

PATIENT

Skuttles Lovato

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

12 Years 2 Months

WEIGHT

9.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Paws Wings & Scales
Animal Hospital

REFERRING VET

Dr. Stancel

INVOICE

72571

DATE

12/15/25

PRESENTING CLINICAL SIGNS

FUO, Loss of Appetite Pet has been diabetic for few years. Developed DKA on 12/2 (Resolved) Low K+ (resolved) Current Medications: Glargine , Baytril, Mirataz, Vetoquinol Renal K+

Abnormal PE/Chem/CBC/UA Results: ALT 255 WBC 21.6 Mon 0.1 Neutro 16.78

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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. Slight pyelectasia noted in both kidneys. Left kidney measured 3.85 cm. Right kidney measured 4.26 cm.

Adrenal Glands

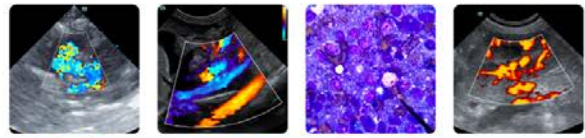
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measured 0.49 cm. Right measure 0.40 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** 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. 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.



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Gastrointestinal

Some slightly shadowing luminal material was noted in the **stomach**, consistent with minor hairball type density or post-prandial presentation. No overt peristalsis noted. Minor variable areas of intestinal thickening noted and reactive mesentery.

Pancreas

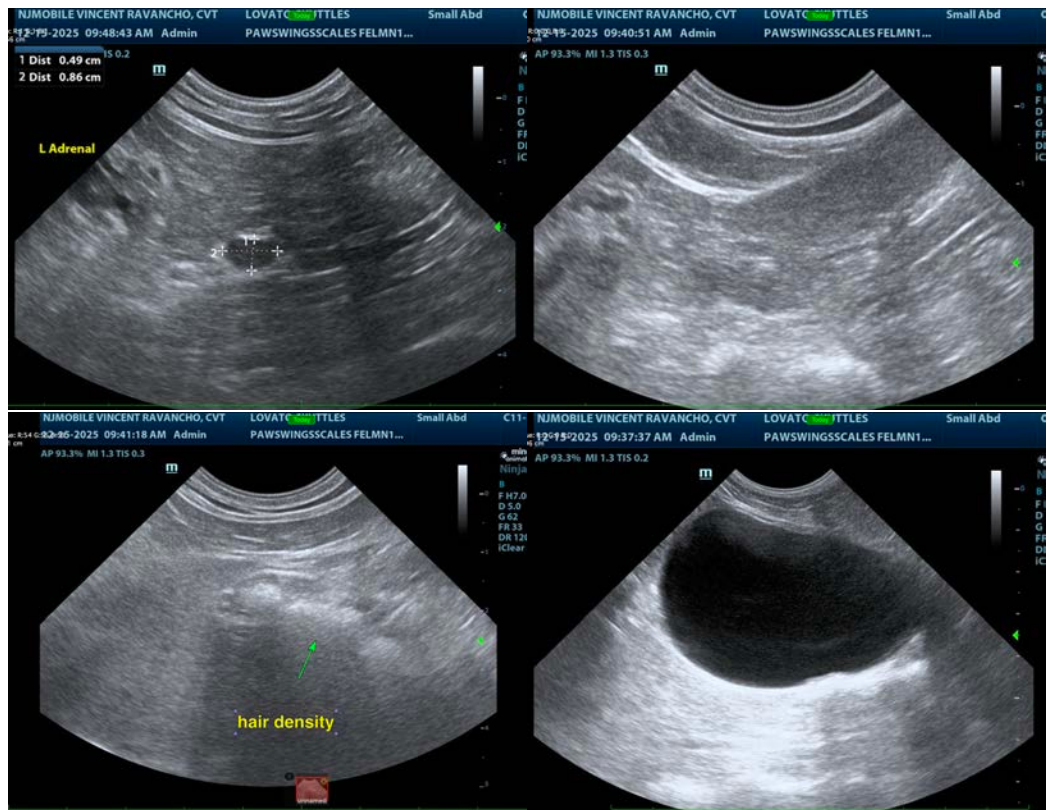
The **pancreas** revealed minor heterogeneous hypoechoic irregular parenchyma suggestive for pancreatitis.

