

## PATIENT

Gilligan Nicolet-Petersen

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

9 Years 5 Months

## WEIGHT

8.86

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kaitlyn Rudie, DVM

## HOSPITAL NAME

Sherwood Family Pet  
Clinic

## REFERRING VET

Robert Merrill, DVM

## INVOICE

15311

## DATE

04/21/26

## PRESENTING CLINICAL SIGNS

Was 12.78 lbs in 8/2024, presented 3/3/26 for weight loss (8.86 lbs at that time). Eating well, currently on Hill's S/O diet. Hx Perianal urethrostomy done. Currently on fluoxetine. No v/d. Last ate 9:15 pm.

Abnormal PE/Chem/CBC/UA Results: See attached BW results Fecal including giardia negative

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** and visible pelvic urethra to a depth of 2.0 cm 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.

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. The capsules were acceptably uniform without significant irregularities. Slight pyelectasia and enhanced pelvic fat were present in the right kidney with potential for low-grade inflammation. Hematuria may be deriving from the right kidney. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 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 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*

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. Progressively shadowing luminal material in the stomach was visualized and may represent hairball accumulation. Small and large



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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 **pancreas** presented hypoechoic and mildly irregular with no evidence of active inflammation, however, not definitively ruled out.

### *Free Abdomen*

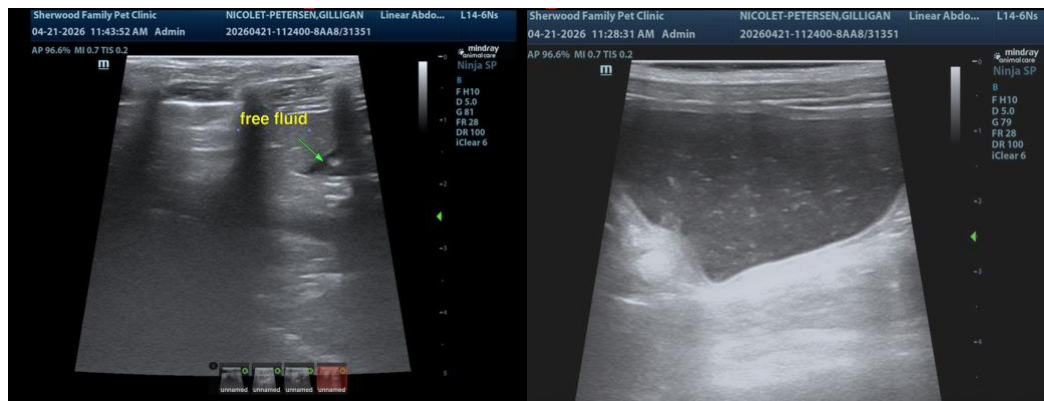
A trace amount of free fluid was present between the pylorus and the liver. The cause of the free fluid is unclear.

## ULTRASONOGRAPHIC FINDINGS

- Hyperplastic pancreas with potential inflammation.
- Hairball density in the stomach with ingesta.
- Free fluid.
- Subtle pyelectasia of the right kidney.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of neoplasia in this patient. Hairball management is indicated. Urine culture and coverage for potential low-grade embedded UTI in the right kidney. The cause of weight loss is unclear. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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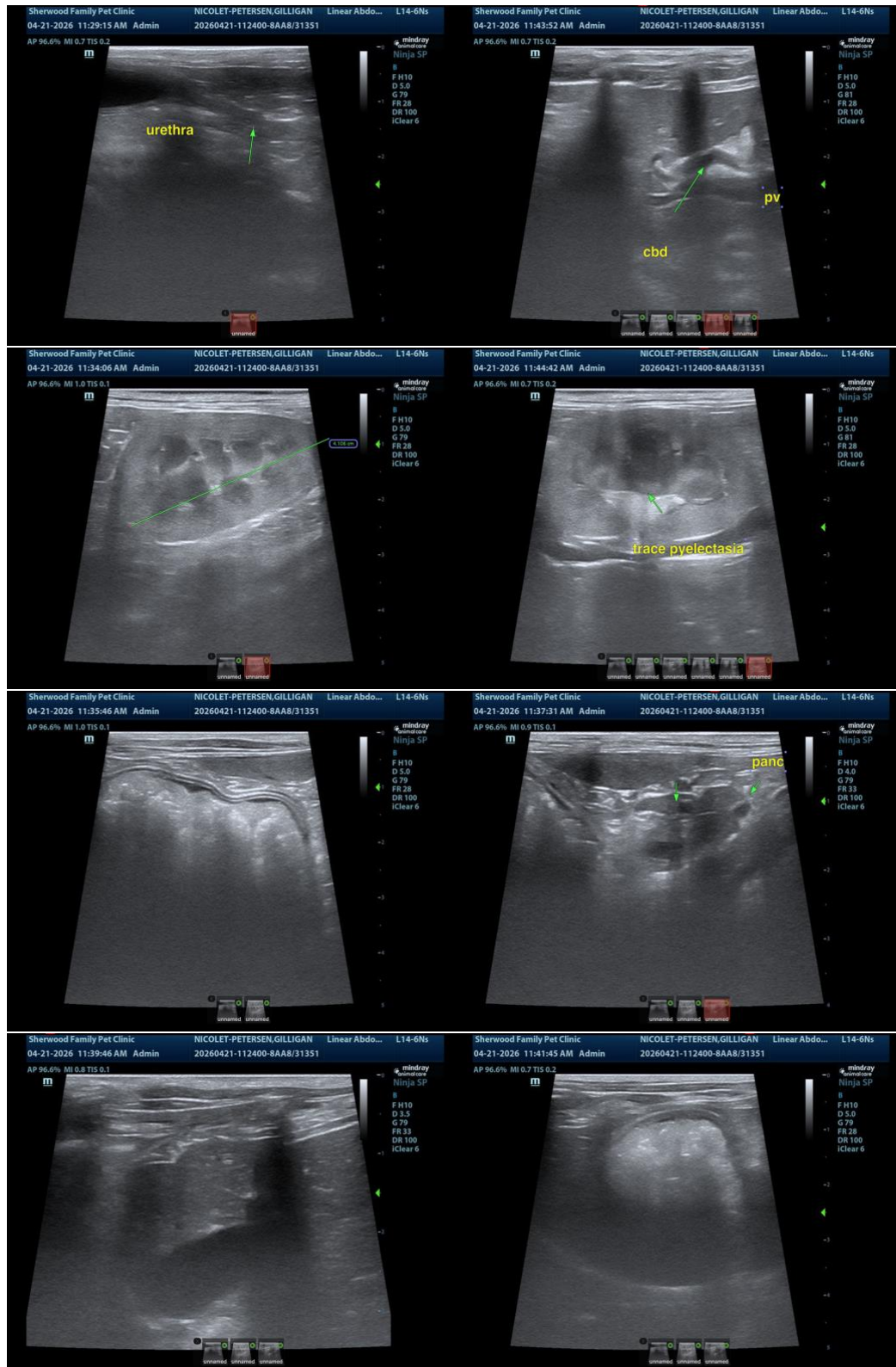
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

CEO, Owner, Founder -- SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)