



PATIENT

Fitzgerald Falango

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

6.84 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kari Wilson, DVM

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Kari Wilson, DVM

INVOICE

72086

DATE

11/26/25

PRESENTING CLINICAL SIGNS

Fitzgerald is a 13 YO MN Domestic Shorthair who was presented for loss of appetite and vomiting since this morning. Patient has vomited multiple times throughout the day. He had loose stool today as well. He has not eaten since last night. He was seen here two weeks ago and treated for presumptive UTI (unable to obtain urine sample at that time). Clavamox was finished two days ago and he did well on the antibiotic. He has been overgrooming for the past two weeks.

Abnormal PE/Chem/CBC/UA Results: CBC: lymph 0.48 EPOC: K+ 3.3, Ca++ 1.20, BG 159 FPLi: normal

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 were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.4 cm. The right kidney measured 4.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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** 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

Examination of the **gastrointestinal tract** revealed minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Minor muscularis hypertrophy noted in the pyloric outflow. Variable



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small intestinal thickening noted without loss of mural detail. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was fluid-filled.

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

Pancreas

The **pancreas** was hypoechoic with mild duct dilation.

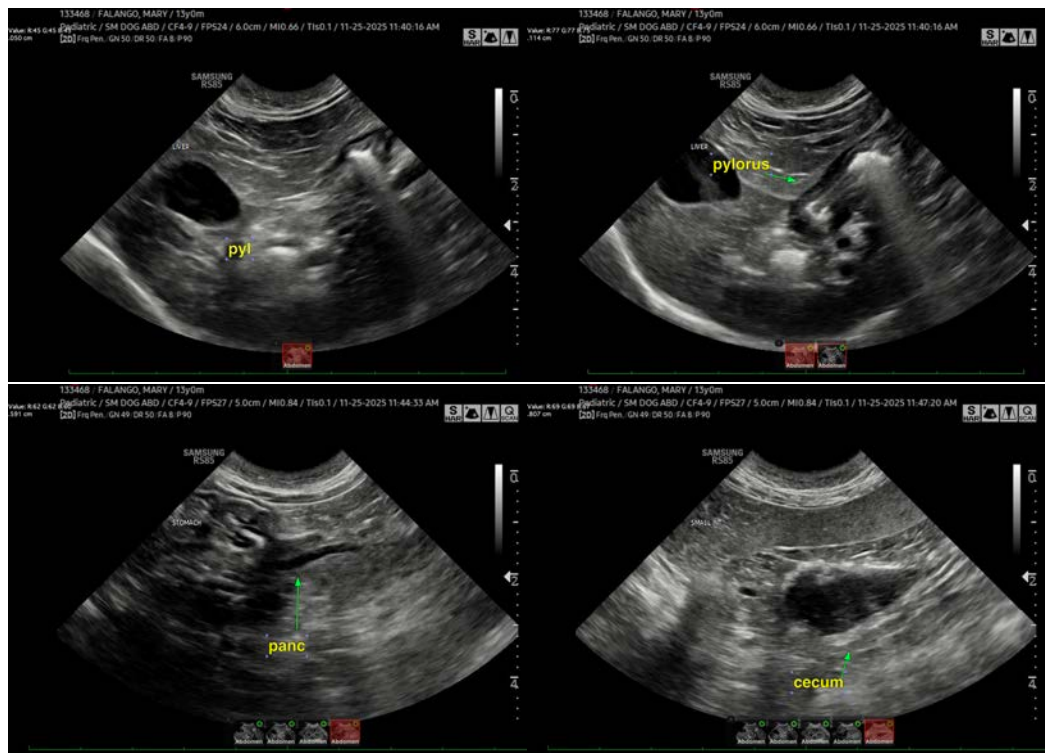
ULTRASONOGRAPHIC FINDINGS

- Non-specific acute on chronic gastroenteritis pattern with reactive mesenteric lymph nodes.
- Hypoechoic pancreas with mild duct dilation.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism are all potentials.

Full thickness GI and lymph node biopsies would be ideal if clinical signs persist. No neoplastic criteria present. However, I cannot rule out a pre-neoplastic state.





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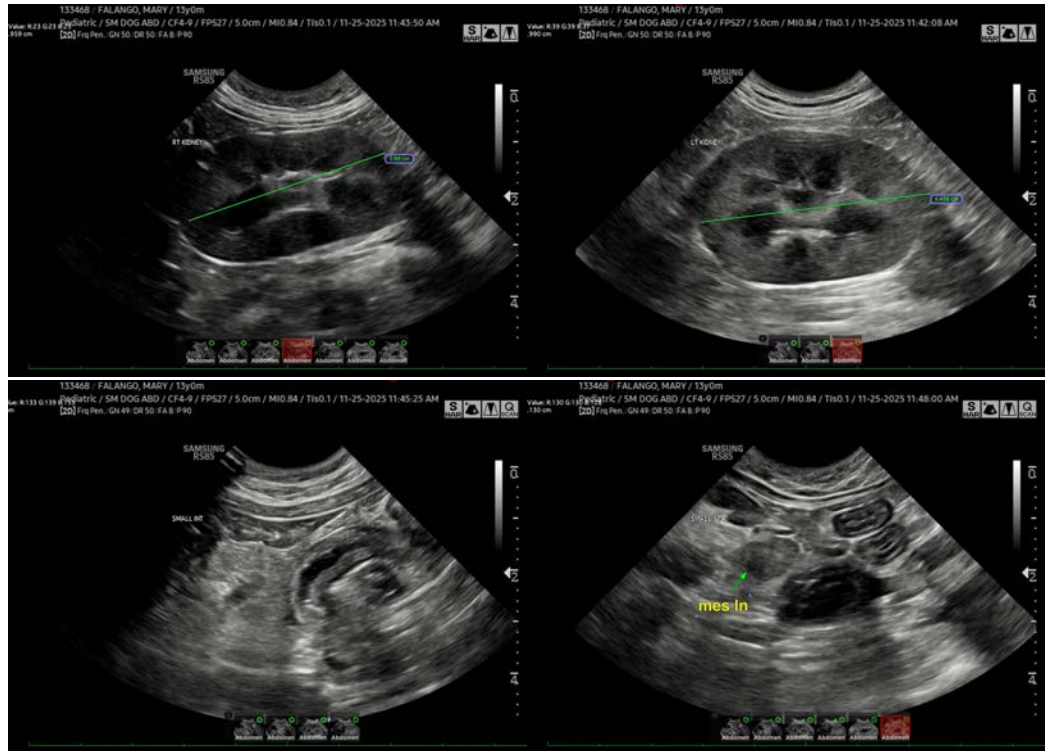
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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