



DATE

02/02/26

PRESENTING CLINICAL SIGNS

PATIENT

Stanley Jamison

Patient History: Inappetence since this evening; previously ate earlier today - Vomiting pink-tinged fluid every 30–45 minutes since ~9 pm; occasional increased blood content - Lethargic, not acting himself - Temperature reportedly normal per client - History of perineal urethrostomy (PU) for chronic urinary obstruction secondary to urolithiasis; multiple prior blockages - No recent urinary issues post-PU; previous urinary retention episodes attributed to e-collar aversion, resolved with bethanechol - 150 mL subcutaneous fluids administered by client at 11 pm

SPECIES

Feline

Current Medications: Buprenorphine, Protonix, Cerenia, Ondansetron.
Labwork Results: Labwork attached.

BREED

DSH

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SEX

Neutered Male

Imaging Performed by: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

5/1/2024

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.

WEIGHT

10.2 pounds

The **right kidney** 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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.05 cm in length.

INTERPRETED BY

Eric Lindquist, DMV,
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IVUSS

The **left kidney** revealed a slight cortical infarct and collapse in the caudal pole. The left kidney measured 3.58 cm in length.

HOSPITAL NAME

Animal Emergency
Hospital

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 0.45 cm width. The right adrenal gland measured 0.42 cm width.

REFERRING VET

Dr. Heresniak

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. The spleen measured 7.0 mm.

INVOICE

13531

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 **gastrointestinal** presentation revealed minor uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Intestinal wall thickness measured 0.23 cm. A minor amount of luminal fluid was noted.

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.

Free Abdomen

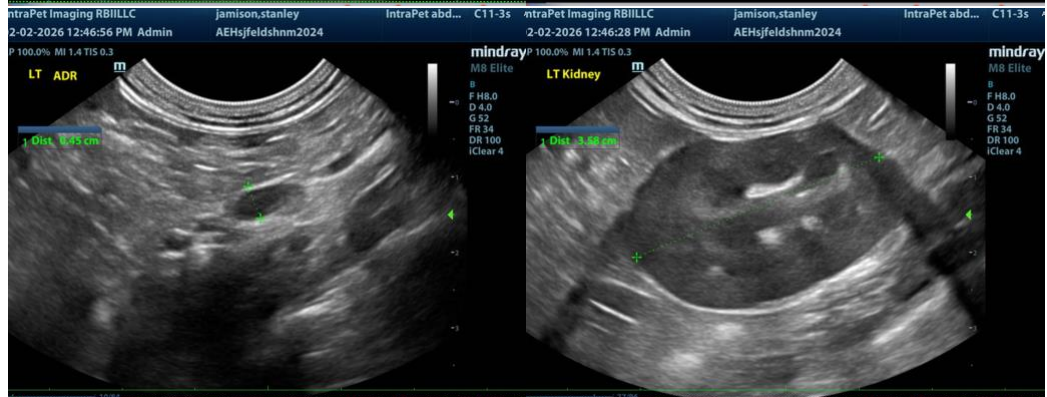
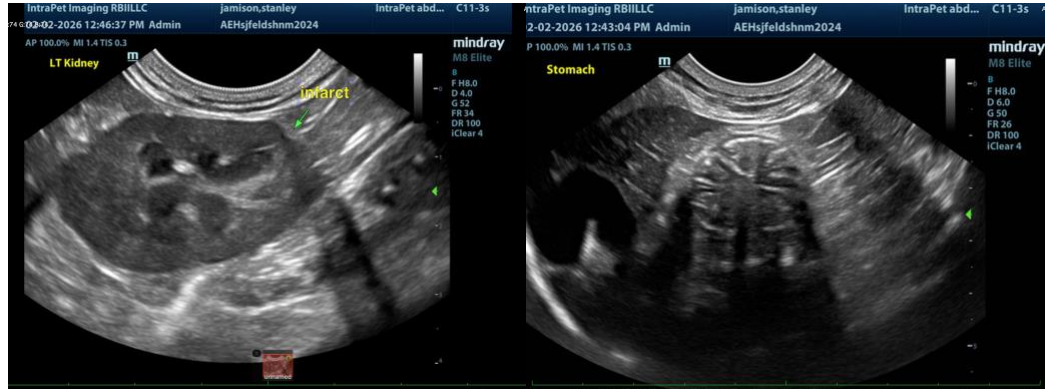
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The largest lymph node measured 0.80 cm x 0.40 cm.

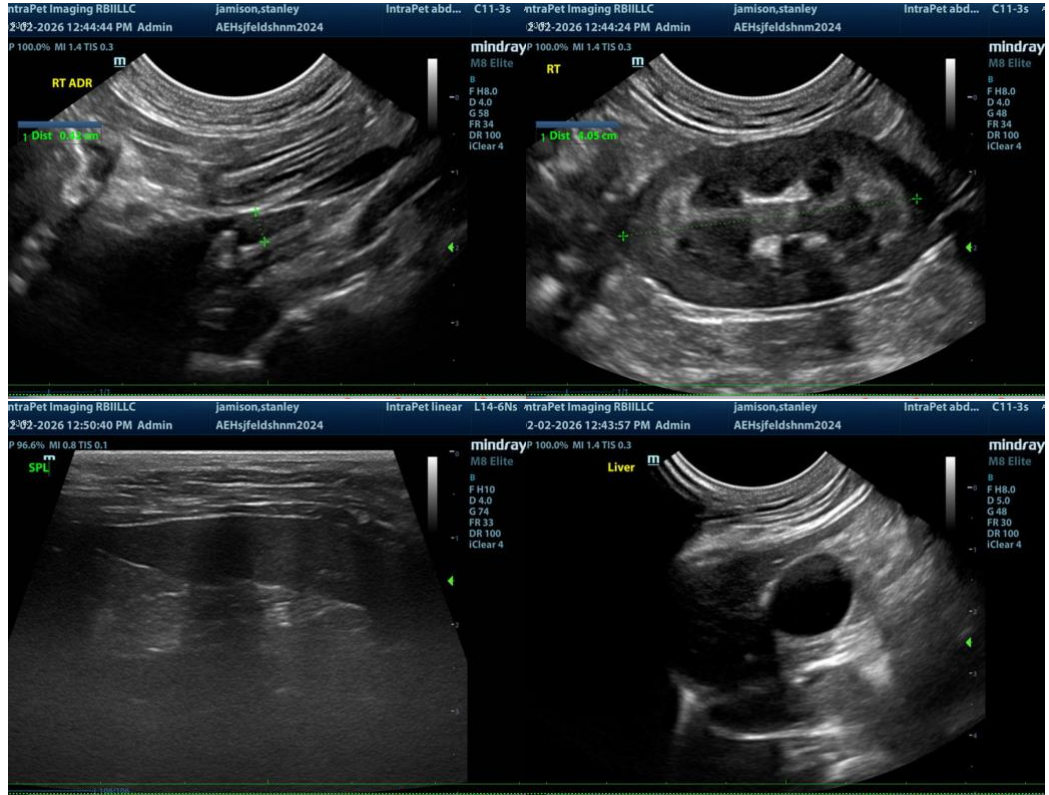
ULTRASONOGRAPHIC FINDINGS

- Minor intestinal thickening (IBD pattern)- occult parasitism, dietary intolerance/indiscretion, inflammatory bowel are all possible.
- Left kidney cortical infarct.
- Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective. No other evidence of pathology.





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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