



PATIENT

Simba Macarthus

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

6 Months

WEIGHT

1.37

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassandra Van
Nieuwal, DVM

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Cassandra Van
Nieuwal, DVM

INVOICE

72229

DATE

12/1/25

PRESENTING CLINICAL SIGNS

Patient presented for evaluation after Owner states that patient is not eating today and seemed to be slowly declining yesterday. Diarrhea for several weeks and vomited on arrival. Very weak.

Abnormal PE/Chem/CBC/UA Results: pO₂ 63.5 O₂SAT 87.8 pCO₂ 34.7 HCO₃-act 14.6 mTCO₂ 14.2 pH 7.231 BE(ecf) -13.0 Na⁺ 146 K⁺ 2.8 Cl⁻ 124 Ca⁺⁺ 0.68 AGapK 12 Lact 2.39 BUN 32 Crea 0.56 Glu 237 Hct 27 ALP 98

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 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. Left kidney measured 3.0 cm. Right kidney measured 3.0 cm.

Adrenal Glands

The **left adrenal gland** was 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. Left adrenal gland measured 0.30 cm.

The region of the **right adrenal gland** was 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.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. Soft stool noted in the colon.

Pancreas

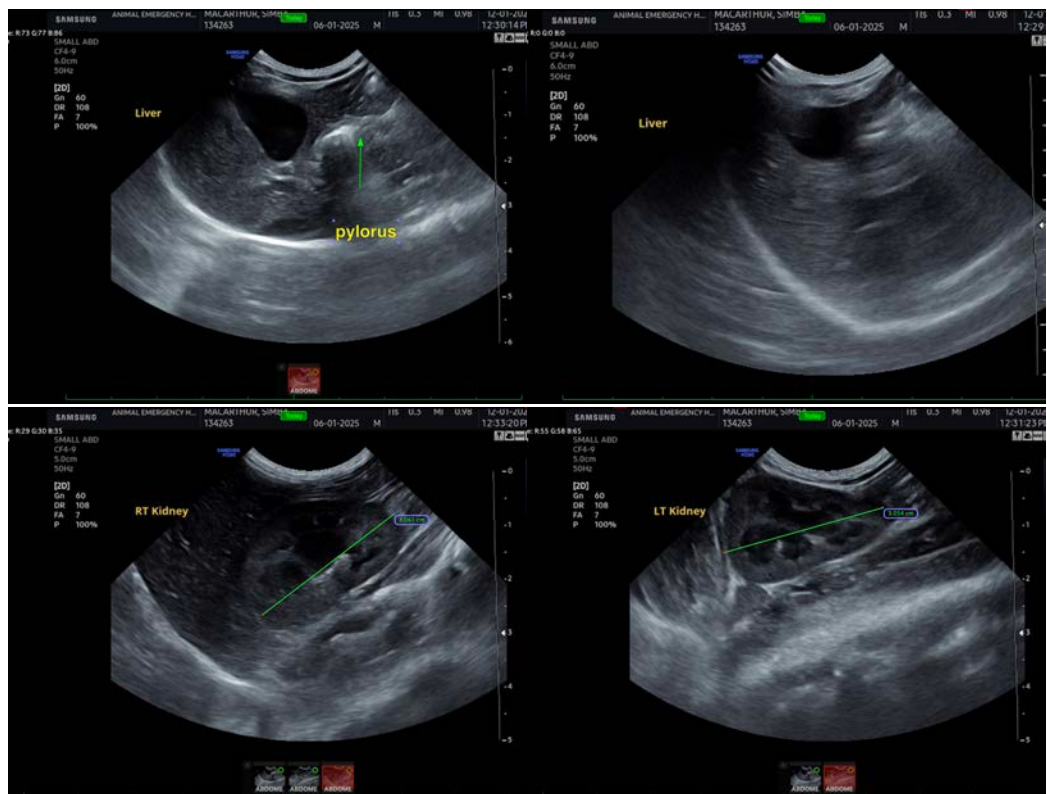
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect enterotoxins, viral, or parasitic disease. No other evidence of visceral pathology to explain the clinical signs. Supportive care for GI upset/enterotoxins should prove effective.





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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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