



**DATE PRESENTING CLINICAL SIGNS**

11/2/25

**PATIENT**

Steve Elizabeth

**Patient History:** presents for acute vomiting, anorexia, and weight loss. Patient History: - Vomiting for 24 hours: - Initially pink-tinged, now clear, "bubbly" liquid. - Vomiting occurs after drinking water. - Onset noted at 1 AM. - Anorexia: no interest in eating since vomiting began. - Previous similar episode: Vomited after ingesting ribbon; no current evidence of foreign body ingestion. - Weight loss observed; loss of abdominal fat, appearance now thin. - Eating behavior prior to episode normal. - No abnormalities reported in urination or defecation. - Past radiographs: previously performed; no obvious foreign material detected.

**SPECIES**

Feline

**Current Medications:** Maropitant Citrate injection, Ondansetron, Oral Buprenorphine.

**BREED**

DSH

**Labwork Results:** Labwork submitted and attached. Abdominal radiographs 2 view stomach moderately gas dilated, no obvious freeing material or obstructive pattern seen.

**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.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

11/1/14

**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.

**WEIGHT**

10.4 lbs

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 3.76 cm. The right kidney measured 3.89 cm.

**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 0.48 cm. The left adrenal gland measured 0.42 cm.

**HOSPITAL NAME**

Animal Emergency  
Hospital

**Spleen**

The **spleen** presented a hyperechoic lipid plaque measuring 0.49 cm. Unremarkable spleen otherwise.

**REFERRING VET**

Dr. Ruby

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Multifocal intrahepatic biliary calculi noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**INVOICE**

71505

### ***Gastrointestinal***

The upper **gastrointestinal tract** revealed minor gastroenteritis presentation with luminal intestinal fluid without pathology. The distal small intestine/jejunal region revealed a 1.5 cm x 1.0 cm uniformly isoechoic structure within the lumen. The luminal structure did not appear to have any power doppler signal, which would suggest possible foreign body or well differentiated epithelial tumor. Appears resectable. The ileocecal junction revealed no evident pathology. The colon revealed normal stool consistency.

### ***Pancreas***

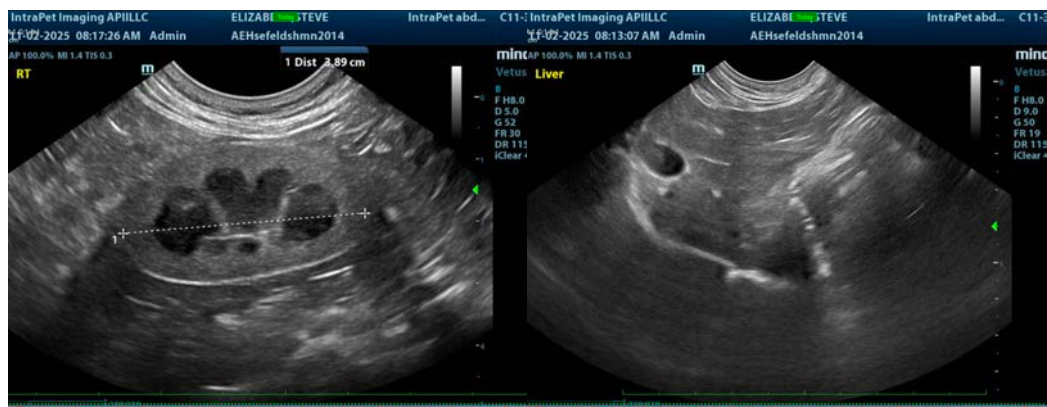
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

