



## PATIENT

Rambo Shipe

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

9 years

## WEIGHT

4.5 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Lang

## INVOICE

74844

## DATE

4/25/26

## PRESENTING CLINICAL SIGNS

History: - Vomiting on/off since February, worse past two weeks, last 2 days projectile vomiting large amounts of fluid and food. Decreased appetite for past two months, stopped eating yesterday. Soft stools. History of hyperthyroidism diagnosed early this year: on methimazole, recently reduced dose. Weight loss from 12 lb to 9.9 lb. Mucous membranes pink/tacky. Bradycardia. Pulses weak. Moderate pain on palpation, gas palpable in small intestines. Prolonged skin tent  
Blood pressure: 140 mm Hg (Doppler) EPOC: pH 7.558 H, BE 11.2 H, TCO2 31.9 H, Bicarb 33.5 H, Sodium 145 L, Potassium 2.3 L, Chloride 95 L, iCa 1.09 L, BUN 38 H, Creatinine 1.98 H, Hct 54 H CBC: Hb 16.3 H, Eosinophils 0.15K L, Basophils 0.56 H Chem15: Total protein 10.1 H, Globulin 6.4 H, BUN 42 H Catalyst pancreatic lipase: 1.5 T4: 3.5 UA: USG 1.044, protein 1+ Radiographs: - Round soft tissue opacity in the cranial ventral abdomen is compatible with soft tissue opacity material in the pylorus. Several loops of small intestines contain gas r/o normal ingesta/fluid, gastric foreign body cannot be excluded. No radiographic evidence of small intestinal obstruction is identified currently.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney revealed non-obstructive mineralization. The left kidney measured 3.8 cm and the right kidney measured 4.1 cm.

### 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 0.4 cm. The right adrenal gland measured 0.5 cm.

### 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 was noted.



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## Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

## 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. Reactive mesentery was noted around the small intestine. The mesenteric lymph node was enlarged and hypoechoic measuring 3.1 x 1.2 cm.

## 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

Minor intestinal thickening. IBD GI Pattern with mesenteric lymph node enlargement. Lymphadenitis, inflammatory bowel versus emerging round cell neoplasia or mild potential for dry form FIP.

Otherwise, geriatric abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA cytology and culture are indicated.



