



PATIENT

Kaymak Macun

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3

WEIGHT

3.77

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Helstein

HOSPITAL NAME

Veterinary Emergency
Group Peabody

REFERRING VET

Dr. Jessica Rockett

INVOICE

15247

DATE

04/20/26

PRESENTING CLINICAL SIGNS

Patient Signalment and Presenting Concern: Kaymak, a 3yr old MN, presents today for evaluation due to acute vomiting. Recent History: Owner reports vomiting since Friday night with multiple episodes per day. Vomitus occurs after meals and also when not eating, described as saliva-like fluid. On Sunday he did not eat at all but still vomited. On Friday, Saturday, and this morning he ate. No diarrhea observed. No prior history of vomiting episodes known. No medications. Owner's parents are out of town for the month; a caretaker feeds him BID during weekdays while he is otherwise home alone, creating possible access to ingestible items.

Abnormal PE/Chem/CBC/UA Results: Radiology report: Conclusions:1. Focal small intestinal distention with corrugation from ileus or early plication2. Normal thoracic radiographs Given the 3-day history of vomiting and the abnormal intestinal segment in the left abdomen an abdominal ultrasound is recommended Blood work: Big 4: PCV 51%, TS 8.2, BG 128, LAC 3.5 iSTAT/Chem 8: NA: 147, K: 3.8, CL: 109 (L), TCO2: 22, BUN: 25, CREA: 1.1, GLU: 99, iCA: 1.24, AnGAP: 20, HCT: 47, HB: 16

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 **iliac trifurcation** was unremarkable.

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 4.2 cm in length. The right kidney measured 4.0 cm in length.

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 0.40 cm width. The right adrenal gland measured 0.30 cm width.

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



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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 **gastric** fundus was mildly thickened with no overt loss of mural detail. Reactive mesentery was noted around the pyloric outflow and pancreas with slight epigastric lymph node enlargement measuring up to 5.0 mm. Reactive mesentery was also noted around portions of the small intestine with minor intestinal wall thickening without loss of mural detail.

Pancreas

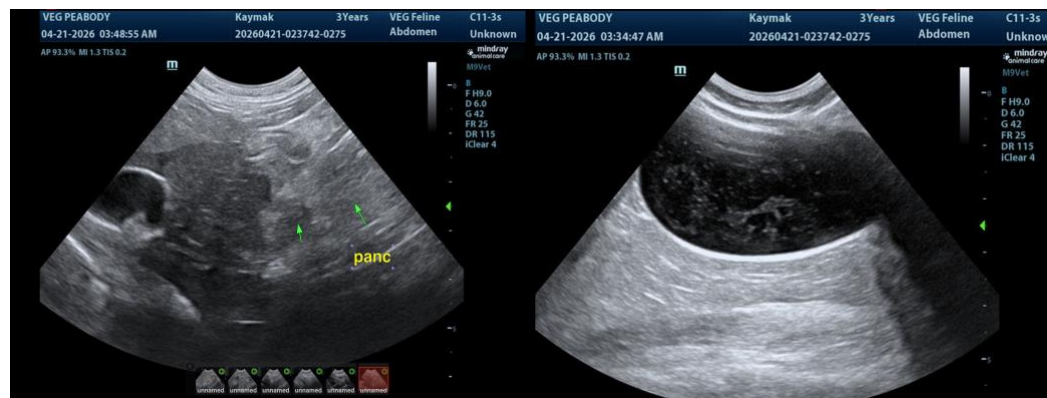
The **pancreas** presented with heterogenous hypoechoic irregular changes in the left and right base with enhanced surrounding mesentery.

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis/pancreatitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient is outdoor and if the patient is exposed to potential toxoplasmosis, appropriate testing is indicated. Bartonella testing is also indicated. Broad spectrum antibiotics, pain management, IV fluid support is all indicated. Fecal test to assess for parasitic disease. No evidence of foreign bodies or neoplasia.





