



## PATIENT

Mugsy Dremmel

## SPECIES

Feline

## BREED

Domestic Longhair

## SEX

Neutered male

## AGE

8 years

## WEIGHT

12.4 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Seth Edgar

## HOSPITAL NAME

Overpeck Creek AH

## REFERRING VET

Dr. Edgar

## INVOICE

71148

## DATE

2/2/26

## PRESENTING CLINICAL SIGNS

- Mugsy is an 8 year old NM DSH Mix presented for continued loss of appetite. Initially, this began on 1/22/26 following a dental procedure on 1/16/26 (one tooth extracted, uncomplicated anesthesia and procedure). Was rechecked on 1/24/26, which showed improvement following gabapentin and onsiar for suspected Feline Idiopathic Cystitis, though cystatin B was now slightly elevated.
- Exam on 1/24/26 revealed severe borborygmi and pain in the abdomen, along with lethargy (normally swatting at us, was calm during visit. rad from previous study and study performed that day were submitted for rad review and showed no obvious signs of obstruction, but showed possible constipation. An enema was performed in which the large stool on the colon was excreted.
- On 1/27/26, pet presented for same decrease in appetite. Recheck rads showed severe gas pattern with small stool in the transverse colon (maybe). Pet was given supportive care again with fluids, cerenia, bland diet.
- On 1/29/26, pet presented again for no improvement. CBC/Chem were performed in house and revealed NSF. Recheck for ultrasound was planned to be done next morning, but pet started to eat a little better over night so it was canceled.
- Today, pet was brought in for ultrasound and hospitalization. Fluids were given all day, mirtazapine was given, and food offered after ultrasound. Appetite remained low throughout stay.
- 1/16/26: Urine retesting was done at time of surgery and showed diluted urine, hematuria, proteinuria. 1/24/26: Bradycardia (150) and slight hypothermia (99.3) 1/29/26: PLI suspicion for pancreatitis

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 4.35 cm. The right kidney measured 4.87 cm.

### Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. Slight mineralization was noted in the left adrenal gland. The left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.36 cm.



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## *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 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*

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. The mesenteric lymph nodes were slightly reactive and measured up to 1.5 x 0.57 cm.

## *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

Irritable bowel presentation without evidence of structural disease.

Slightly reactive mesenteric lymph nodes.

Age related abdominal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease. Referred back pain may be playing a role given the patient's history.



