


DATE PRESENTING CLINICAL SIGNS

11/16/25

PATIENT

Shaggy Duggan

Patient History: Presenting for vomiting and diarrhea of 24-36 hr duration. Vomitus is clear liquid. Diarrhea is liquid that is now turning clear. Patient is becoming increasingly lethargic and is not eating. Typically highly food motivated. Patient is known for chewing on non-food items. O also recently switched wet food and the other cat in the home is having loose stools as well.

SPECIES

Feline

Current Medications: N/A.

Labwork Results: Labwork not submitted.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: DKT required to complete full diagnostic ultrasound.

Stat Report: DVM requested.

BREED

DSH

Imaging Performed by: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX

Intact Male

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.

AGE

5/16/25

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 3.26 cm. The left kidney measured 3.3 cm.

WEIGHT

3 kg

INTERPRETED BY
Eric Lindquist, DMV,
DABVP, Cert. IVUSS
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 right adrenal gland measured 0.34 cm. The left adrenal gland measured 0.26 cm.

HOSPITAL NAME
Mason Dixon Animal
Emergency
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.

REFERRING VET

Dr. McCarty

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.

INVOICE

71851

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.

Pancreas

The **pancreas** was hypoechoic with mild undulating contour, possible low-grade inflammation.

Free Abdomen

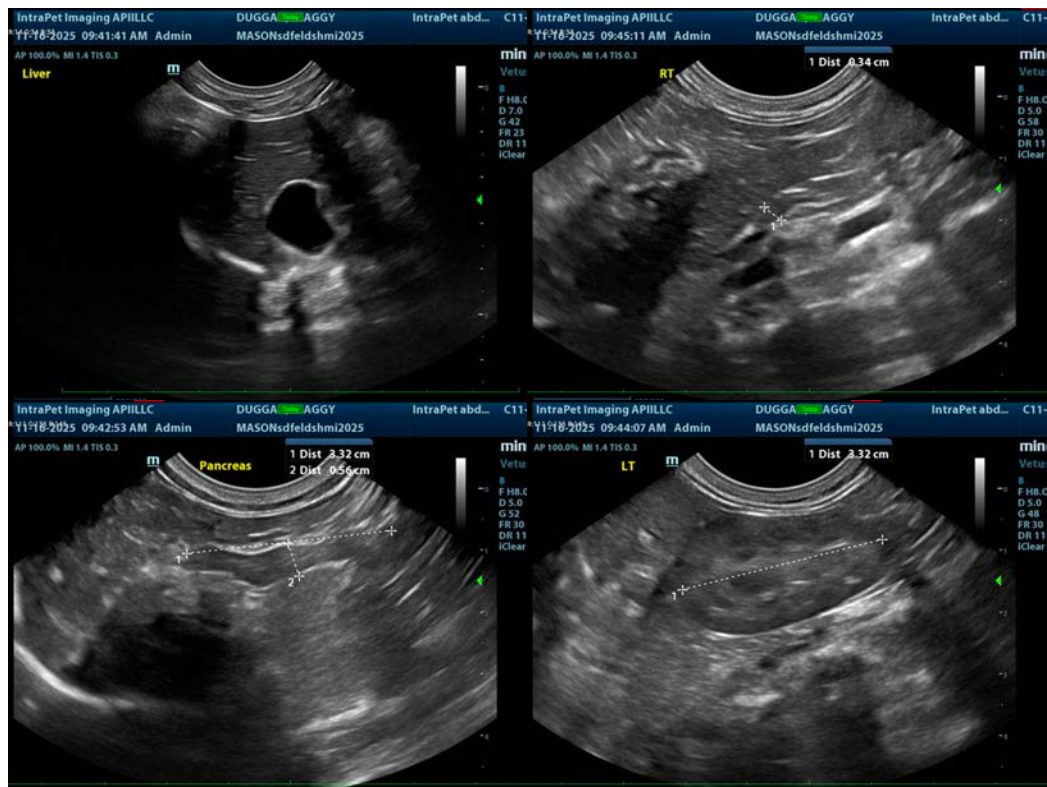
Reactive/juvenile mesenteric lymph nodes noted, measuring 2.6 cm x 0.46 cm.

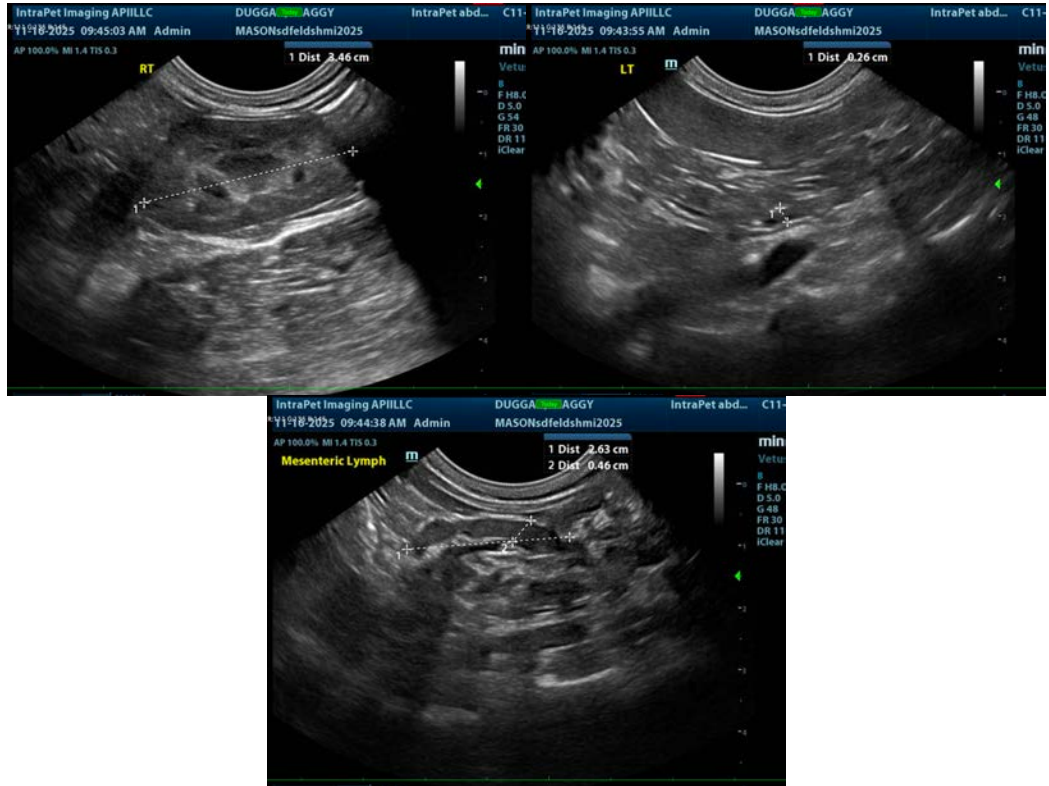
ULTRASONOGRAPHIC FINDINGS

- Prominent pancreas, possible low-grade inflammation yet changes were minor.
- Juvenile mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally unremarkable abdomen. Toxin or infectious insult suspected. No evidence of significant visceral disease.





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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