



**DATE PRESENTING CLINICAL SIGNS**

03/28/26 Patient History: Acute onset vomiting (multiple episodes since 3/24/26)  
Progressive inappetence and lethargy

**PATIENT** Radiographic evidence of possible gastrointestinal (GI) obstruction with worsening gastric distension

Maki Donovan Current Medications: Odansatron, buprenex, cerenia

Labwork Results: Labwork not submitted.

Date of Previous IntraPet Ultrasound: No previous.

**SPECIES** Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested.

Feline Imaging Performed by: Andi Parkinson, BS, RDMS.

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

DSH **Urinary System**

**SEX** 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.

Spayed Female

**AGE** 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 3.16 cm in length. The right kidney measured 3.5 cm in length.

03/27/23

**WEIGHT** 11.4 pounds

**Adrenal Glands**

**INTERPRETED BY** 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 0.40 cm width. The right adrenal gland measured 0.51 cm width.

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**Spleen**

**HOSPITAL NAME** 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.

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Ruby **Liver**

**INVOICE** 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.

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### ***Gastrointestinal***

The **stomach** revealed slight shadowing luminal material that appears nonobstructive and likely hairball accumulatio or chyme. Some fluid-filled bowel was noted, yet transit of chyme appear to be normal.

### ***Pancreas***

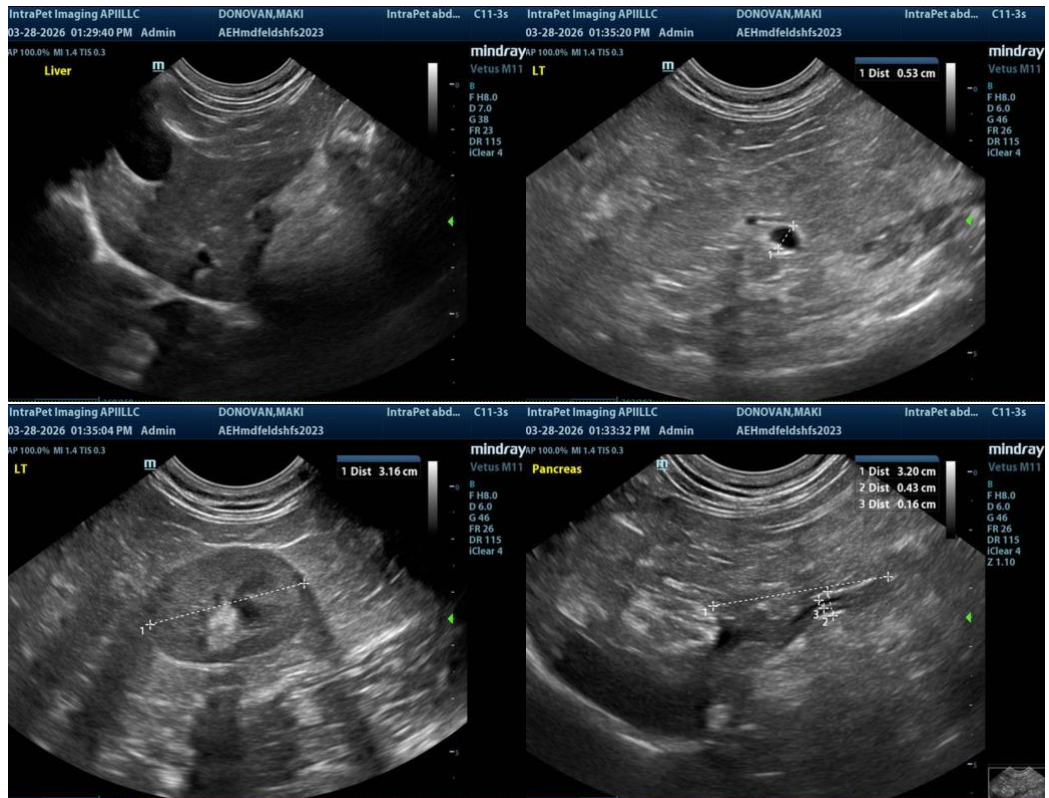
The pancreas presented hypoechoic and mildly irregular with slight duct dilation. Suspect resolving or low-grade pancreatitis.

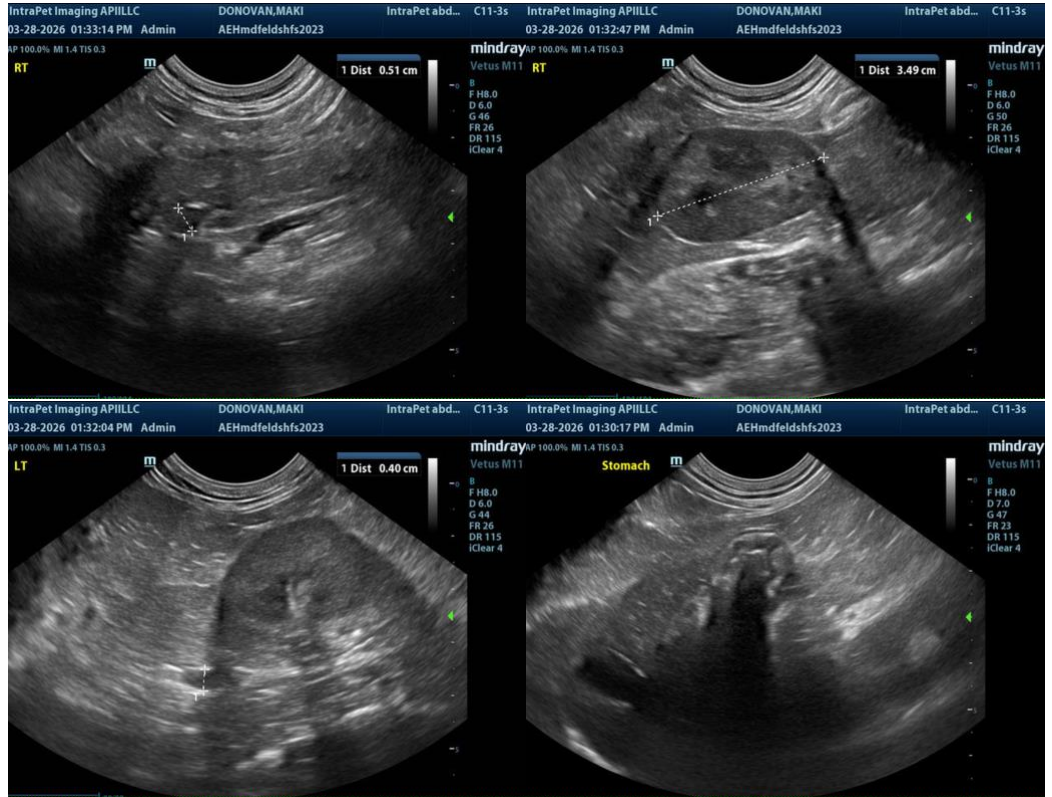
### **ULTRASONOGRAPHIC FINDINGS**

- Minor pancreatitis pattern.
- Gastric luminal material.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Medical management should prove effective. Enterotoxins, parasitic disease, dietary indiscretion, dietary intolerance are all possible.





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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