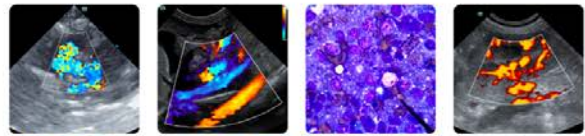
ULTRASONOGRAPHIC FINDINGS

- Enteritis and pancreatitis pattern with possible hairball in stomach.
- Slight reactive mesenteric lymph nodes.
- Slight renal pyelectasia.
- Age related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No neoplastic criteria noted in this patient. Urine culture indicated. IV fluid support and management for pancreatic and intestinal inflammation recommended. Note that some level of pancreatitis is likely playing a role in the diabetic dysregulation, yet no evidence of neoplasia present.





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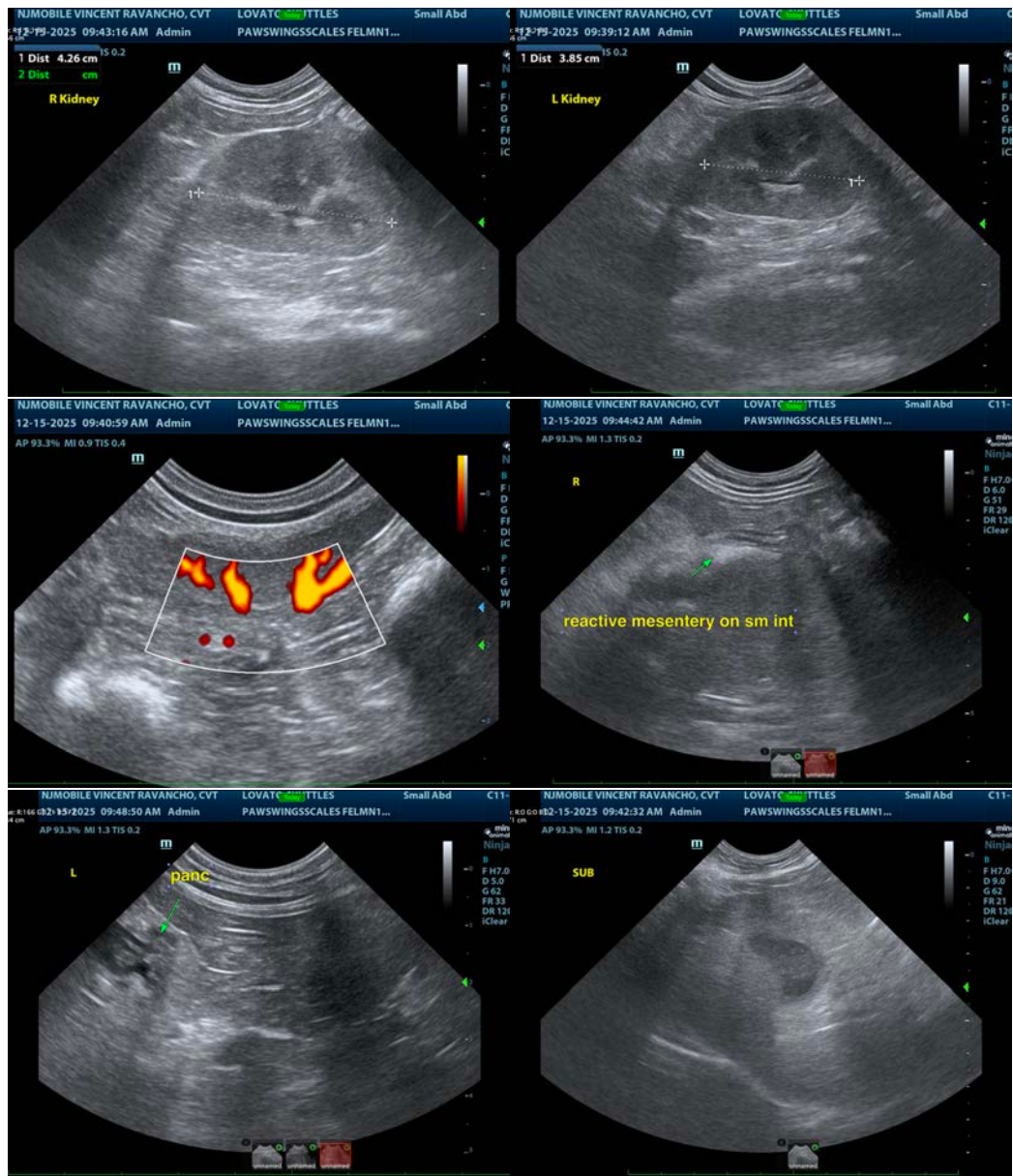
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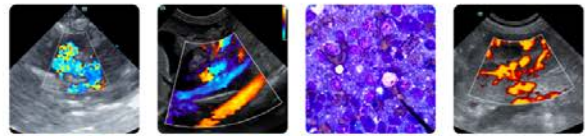
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com