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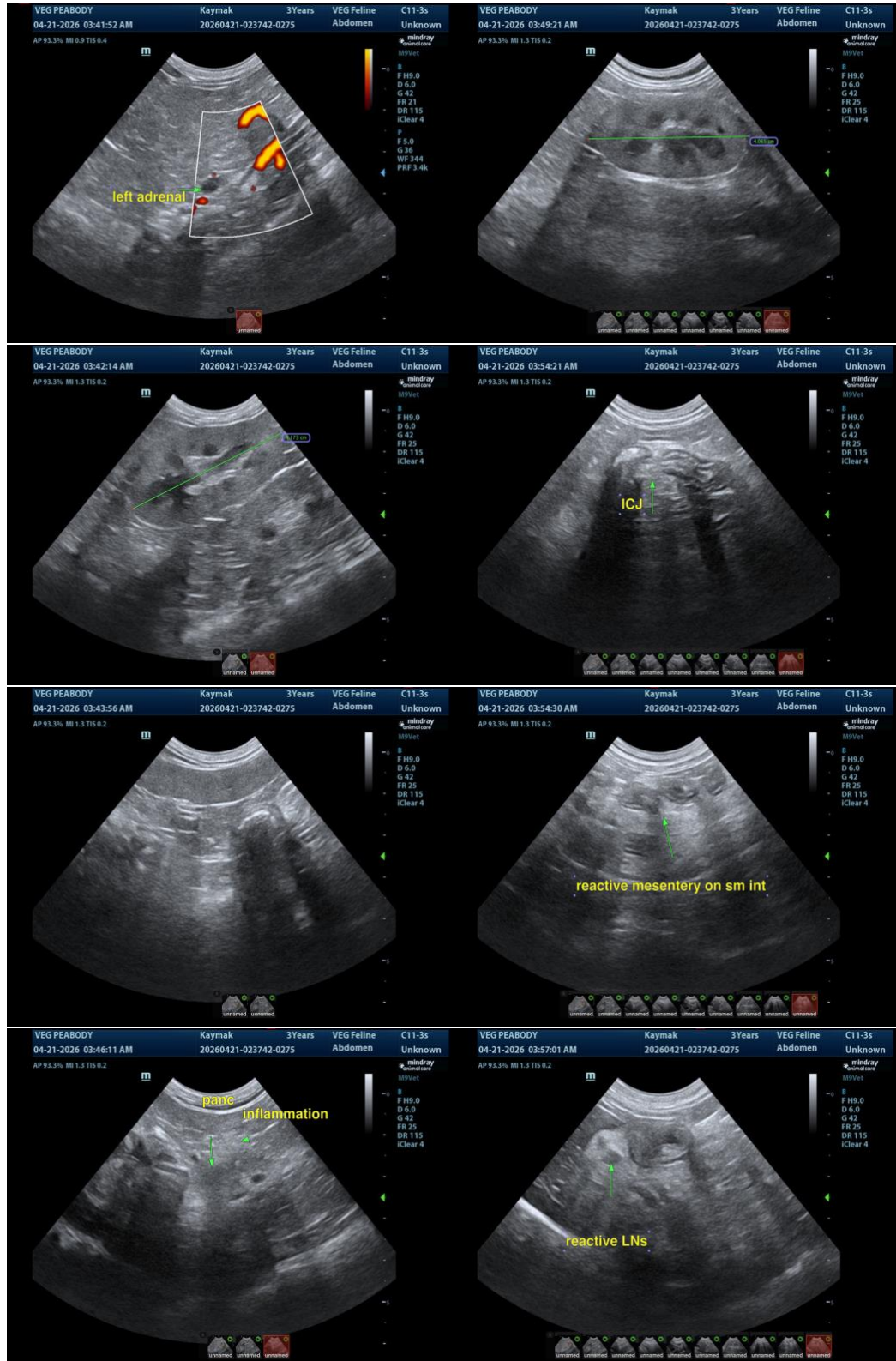
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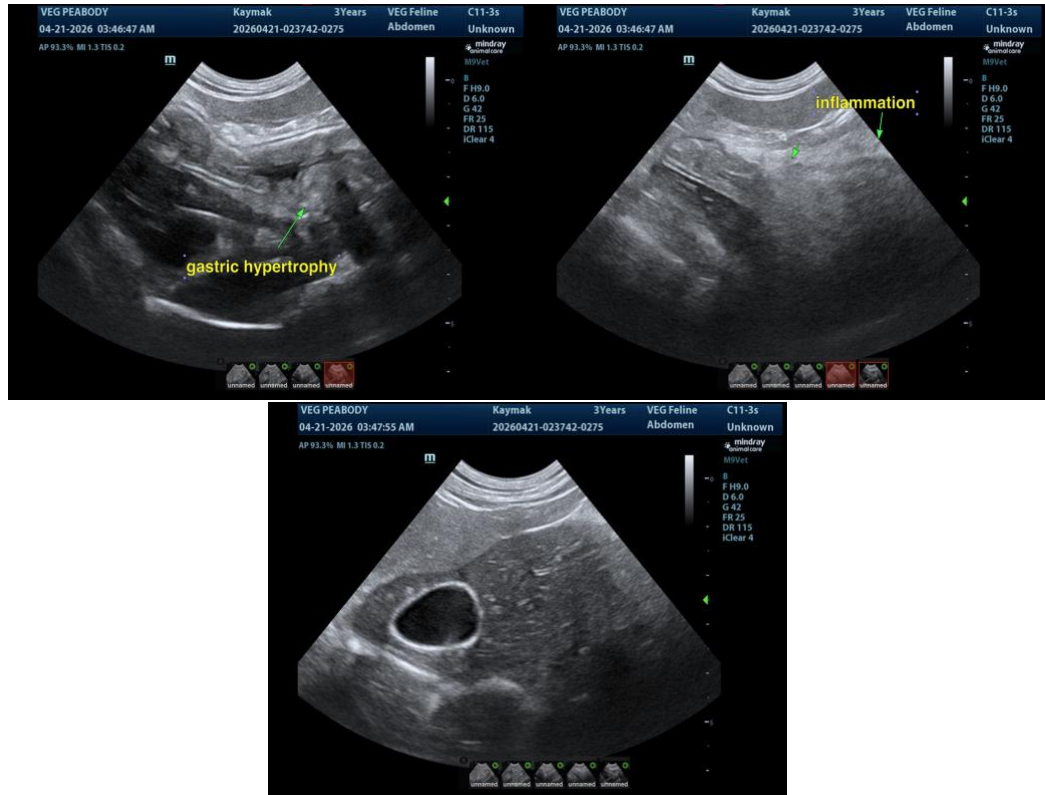
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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