



DATE PRESENTING CLINICAL SIGNS

2/27/26

Patient History: Seen 1/17 for sudden onset of frequent vomiting - Rads WNL and BW WNL except T bili 1.3. Responded well to supportive care. Came in again today 2/25 for sudden onset of severe vomiting, this time with a mild pink hue to the vomit

PATIENT

Current Medications: Cerenia 16mg QD, Carafate 1/4 tab in 3 cc of water TID x 5 days

Recon Davis

Labwork Results: Labwork attached, reported as: T bili 1.3, Glob 5.4, TP 9.2

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

SPECIES

Stat Report: Not requested.

Feline

Imaging Performed by: Stephanie Warga RDCS, RVT.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Domestic Shorthair

Urinary System

SEX

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

Neutered male

AGE

10/28/20

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 right kidney revealed a cortical infarct at the caudal pole. The right kidney measured 3.06 cm in length. The left kidney measured 3.8 cm.

WEIGHT

13.3 lbs

INTERPRETED BY

Adrenal Glands

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 right adrenal gland measured 0.38 cm. The left adrenal gland measured 0.32 cm.

HOSPITAL NAME

Chadwell AH

Spleen

REFERRING VET

Dr. Weeks

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.

INVOICE

72058

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 mild uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. There was some gastric contents noted. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The mesenteric lymph nodes were reactive and measured 1.4 x 0.2 cm.

Pancreas

The **pancreas** was isoechoic. 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

A large amount of falciform fat was noted in this patient.

ULTRASONOGRAPHIC FINDINGS

Bladder debris.

Stable right renal infarct.

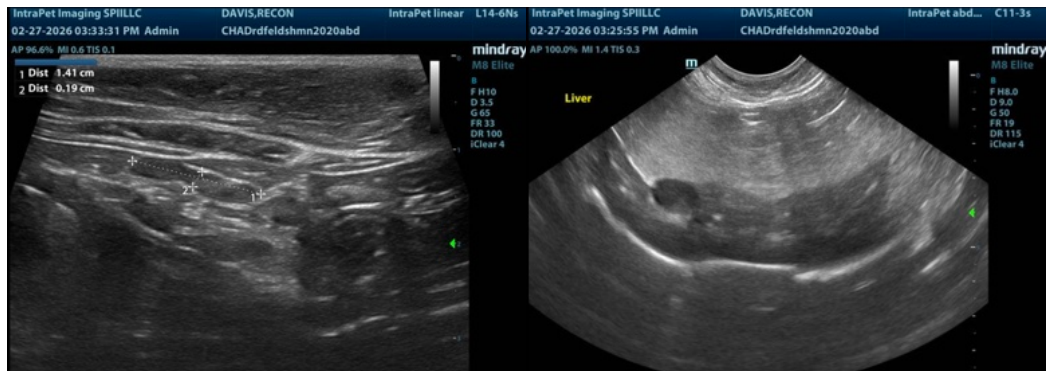
Minor intestinal thickening, consistent with inflammatory bowel. Underlying parasitism and dietary intolerance should be considered.

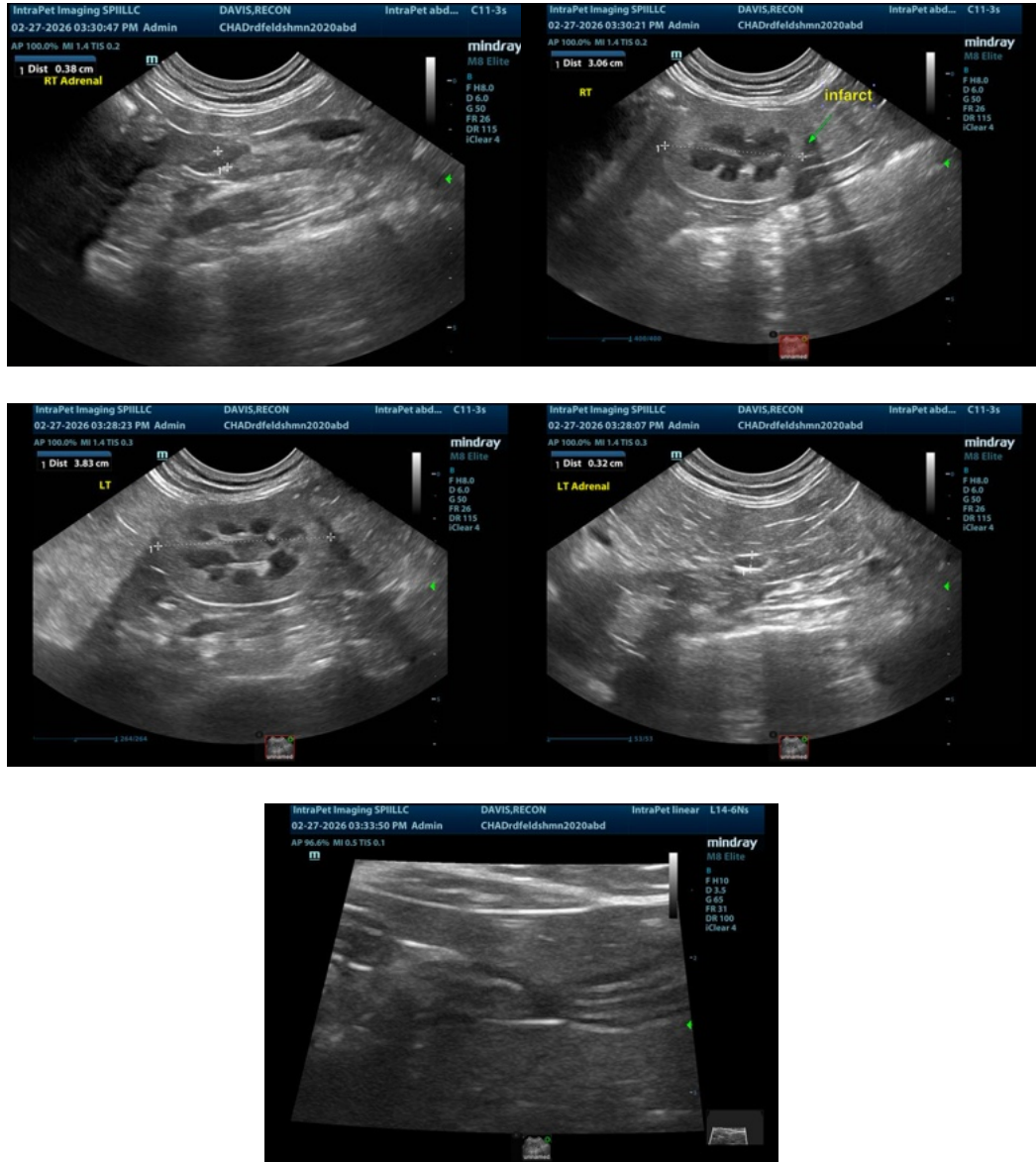
Mesenteric lymphadenopathy.

Isoechoic pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Low-dose Prednisolone trial can be considered. Urinalysis is warranted if not already performed. I recommend assessing the bilirubin elevations historically, these may be artifactual. There was no structural evidence of disease that would elevate the bilirubin.





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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