



PATIENT

Mickey Steinmeier

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

2 Years

WEIGHT

4.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Sarah Moser

INVOICE

35195

DATE

1/4/25

PRESENTING CLINICAL SIGNS

History: Presented to HAEC on 1/3/26 for history of acute vomiting, hypersalivation and clear mucoid diarrhea since 1/1/26. Was seen at outside ER/clinic on 1/1/26 where abdominal radiographs (reportedly unremarkable, but could not rule out gastric foreign body) were performed and patient was administered SQ fluids and sent home with gabapentin, ondansetron, proivale and metronidazole. A complete abdominal ultrasound was recommended if no improvement seen with supportive care. Gassy small intestines on palpation, comfortable Clear gel-like substance in kennel (r/o diarrhea vs hypersalivation) Approximately 5-6% dehydrated.

Abnormal PE/Chem/CBC/UA Results: CBC: Neutrophils 15.10 (H), Eosinophils 0.0 (L) Chem: Glucose 288 (H), TP 10.6 (H), Globulins EPOC: Bicarb 14.6, pH 7.237, BE -12.8, Na 145, BUN 35, Glu 292

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The iliac lymph nodes were unremarkable.

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 4.4 cm. The left kidney measured 3.6 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 0.4 cm. The right adrenal gland measured 0.4 cm.

Spleen

The **spleen** was mildly enlarged (1.4 cm) with slight scalloping contour. FNA is indicated.

Liver

The **liver** was largely normal. Minor increased gallbladder wall echogenicity was noted.

Gastrointestinal

The **stomach** presented a minor amount of stasis and some minor shadowing gastric fundic material, measuring approximately 1.5 – 2.0 cm. This may represent hair density. Some residual chyme or tissue density was noted in the stomach. Power doppler assessment of the luminal gastric material is indicated to ensure this is not tissue proliferation. The duodenum and small intestine appeared to be empty. Minor areas of stasis were noted in the small intestine without evident foreign body. The



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descending colon revealed significant concentric mural thickening, with wall thickness measuring up to 1.2 cm. Some loss of mural detail 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.

ULTRASONOGRAPHIC FINDINGS

- Chronic colitis pattern with gastric delayed outflow and areas of regional intestinal dysfunction- Differentials include moderate to severe colitis, emerging round cell neoplasia, such as mast cell disease or lymphoma, or dry form FIP is also a potential. There is no evidence of foreign matter.
- Mildly enlarged spleen
- Minor increased gallbladder wall echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend 12-hour NPO, IV fluid support, and GI protectants. Recheck sonogram primarily of the upper gastrointestinal tract with power doppler assessment upon the luminal material. Colonoscopy with appropriate biopsies would be ideal. Ultrasound guided FNA of the colonic wall could be considered, however, may not allow for adequate recovery of diagnostic cells. I recommend a fresh fecal smear and fecal floatation analysis.





