



PATIENT

Athena Bowersox

SPECIES

Feline

BREED

Bengal

SEX

Spayed female

AGE

10 ½ years

WEIGHT

4.89 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Shonts

INVOICE

69577

DATE

12/25/25

PRESENTING CLINICAL SIGNS

History: *seen on 12/22 for anorexia, lethargy, and vomiting. history of having a dental procedure with one extraction on 12/9. post op dental was on antibiotic and onsior. previous health history of occasional v+, high calcium ~2 years ago, explored possible causes - NSF. 12/22 given sq fluids and cerenia injection. outpatient treatment with sucralfate and to feed bland diet. to recheck if continued concerns. represented 12/13 for anorexia, nausea, and diarrhea. admitted for supportive care; iv fluids w/ KCl, cerenia, buprenorphine, ondansetron, pantoprazole, unasyn, mirataz transdermal. NG tube was placed prior to ultrasound. 75 ml of brown fluid aspirated. *concern for Pancreatitis - r/o acute pancreatitis, chronic pancreatitis - Cranial abdominal discomfort - r/o pancreatitis-related pain, gastritis - Constant licking behavior during oral exam - r/o oral discomfort, behavioral response, nausea 12/22 epoc: glucose 151 H 12/23 epoc: pH 7.454 H, ica ++ 1.20 L, glu 142 H 12/23 rads: Stomach empty; fluid filled small intestines consistent with likely ileus; gas and small amt stool in colon. Left kidney appears possibly smaller than right - r/o angle of beam artefact 12/24 cbc: WNL 12/24 check fPL: 11.8 abnormal 12/24 repeat rads: Gastric distension noted on abdominal palpation and radiographs 12/24 PE: constant licking when oral exam attempted, no obvious oral pathology identified; Tense with cranial abdominal discomfort noted, patient curled in ball making palpation difficult

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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.55 cm. The right kidney measured 4.0 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. The left adrenal gland measured 0.5 cm and the right adrenal gland measured 0.5 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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was 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

The **stomach** in this patient presented mild gastric wall thickening with fluid filled lumen. This is consistent with gastritis, potential toxin or toxin exposure. Static GI tract was noted with empty small intestine.

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

Gastritis pattern with gastric ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mild potential for emerging gastric neoplasia. Enterotoxin or toxin exposure should be considered. GI protocol, IV fluid support and eventual slurry feeding is indicated with a recheck sonogram in 48-72 hours.



