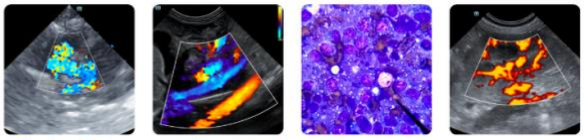



**PATIENT**

Iggy Coates

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

8.83 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Mark Schlimgen DVM

**HOSPITAL NAME**

Sherwood Family Pet Clinic

**REFERRING VET**

Dr. Mark Schlimgen DVM

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14245

**DATE**

03/11/26

## PRESENTING CLINICAL SIGNS

- - Hyperthyroidism managed with methimazole
- - Takes prednisolone nasal drops for rhinitis
- - Takes maropitant for appetite and nausea
- - Takes gabapentin for vet visits and car rides
- - Persistent hyporexia lasting 11 days, improved but not resolved with mirtazapine
- - Persistently dehydrated, generally underweight/under muscled 4/5 BCS but 0.4lbs increased in past week
- - Current symptoms since 3/3/26 visit:
- - Hiding under bed (abnormal behavior for this social cat)
- - Increased frequency of litter box use with frequent urination and defecation attempts
- - Malodorous, loose stool (is eating different foods to entice)
- - One episode of clear fluid vomiting during period of not eating

PE reveals moderate dehydration, doughy abdominal palpation, slightly underweight, otherwise unremarkable. (3/3/26): slightly low creatinine at 0.7, normal Chem 11 panel otherwise, normal CBC except minor decrease in reticulocyte hemoglobin at 14.3 (reference range 14.4-19.3), normal fPL, normal and stable hematocrit UA NSF 3 wks ago

## 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. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 cm in length.

### *Adrenal Glands*

Both **adrenal glands** were not visualized.

### *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

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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. No associated abnormal lymphatic activity was noted.

### *Pancreas*

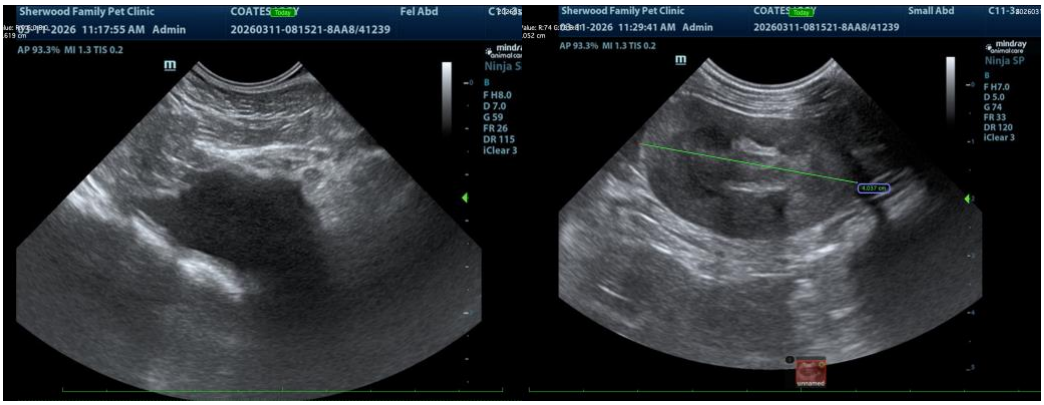
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology responsible for the pain suggested in the clinical exam. Referred orthopedic pain may be an issue in this patient. The prednisone may be suppressing a more significant presentation, however, structurally, the abdomen appears unremarkable.



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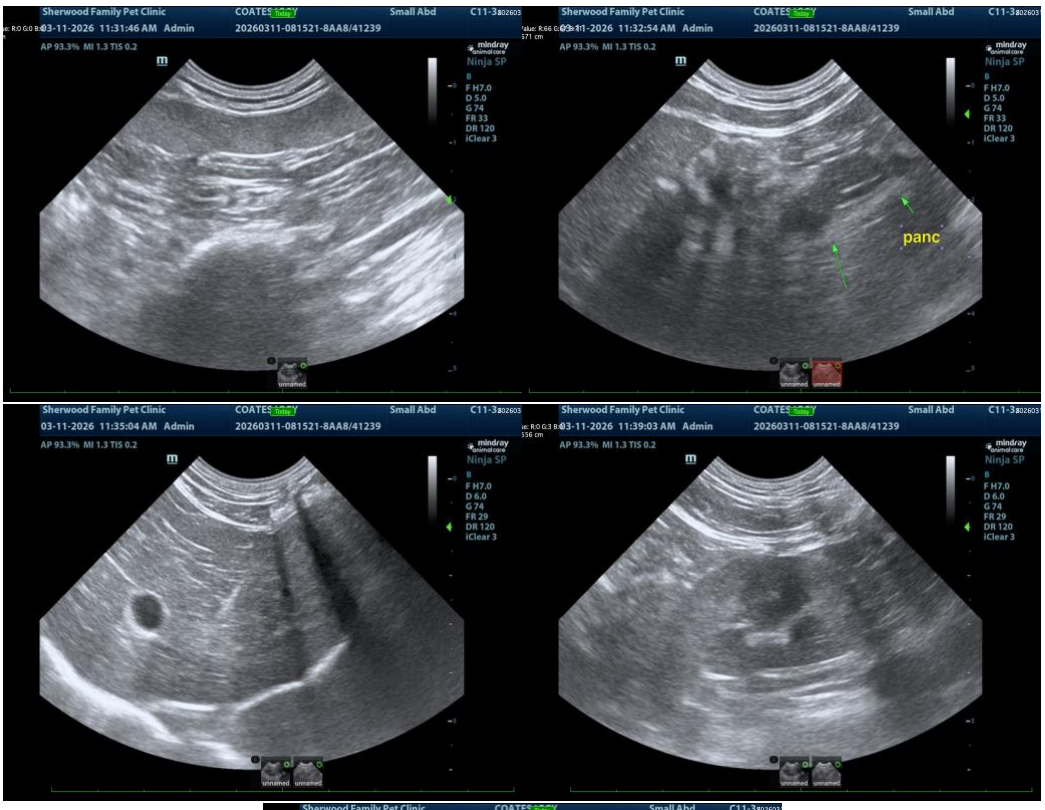


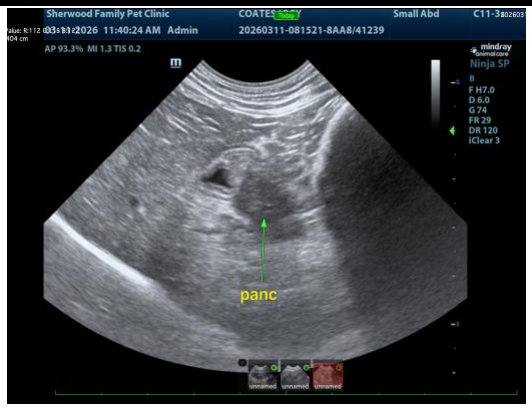


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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, Owner, Founder -- SonoPath.com

info@SonoPath.com

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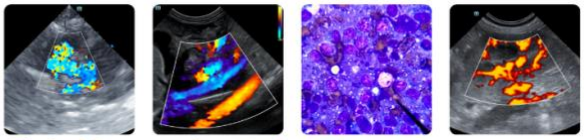

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