



PATIENT

Socrates Nino

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7 years

WEIGHT

4.95 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski

HOSPITAL NAME

Apex VS

REFERRING VET

Save Emergency ER
Doctor.

INVOICE

71968

DATE

2/25/26

PRESENTING CLINICAL SIGNS

- Persistent lethargy, anorexia, and vomiting despite anti-nausea injection, SQ fluids, and probiotics administered the previous day. Vomited food and water overnight. Abnormal mentation per owner (not acting like himself).
- PE -Temp: 38.8°C, HR: 176 bpm, RR: 44 bpm (mild tachypnea), BP: 143/69 (MAP 80), SpO₂: 100%, MM pink, CRT <2 sec, ~5% dehydrated Abdomen non-distended, non-painful, no palpable masses No cardiac murmur ausculted Mentally appropriate

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 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. The left kidney measured 3.94 cm. The right kidney measured 3.36 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 0.49 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 was noted. The spleen measured 0.77 cm.

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.

Gastrointestinal

The **gastrointestinal** presentation revealed a progressively shadowing, hair type density in the stomach with a patent pylorus. The upper small intestine and colon were unremarkable. Variable small intestinal thickening was noted with muscularis hypertrophy. The mesenteric lymph nodes measured up to 0.48 cm.

Pancreas

Minor areas of slightly irregular **pancreas** was noted without evidence of active inflammation.

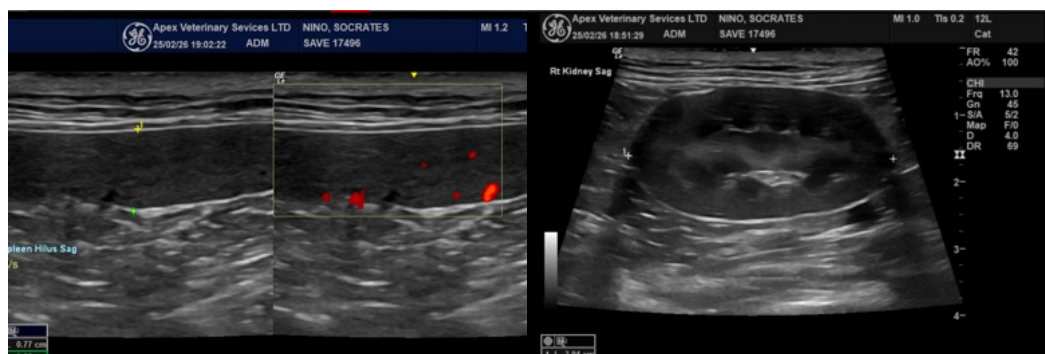
ULTRASONOGRAPHIC FINDINGS

IBD GI pattern with mild luminal hair density noted in the stomach.

Prominent pancreas, possible low grade inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for inflammatory bowel is indicated. Subxiphoid palpation is recommended to assess for pain in the region of the pancreas.





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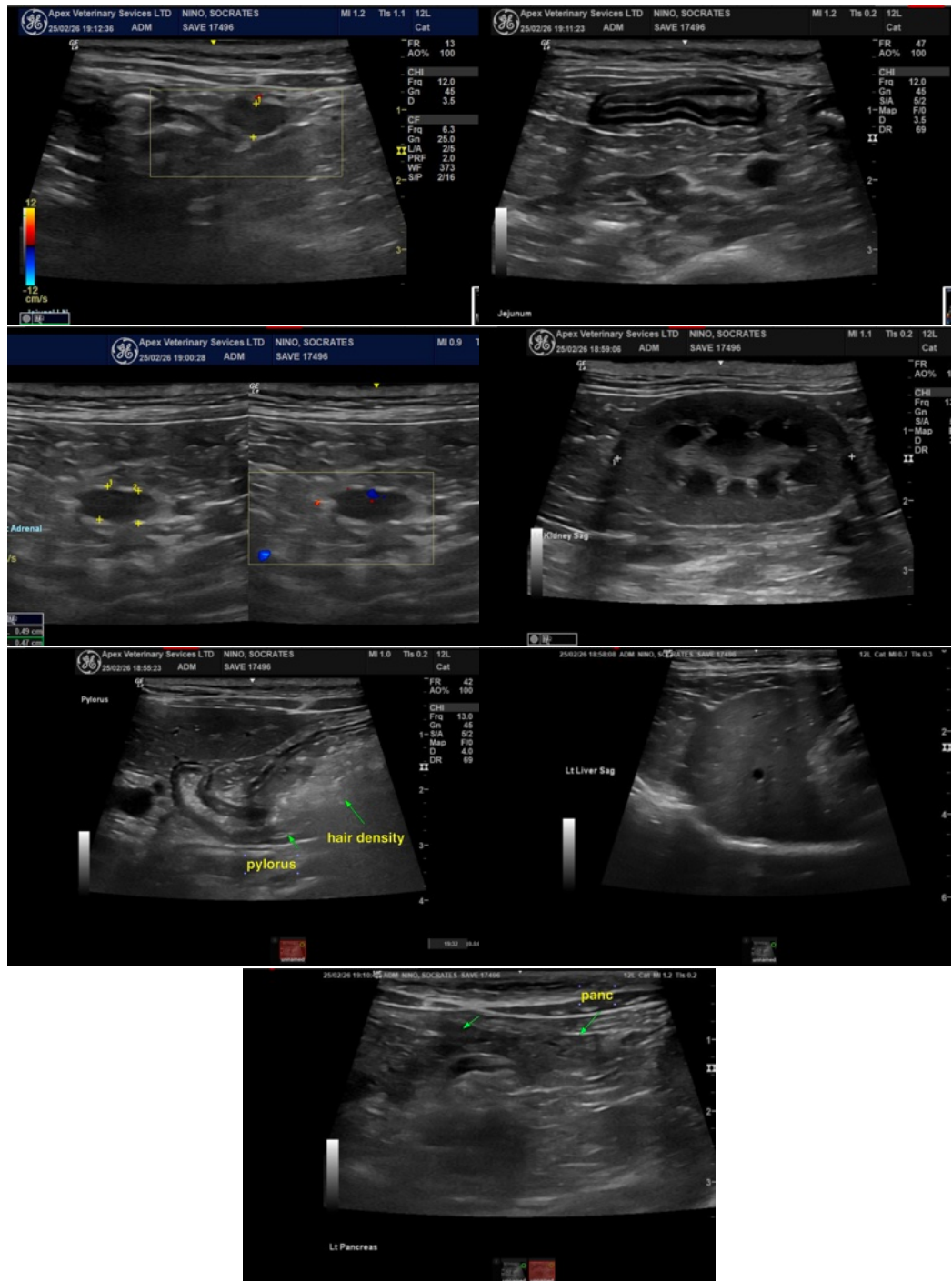
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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