



PATIENT

Riley Shenck

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Months

WEIGHT

5.33 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Laurie Brewer

INVOICE

73172

DATE

2/22/26

PRESENTING CLINICAL SIGNS

Has been vomiting for 5 days. 2/18 1x, 2/19 1x, 2/20 3x, 2/21 6x, 2/22 3x. Soft stool 3 times. Has had hyporexia/anorexia for 5 days. Baseline blood work done when adopted 9/2025 and ALP was 100. rdvm rx'd denosyl for 30 days. recheck liver values on 10/28/25 and ALP was 77. liver values have not been rechecked since October 2025. FeLV/FIV negative at adoption in Sept. 2025. After further discussion with owners P is known to chew on tassels of a hammock/footrest and from a bed spread. Owners have found pieces on the floor. P also scratches on carpet and pulls out the loops of carpet. P admitted for supportive care: iv fluids, cerenia, methadone. Concern for gastroenteritis, FB, gi linear FB, dietary indiscretion, FIP, toxin, other

Abnormal PE/Chem/CBC/UA Results: PE: mild pain 2/4; abd: tense/hard to palpate, R/O nervous vs abdominal discomfort; Temp 103 CBC: Normal; Chemistry: Phos 6.3 sl H, TP 5.5 L, Glob 2.7 sl dec; EPOC: Normal; fPL: 2.4 Normal rads: Stomach small but contains some fluid. Small intestines appears to have bunched focal segment caudal to mid abdomen. Fluid filled SI ventrally on lateral view. Gas and small stools in descending colon, soft stool/increased admixed gas in proximal colon.

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 3.31 cm. Right kidney measured 3.45 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 adrenal glands measured 0.40 cm each.

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



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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 minor intestinal thickening. No loss of mural detail. No evidence of foreign bodies. Slight mesenteric lymph node enlargement noted, length to width ratio was maintained, consistent with reactive nodes.

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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.

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ULTRASONOGRAPHIC FINDINGS

AGE

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- Minor intestinal thickening/enteritis pattern with reactive lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Medical management should prove effective in this patient. Differentials for diarrhea include occult parasitism, dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 8-12-hour NPO and reintroduction of bland diet indicated. I recommend a fresh fecal smear and fecal floatation analysis if not already performed. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm. Most acute cases of diarrhea will respond to probiotic therapy, fiber, and gastrointestinal diets over the next 3-5 days. Low dose Prednisolone trial may be necessary in some cases. However, this may be problematic if an occult, non-evident round cell neoplasia or similar is developing.