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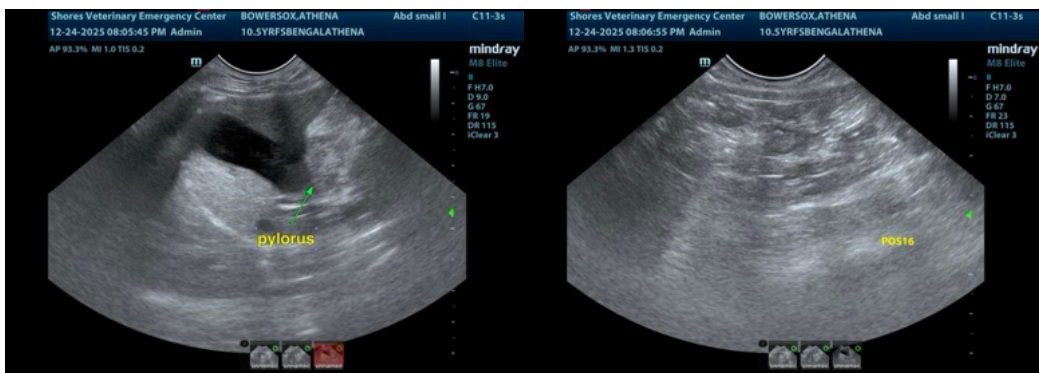
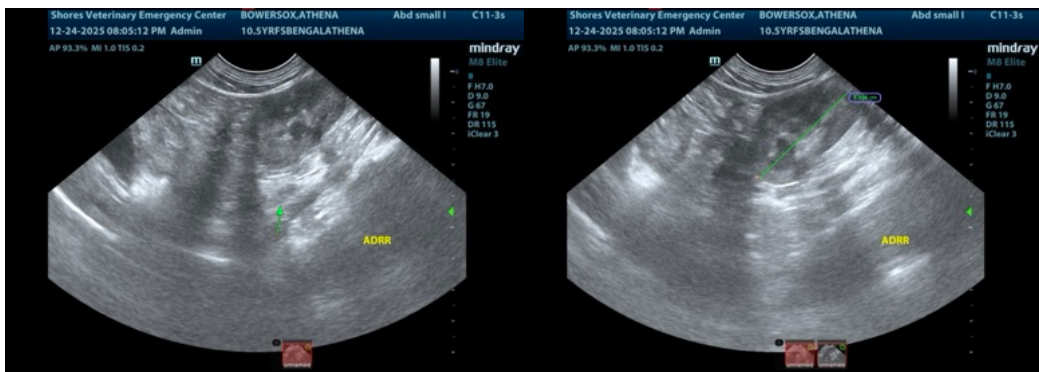
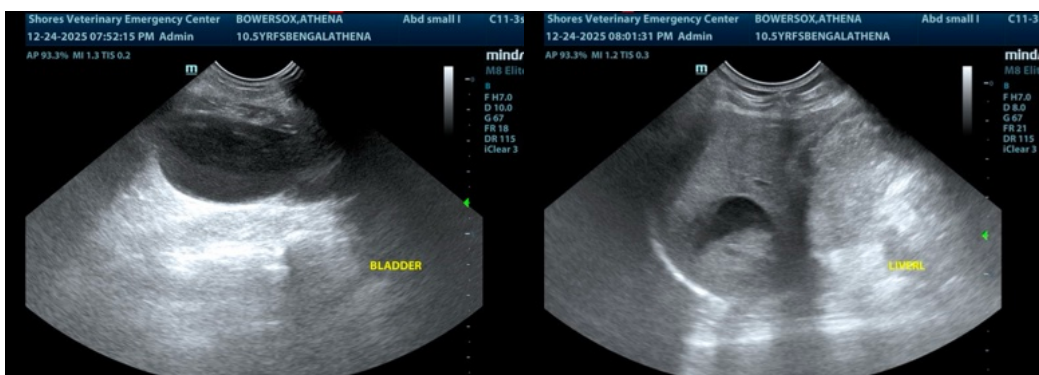
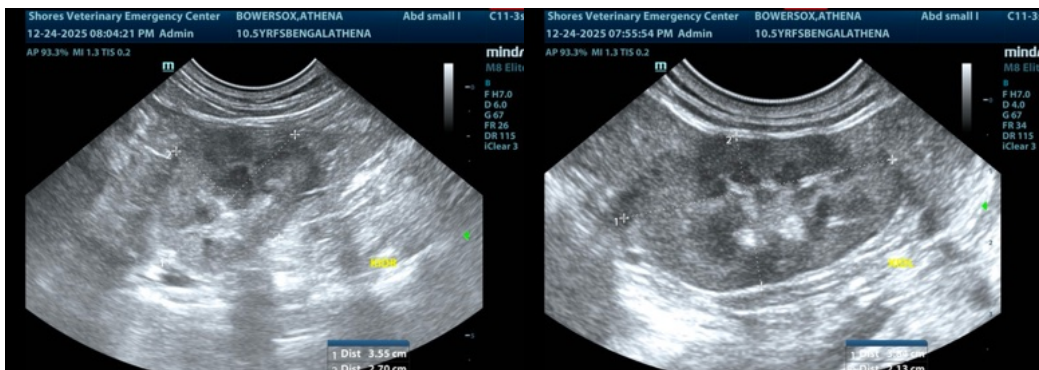
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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