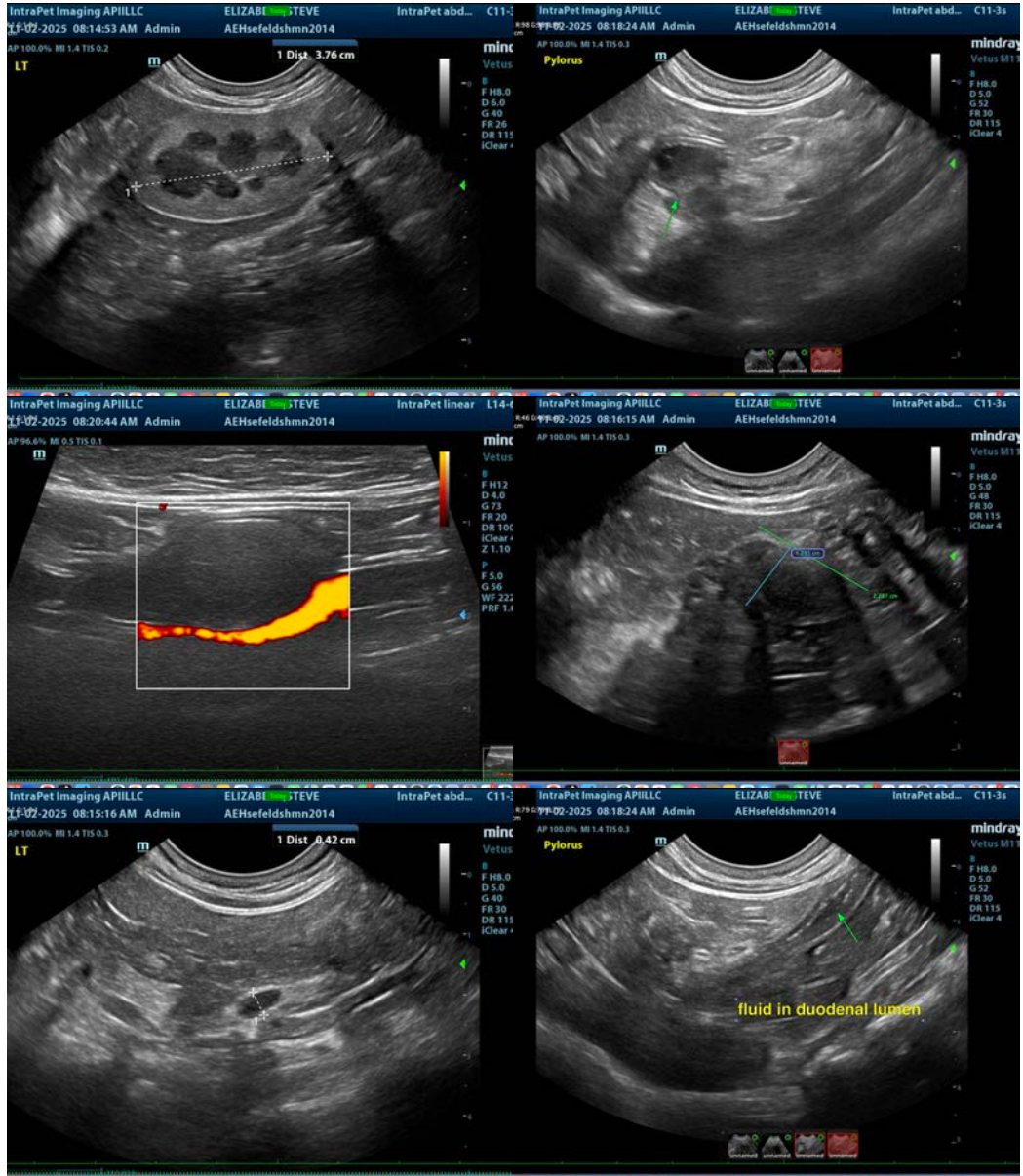
### **ULTRASONOGRAPHIC FINDINGS**

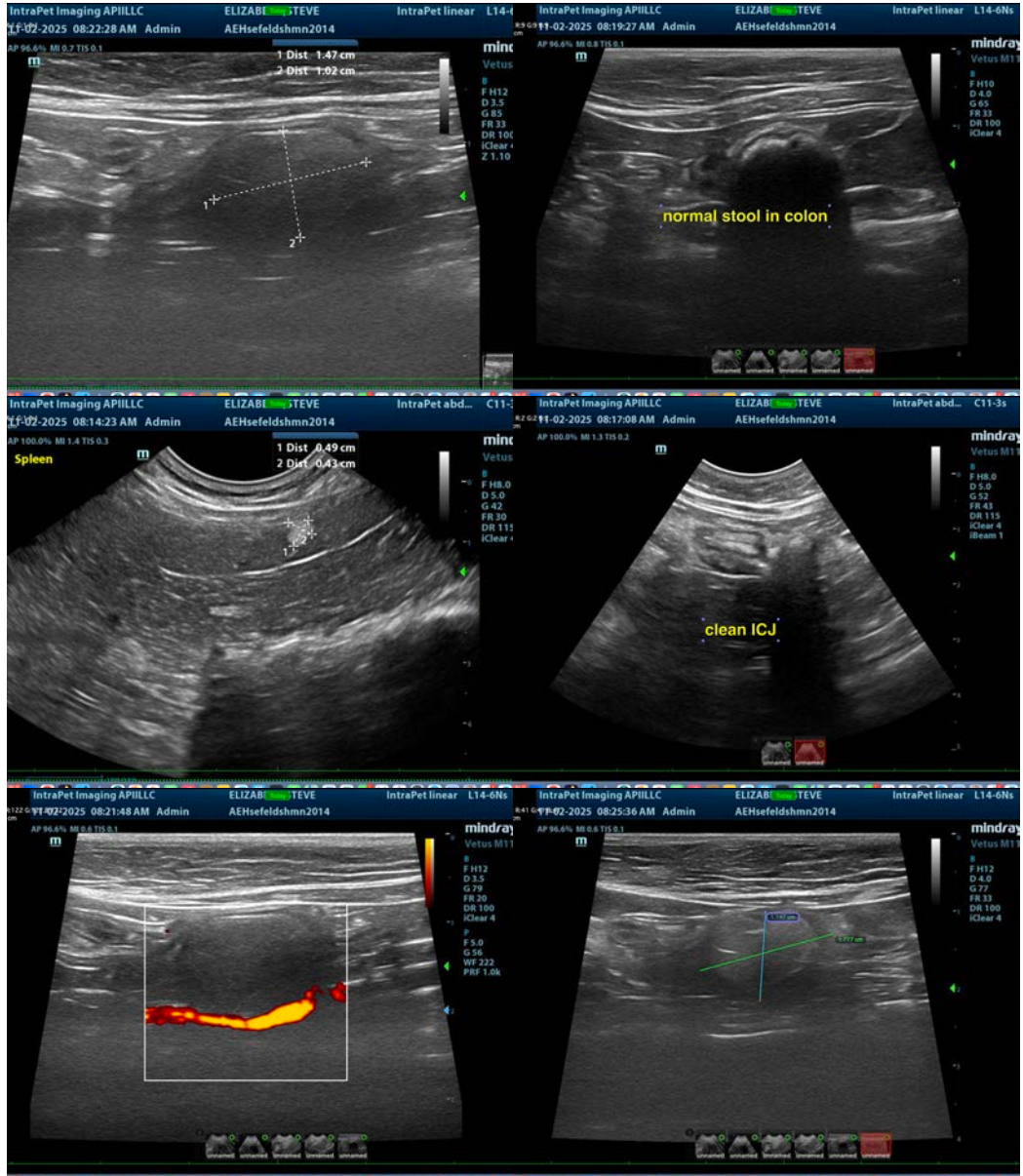
- Jejunal structure – possible embedded foreign body or focal mass.
- Hyperechoic lipid plaque on the spleen.
- Age related hepatic and pancreatic changes.
- Non-obstructive biliary calculi and minor gallbladder debris.

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

Recommend surgical intervention with expectations towards enterotomy or resection and anastomosis of approximately 4-5 cm of intestine. Prognosis is guarded depending upon histopathology. Liver biopsy would be ideal at time of surgery.







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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