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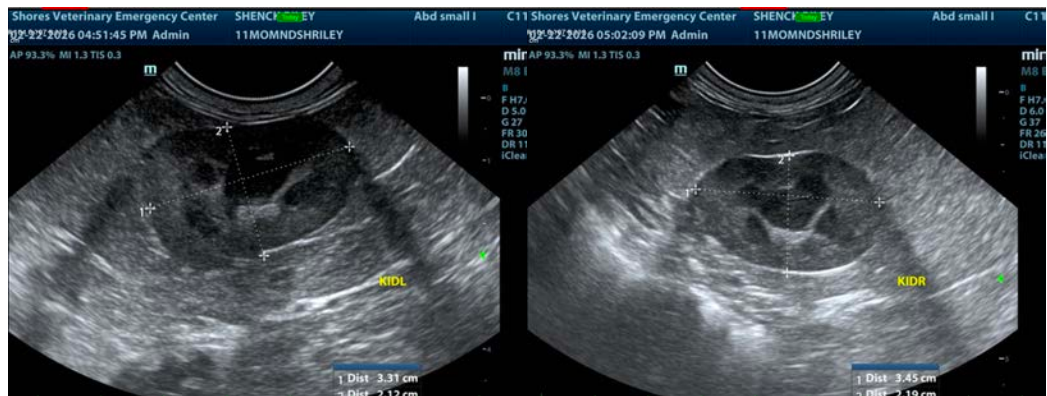
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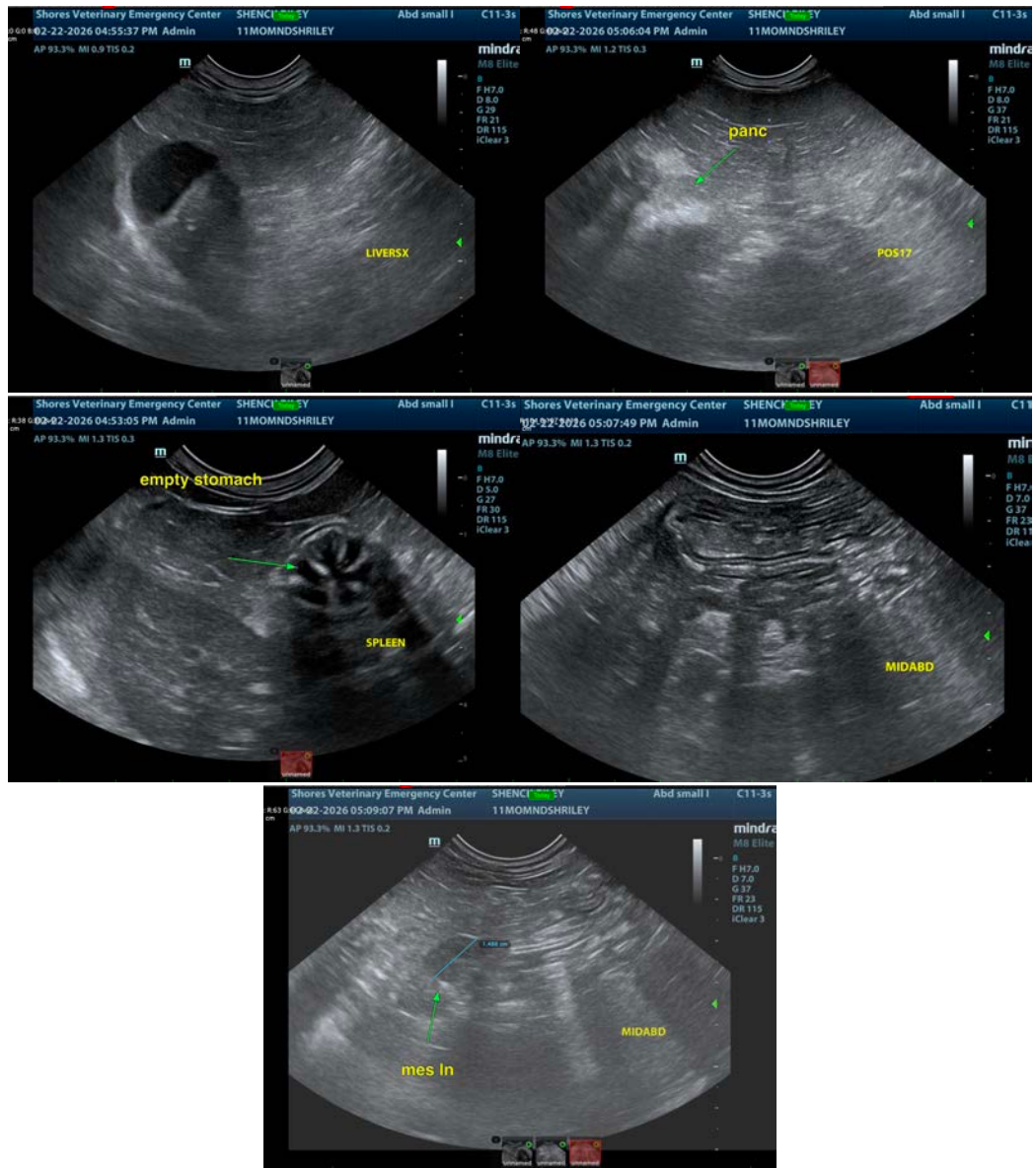
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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