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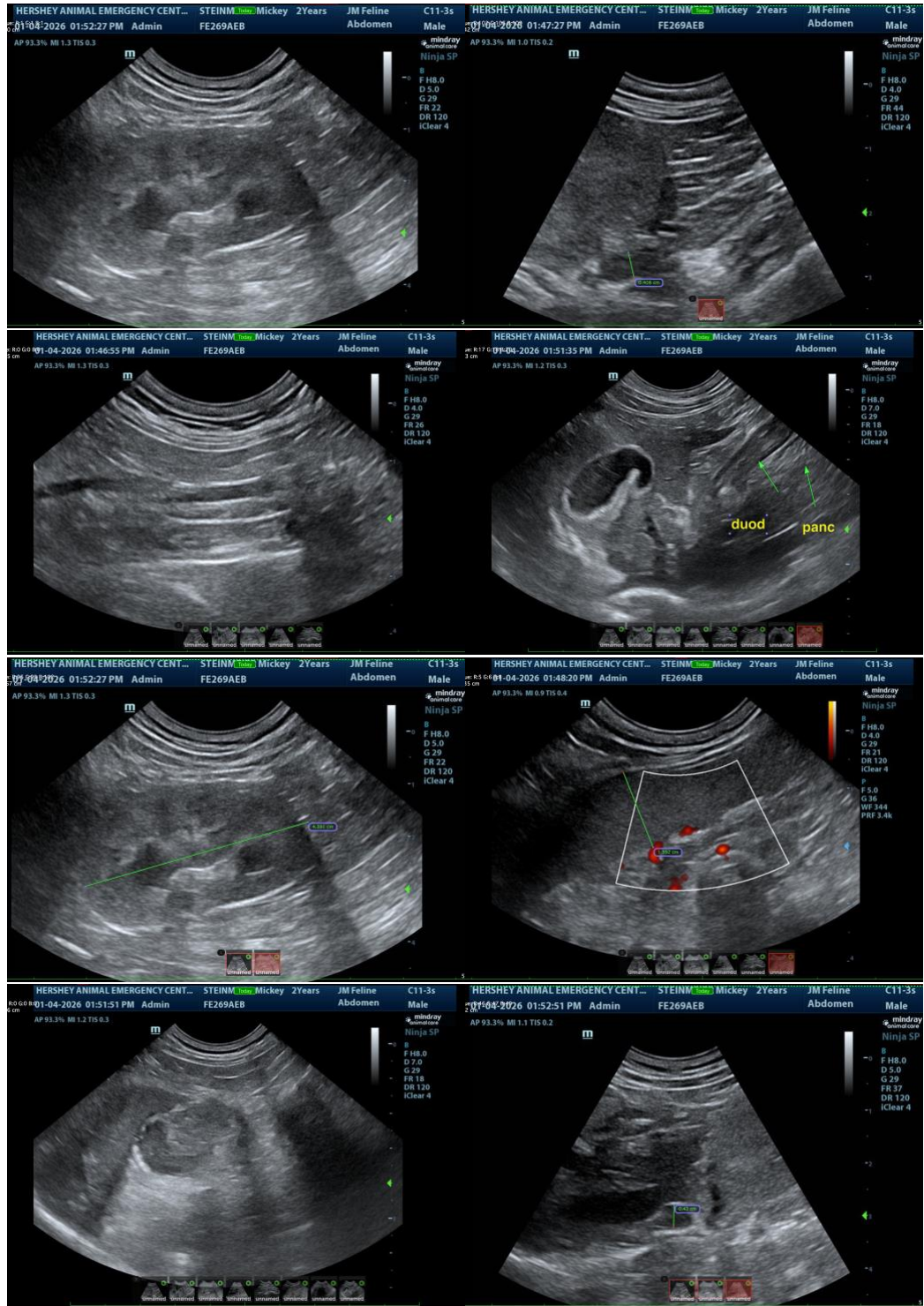
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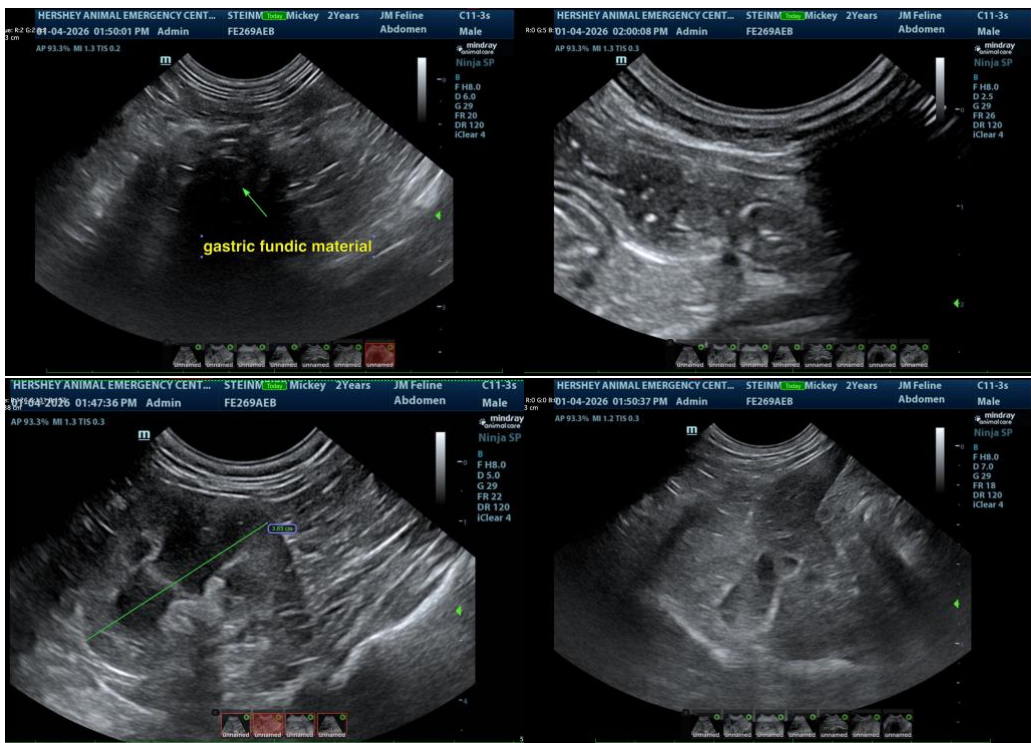
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com