



## PATIENT

Peter Paddock

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

3

## WEIGHT

5.4 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Erika Froeming

## HOSPITAL NAME

SVS Imaging CT

## REFERRING VET

Waukesha Vet Service

## INVOICE

14833

## DATE

04/03/26

## PRESENTING CLINICAL SIGNS

2 weeks history of decreased appetite. No vomiting, diarrhea, or other gastrointestinal signs have been observed at home

Abnormal PE/Chem/CBC/UA Results: Lymphocytes: 8.5 ↑ Eosinophils: 1.2 ↑ ALT: 164 ↑ Glucose: 215 ↑

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 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 **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 3.69 cm in length. The right kidney measured 4.06 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 0.34 cm width. The right adrenal gland measured 0.36 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 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 **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:1 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade,



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chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Intestinal wall thickness measured up to 0.31 cm.

The **stomach** revealed progressively shadowing luminal material consistent with hairball accumulation.

### **Pancreas**

The **pancreas** presented prominent, hypoechoic and irregular with dilated duct. The left limb of the pancreas measured up to 1.0 cm. The right limb of the pancreas measured up to 1.0 cm.

### **Free Abdomen**

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 0.37 cm.

## ULTRASONOGRAPHIC FINDINGS

- Low-grade prominent chronic active pancreatitis pattern.
- IBD GI pattern with reactive mesenteric lymph nodes.
- Hairball density in the stomach may be combined with postprandial presentation.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for trichobezoars is indicated with pain management and broad-spectrum antibiotics. If clinical signs persist, then full thickness intestinal and lymph node biopsy is appropriate from a surgical standpoint. No evidence of foreign bodies other than potential hairball accumulation in the stomach and no neoplastic criteria is present. Underlying inflammatory bowel with reactive lymph nodes/triaditis with concurrent sectoral pancreatic inflammation is likely.





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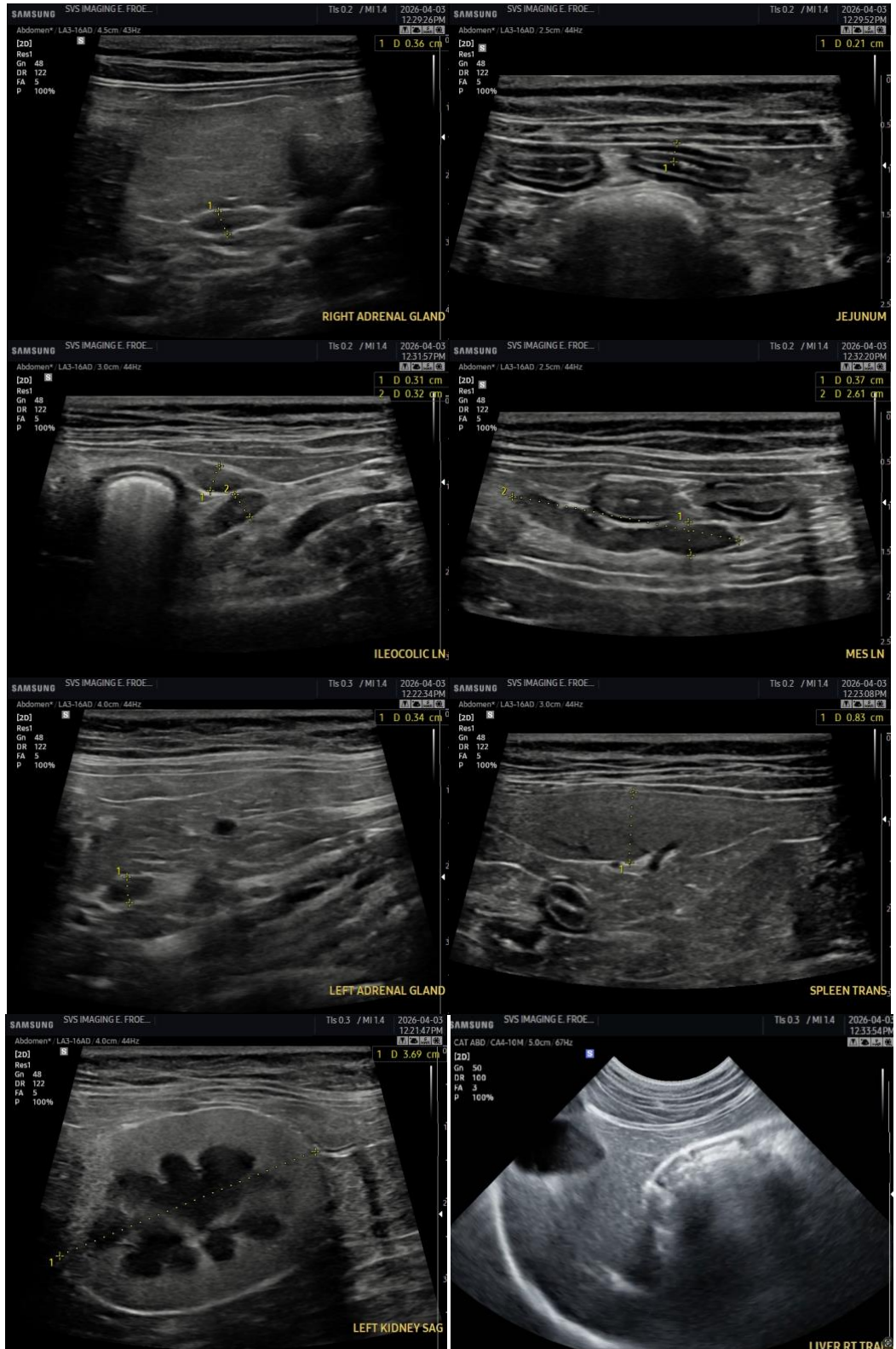
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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