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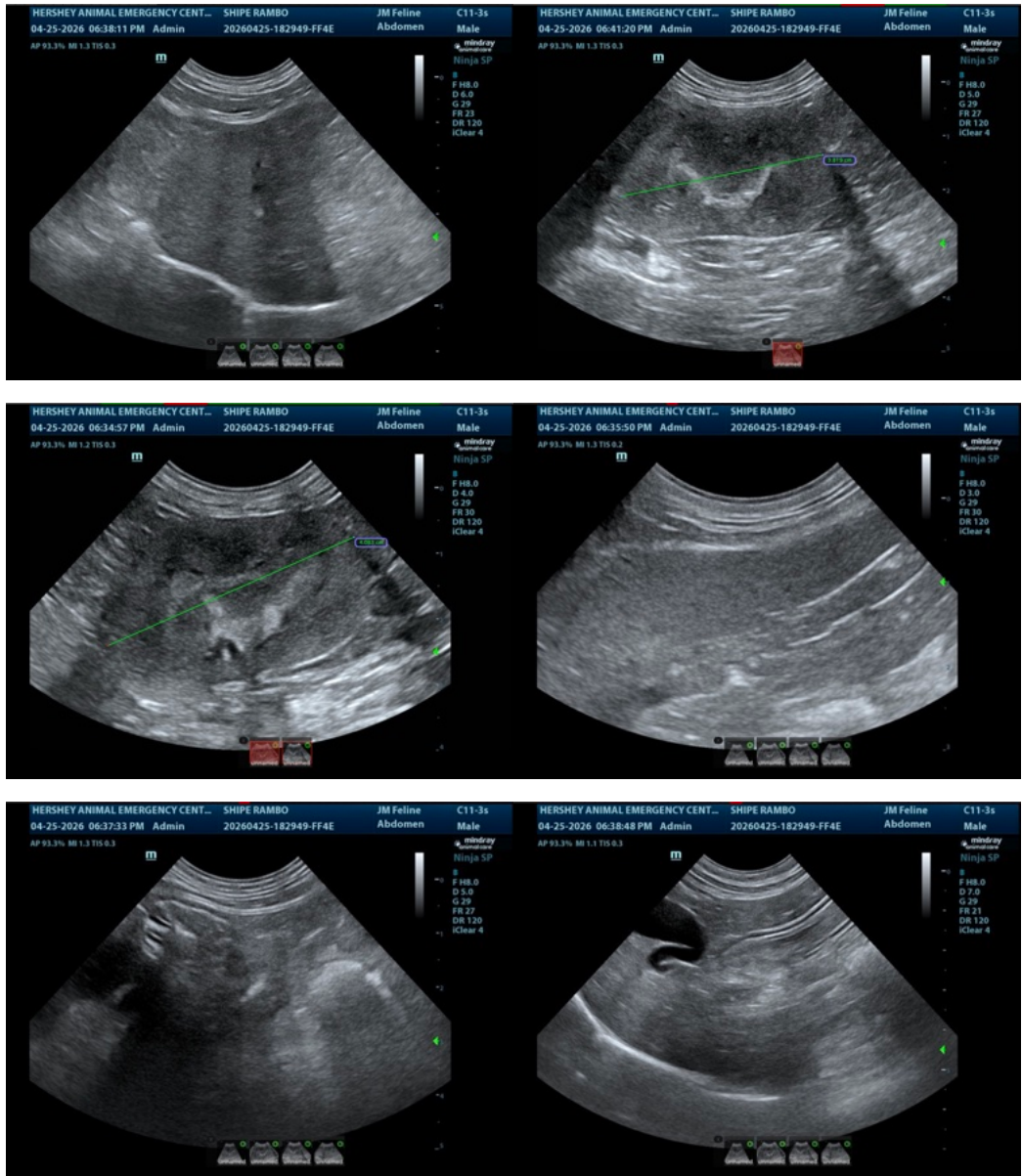
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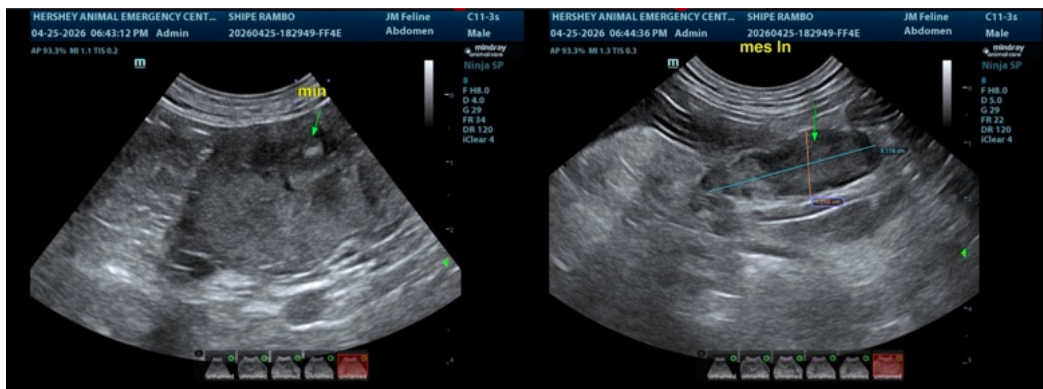
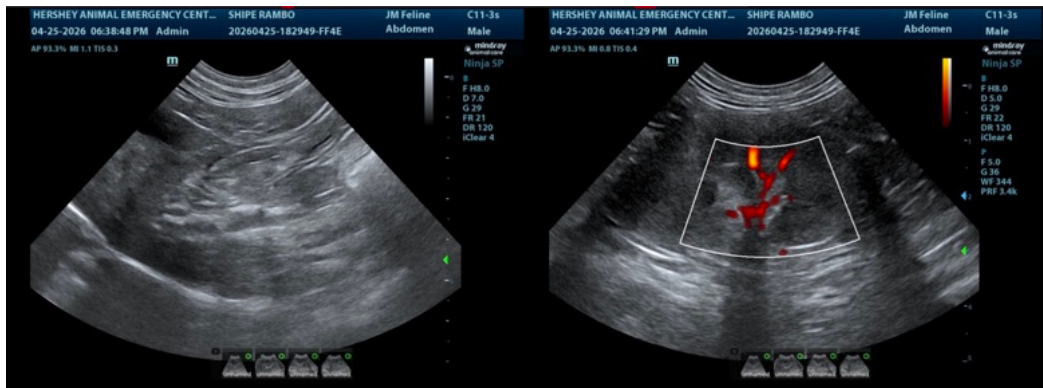
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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