



**DATE PRESENTING CLINICAL SIGNS**

01/31/26 Patient History: Discussed concern for primary gastrointestinal disease with emphasis on possible foreign body obstruction given history of ingesting non-food items.

**PATIENT** Discussed possibility of systemic organ dysfunction such as kidney or liver disease.

Meek Meow Abbott

Recommended initial diagnostics including abdominal radiographs and blood work (CBC, chemistry panel, electrolytes, blood proteins) plus PCV/TS to assess hydration.

Explained that abdominal ultrasound by a third-party service may be needed for further evaluation and would be earliest available tomorrow, availability not guaranteed.

**SPECIES** Recommended hospitalization based on current level of illness and dehydration.

Feline

Current Medications: None provided.

**BREED**

Labwork Results: Labwork submitted and attached.

Date of Previous IntraPet Ultrasound: No previous.

DLH

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested.

**SEX**

Imaging Performed by: Andi Parkinson, BS, RDMS.

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

**Urinary System**

6/8/20

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of suspended debris and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

**WEIGHT**

2.98 kg

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 4.26 cm in length. The right kidney measured 4.0 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency

The left **adrenal gland** was 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 0.32 cm width.

**REFERRING VET**

Dr. McCarty

The **right adrenal gland** was not definitively visualized.

**Spleen**

**INVOICE**

13485

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 were 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.

### ***Gastrointestinal***

The **gastrointestinal tract** was largely unremarkable with a minor amount of intestinal thickening with areas of slight loss of mural detail particularly in the distal ileum. The stomach was empty other than a minor amount of excessive fundic gas.

