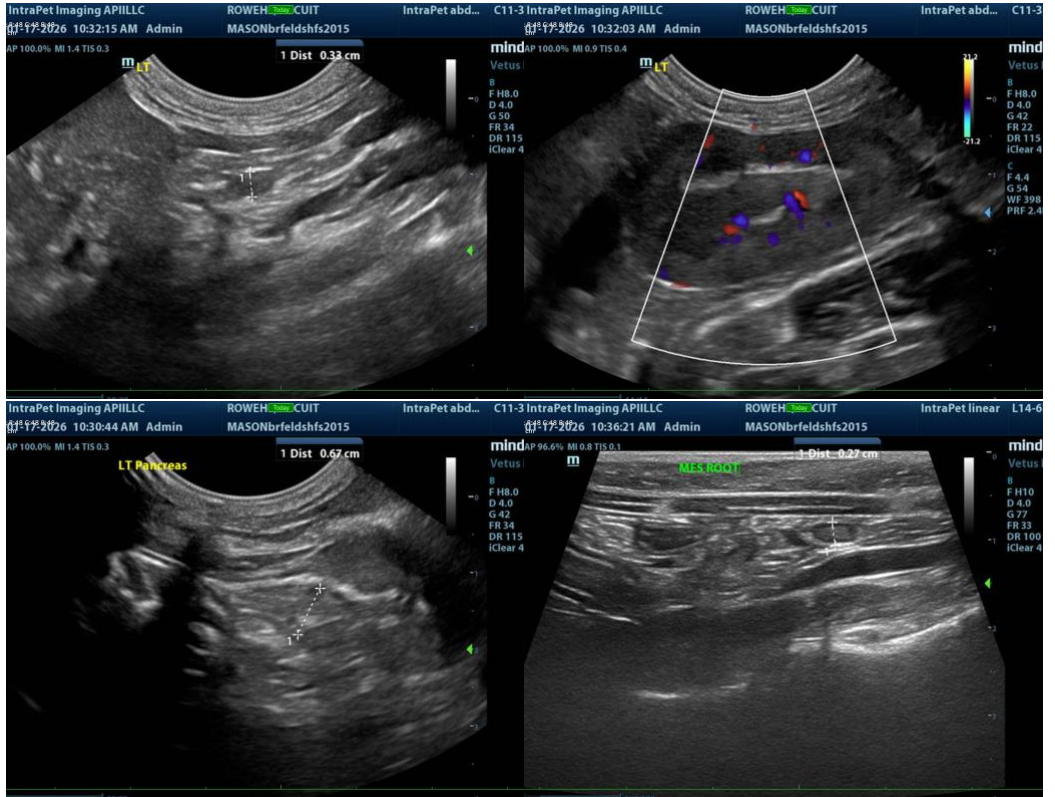
A mesenteric **lymph node** was present and essentially normal measuring 0.27 cm.

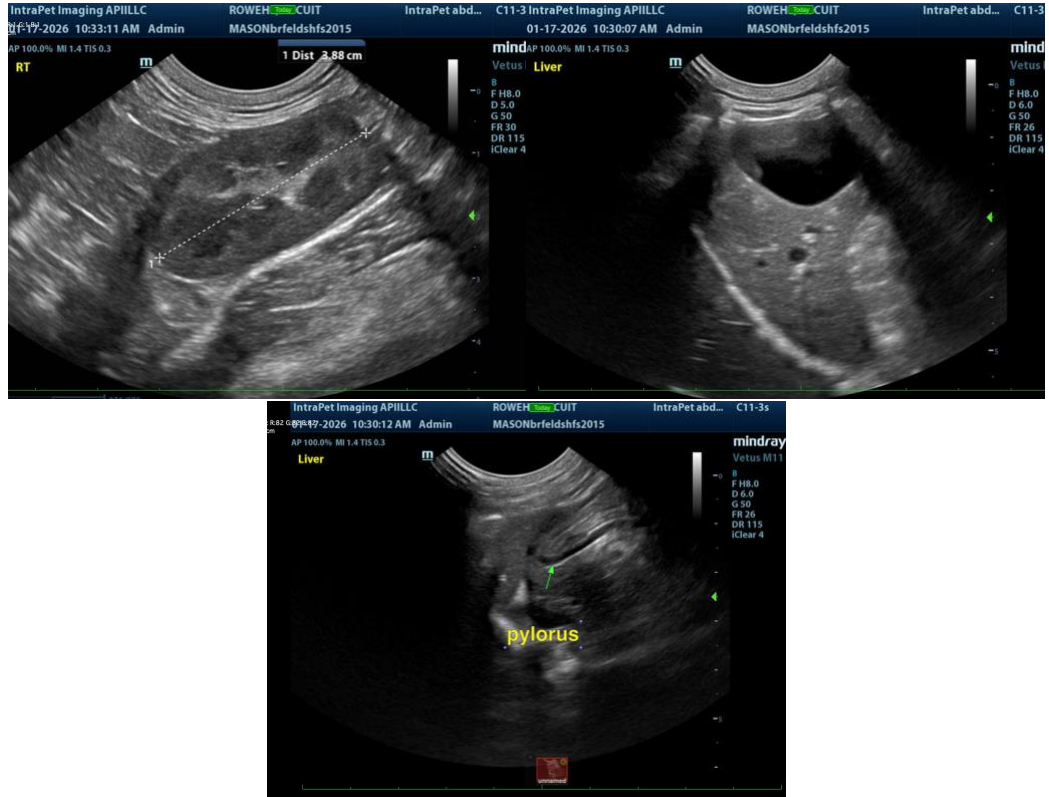
ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen.
- Mesenteric lymphadenopathy.
- Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of pathology. Dietary intolerance, occult parasitism, structurally insignificant inflammatory bowel are all potentials.





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, Owner, Founder -- SonoPath.com

info@SonoPath.com