



PATIENT

Oscar Keefer

SPECIES

Feline

BREED

Siberian

SEX

Neutered Male

AGE

2 Years

WEIGHT

3.94 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Logan Law

INVOICE

73902

DATE

3/22/26

PRESENTING CLINICAL SIGNS

3/21 transfer from another ER for inappetence, lethargy, vomiting. P lethargic and hiding. Owner is out of town. P has been at another family members home for 3 days. admitted for supportive care: iv fluids, buprenorphine, cerenia, unasyn, ondansetron, pantoprazole, started on denamarin. NG tube was placed. One feeding of RD liquid diet at 6 am.

Concern for Azotemia; concern for renal insult vs Dehydration; Metabolic disturbances (lytes, acid-base); GI signs; pancreatitis; infectious, inflammatory, other

Abnormal PE/Chem/CBC/UA Results: PE: pets r us Temp 103.1; at Shores Temp 101.4; BP 10 pm: 135/74 (MAP 99) Shores PE: dull, depressed; soft and non-reactive on abd palp; small amount of firm-hard feces noted in colon; pets r us ER 3/21 6 pm rads: normal serosal detail, stomach is mostly collapsed. SI are predominantly fluid filled. colon contains formed fecal material. CBC: Neu 11.4K (H), Eos 0.12K (L), HCT 47.9% (H-N), HGB 18.2 (H), RBC 12.26 (H), MCHC 38 (H); Chem: BUN 134.4 (H), Creat 2.4 (H), Phos 6.1 (H), TP 8.4 (H), ALB 3.6 (H), Glu 207 (H), Tbili 1.0 (H); EPOC: pH 7.450 (H), Na 146 (L), K 3.1 (L), Cl 105 (L), iCa 1.06 (L) Shores 9 pm: EPOC: pH 7.529 (H), Na 143 (L), K 3.5 (L), Cl 109 (L), iCa 0.92 (L), BUN 120 (H), Creat 3.95 (H), Glu 187 (H), HCT 59 (H) fpL: 40 H; proBNP: 202.4 H u/a: unremarkable w/ usg 1.040

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 4.15 cm. Right kidney measured 3.88 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 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.

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Pancreas

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The pancreas revealed slight hypoechoic irregular parenchyma at the left base. Potential low-grade pancreatitis yet changes were subtle.

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ULTRASONOGRAPHIC FINDINGS

- Possible low-grade pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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Structurally unremarkable abdomen. No evidence of foreign bodies or neoplasia. Infectious or toxin exposure suspected given the patient history.

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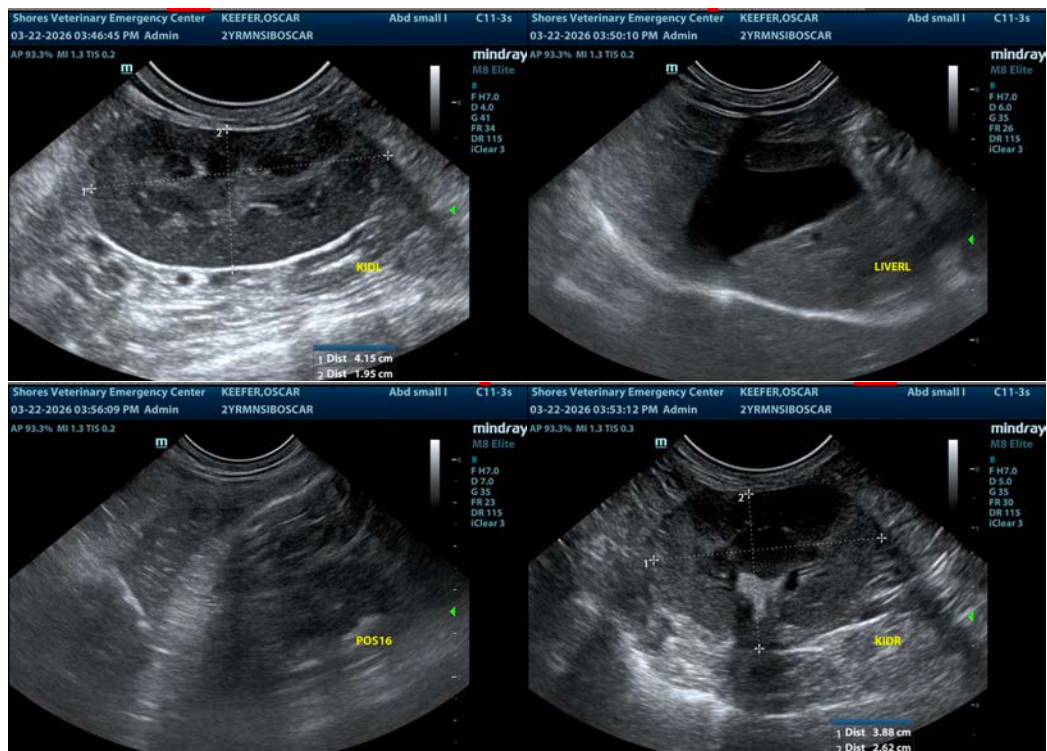
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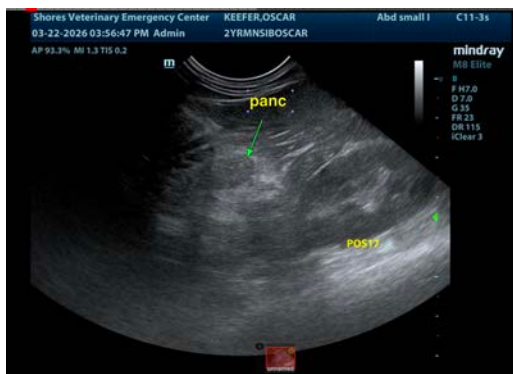
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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