### ***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.

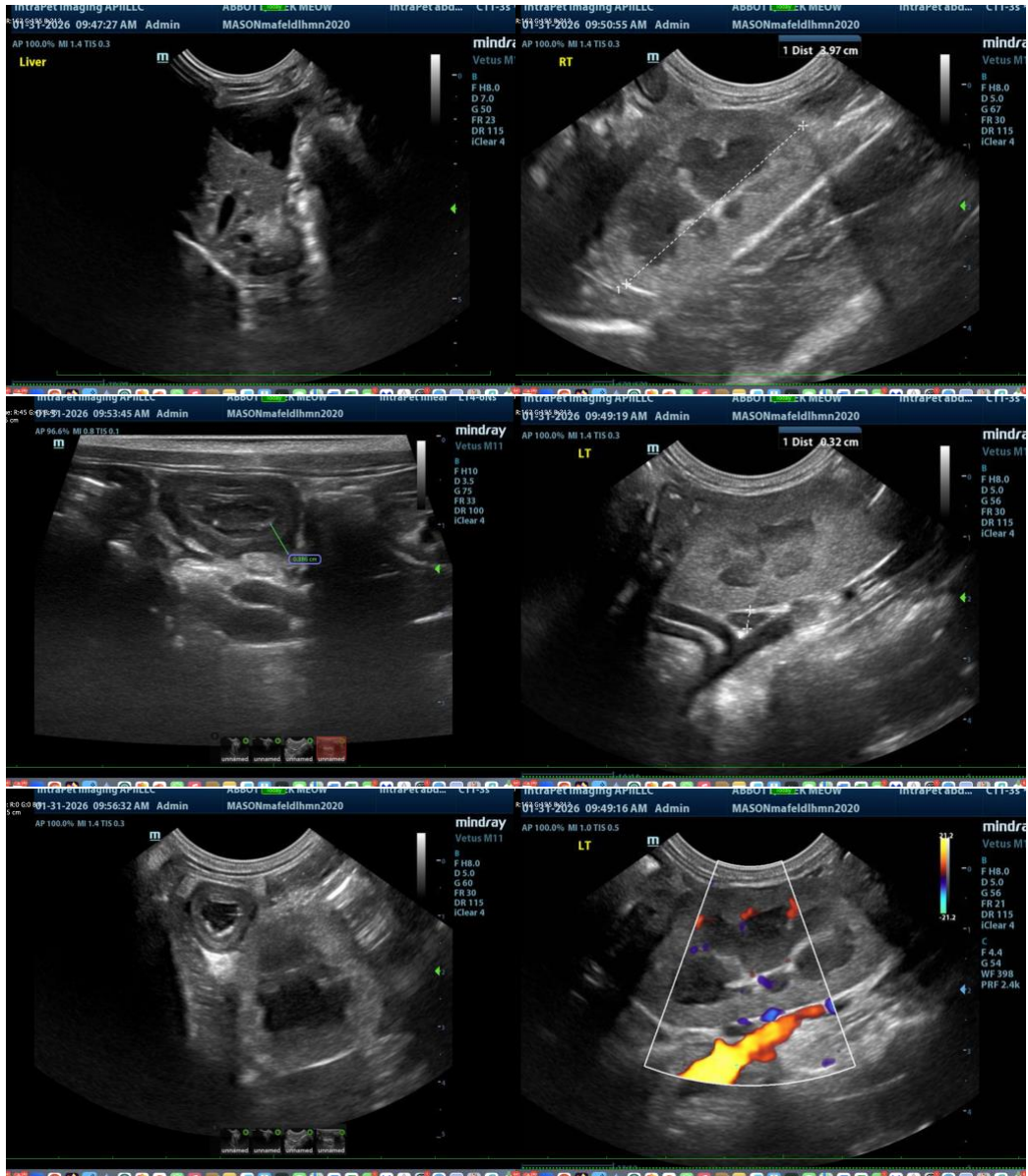
## **ULTRASONOGRAPHIC FINDINGS**

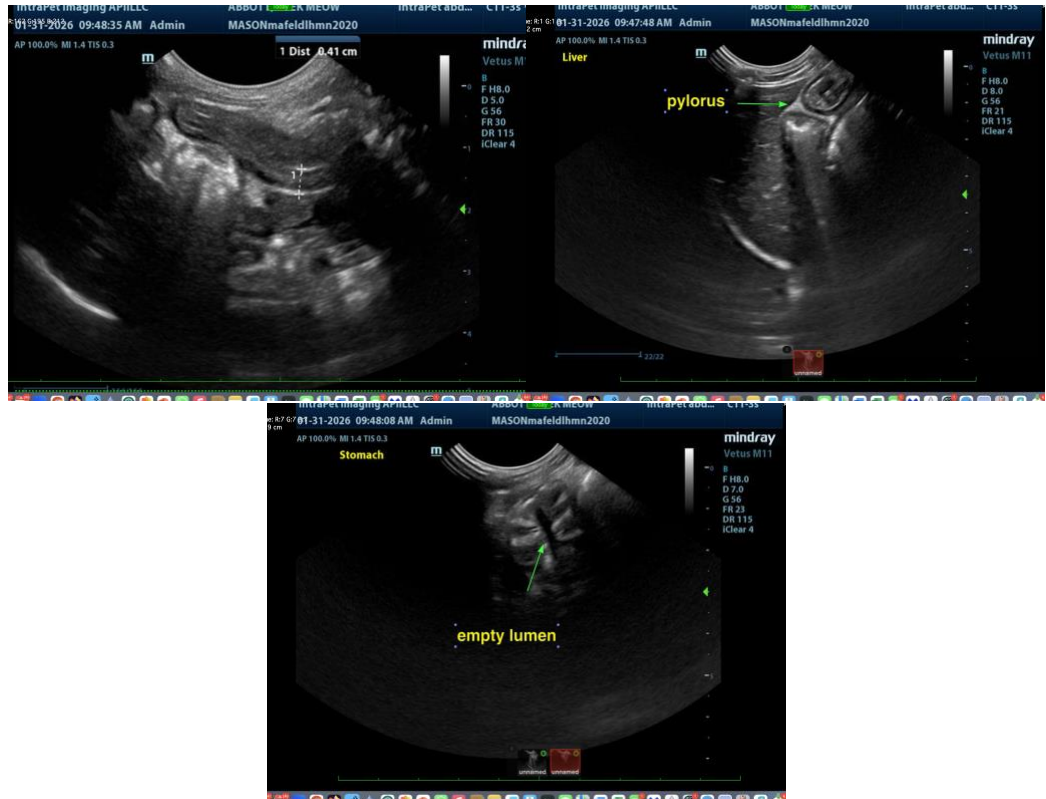
- Minor intestinal thickening- nonspecific and should be monitored as this may represent a pre-neoplastic state. Inflammatory bowel is likely, however, emerging round cell neoplasia or occult dry form FIP are all potentials in this patient.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full thickness GI biopsies would be necessary with intraoperative ultrasound guidance ideally for further definition. Medical management for gastrointestinal insult, food intolerance and parasitic disease all are valid in this patient. Recheck sonogram in 7-10 days to assess for any progression or regression.







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.

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