



## PATIENT

Mickey Steinmeier

## SPECIES

Feline

## BREED

DLH

## SEX

Neutered Male

## AGE

2 Years

## WEIGHT

4.86 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey AEC

## REFERRING VET

Dr. Lydia Coogan

## INVOICE

35223

## DATE

1/5/26

## 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, proviable and metronidazole Repeat fasted AUS.

Abnormal PE/Chem/CBC/UA Results: EENT/oral: very pale pink hypersalivating mm, crt 2-3s H/L: No m/a, weak pulses, clear lung sounds, eupneic, tachycardic 1/3: 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 1/4 Day: EPOC: Na 147 L, Glu 174 H, BE -5.5 L PCV/TS: 35/8.0 BP: 144 Sonopath AUS 1/4/26 1/5 EPOC Glu 143.

## 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 **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 4.4 cm. The right kidney measured 4.5 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 0.5 cm. The right adrenal gland measured 0.4 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 were noted.

### *Liver*

The **liver** revealed slight increased portal markings. The gallbladder revealed minor echogenic wall, appears to be stable.

### *Gastrointestinal*

The **stomach** was empty. The caudal abdomen revealed some reactive mesentery associated with the distal small intestine. Some residual inflammation is likely. The colon revealed a minor amount of stool.



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## Pancreas

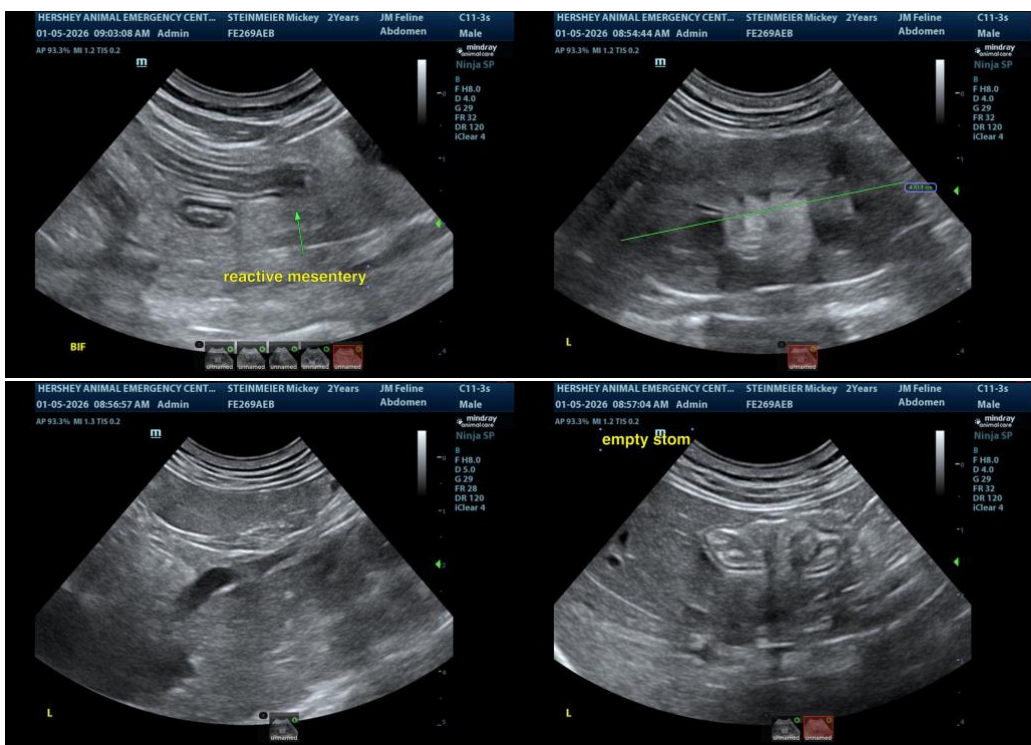
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Resolving enteritis
- Reactive mesentery
- Slight increased portal markings in the liver
- Minor echogenic gallbladder wall, appears stable

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign bodies or obstruction. Continual supportive care is warranted. Diet trial should be utilized.





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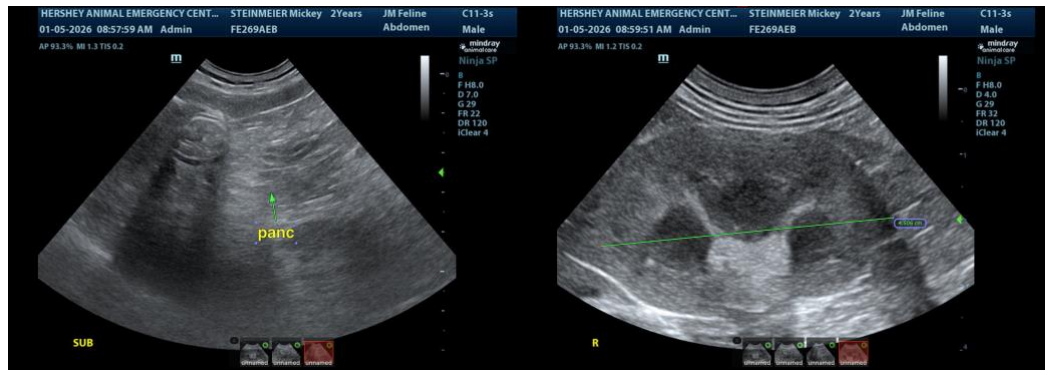
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,  
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