



PATIENT

Toothless Matthews

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 Year

WEIGHT

3.55 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

16544

DATE

05/28/26

PRESENTING CLINICAL SIGNS

Historical enterotomy and gastrotomy 1.5 months ago. Did well until now - vomiting multiple times, not eating. possible cat pouch with ribbon with chewed piece of ribbon missing

Abnormal PE/Chem/CBC/UA Results: radiographs concern for bunching of small intestines, stomach appears empty

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 4.0 cm in length. The right kidney measured 4.1 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 0.3 cm width. The right adrenal gland measured 0.4 cm width.

Spleen

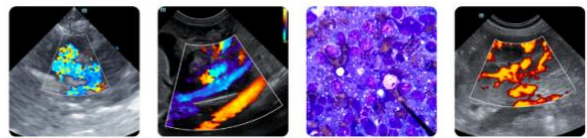
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or 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 **stomach** was empty with no evidence of foreign bodies. Some spastic bowel was present in this patient with maintained curvilinear patterns and without overt perforation, yet some regional free fluid was noted in the mesenteric root.



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Pancreas

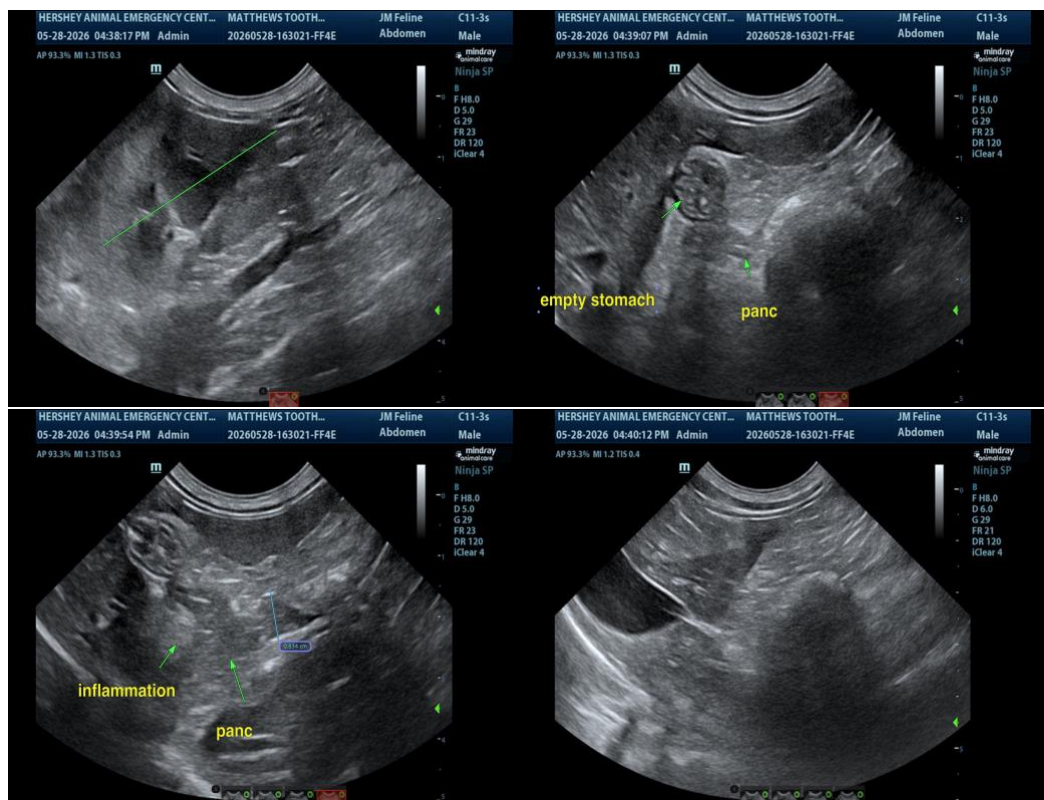
The **pancreas** presented hypoechoic and irregular with undulating contour primarily in the right pancreatic base with enhanced surrounding mesentery.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis pattern with spastic small intestine.
- Undefined minor free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided abdominocentesis and cytospin of the free fluid is indicated. Some irregular contour to the intestine may be owing to adhesion. If any evidence of septic abdomen is present, exploratory surgery is indicated, yet no evidence of foreign bodies. Management for enteritis/pancreatitis is warranted in the meantime with recheck sonogram in 48 to 72 hours.





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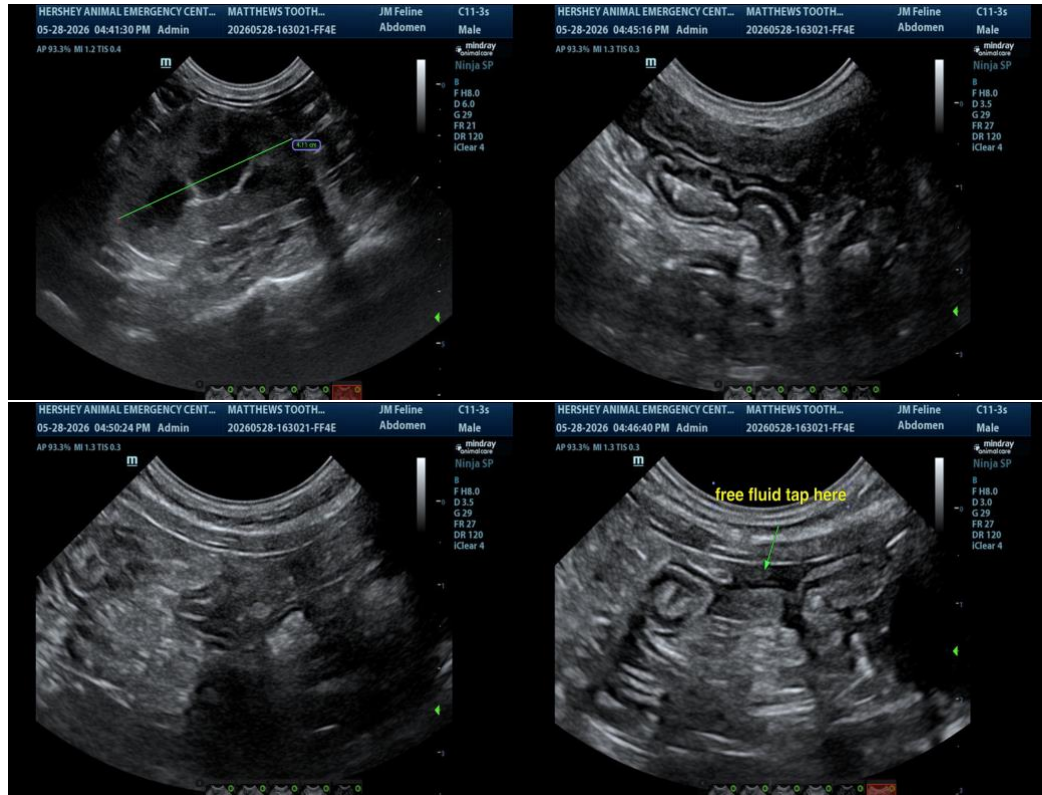
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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