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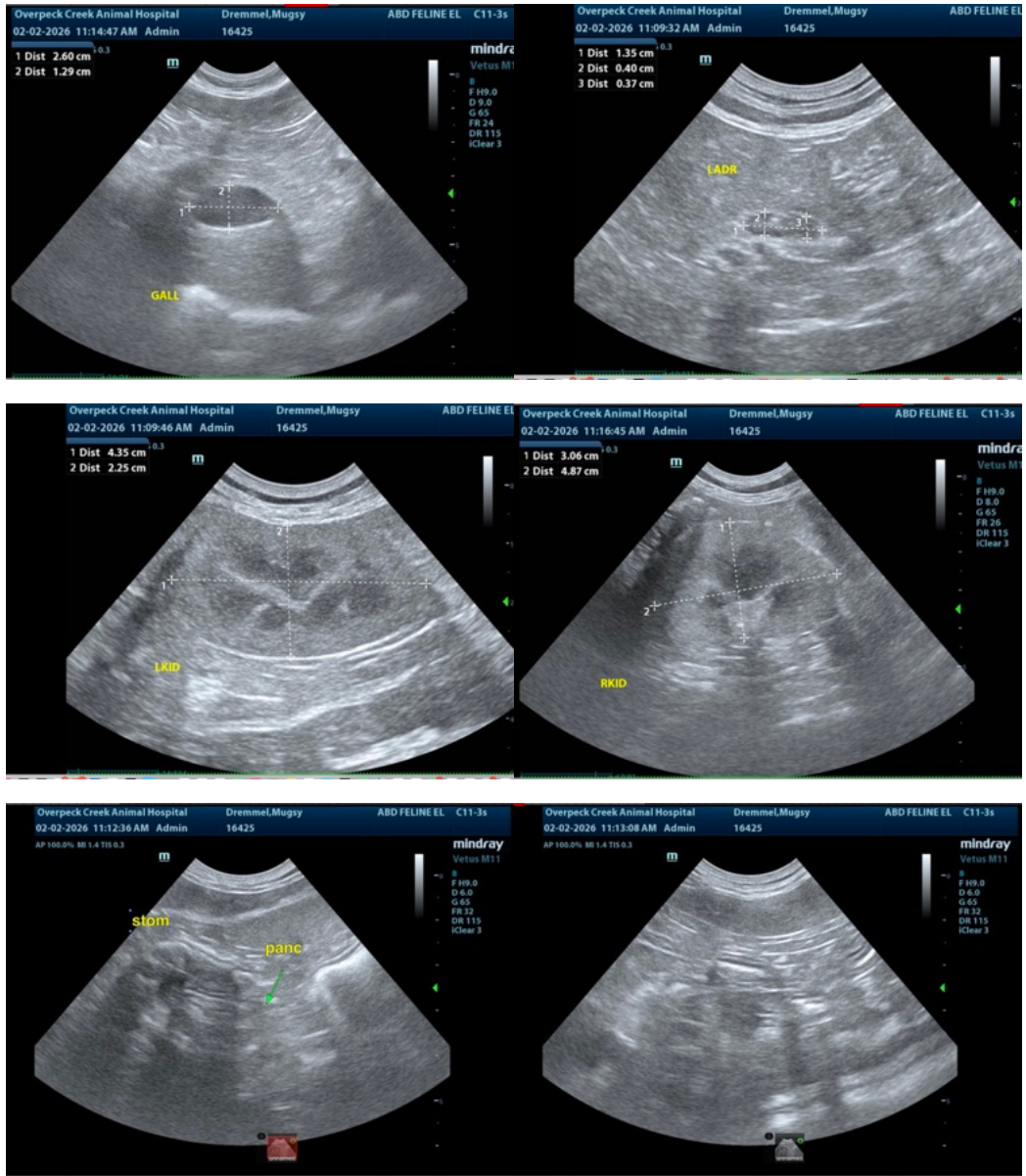
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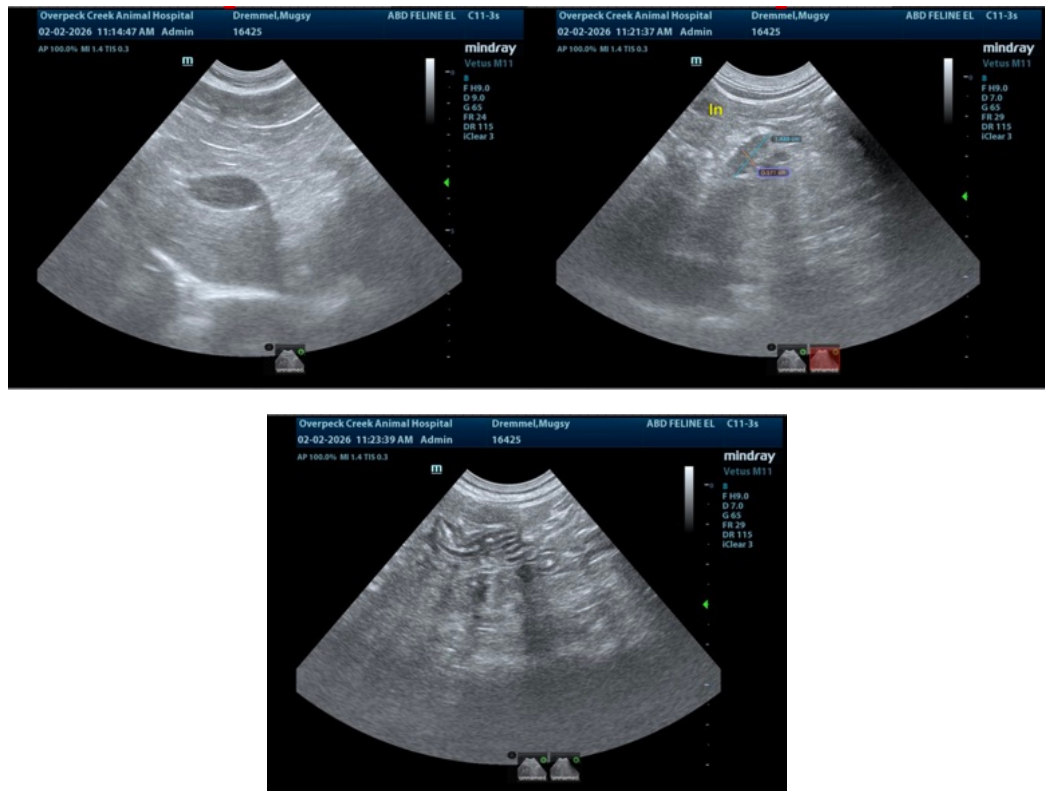
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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