



PATIENT

Celek Nelson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

3.62

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Kerr

INVOICE

15839

DATE

05/06/26

PRESENTING CLINICAL SIGNS

Past month O has noted weight loss and vomiting. Switched food and treats and seemed to improve. O was away for a week and came back Tuesday. About midnight p became vocal and they saw he vomited food, then was retching and having dh at the same time and seemed dazed and out of it and looks like he lost weight again.

Abnormal PE/Chem/CBC/UA Results: CBC unremarkable Lactate elevated Hypokalemia Elevated ALT and ALP Feline FPL result (mg/ml) Over 50 Hyperthyroidism ProBNP- Abnormal 109 Radiographs Distended stomach and gas-filled intestinal loops throughout, likely an ileus secondary to severe pancreatitis - not an obstruction as loops are uniform size.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed small calculus measuring 0.57 cm and appeared nonobstructive.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.15 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The **left adrenal gland** was 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 0.30 cm width.

The **right adrenal gland** was slightly enlarged and mildly irregular. The right adrenal gland measured 0.56 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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



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elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed variable intestinal thickening without loss of mural detail. No evidence of foreign bodies. Some variable intestinal stasis with some reactive mesentery in portions of the small intestine was present.

Pancreas

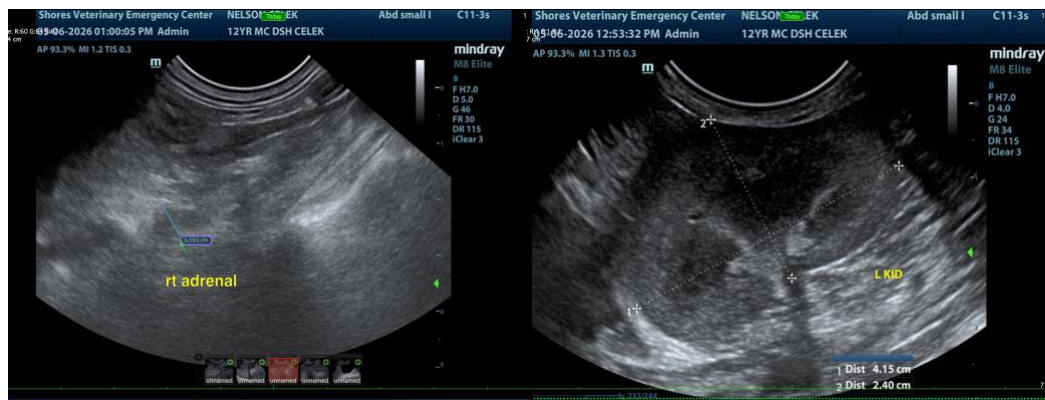
The **pancreas** presented hypoechoic and irregular with enhanced surrounding mesentery.

ULTRASONOGRAPHIC FINDINGS

- Acute on chronic IBD GI pattern.
- Slightly enlarged right adrenal gland.
- Hypoechoic pancreas.
- Age-related renal changes.
- Age-related hepatic remodeling.
- Small bladder calculus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for chronic inflammatory bowel is indicated. Full thickness GI biopsies would be necessary for further definition. If the hypokalemia persists, I'd recommend aldosterone levels in this patient and the mild potential that the right adrenal may represent an emerging tumor/Conn's syndrome. Parasite management is indicated.





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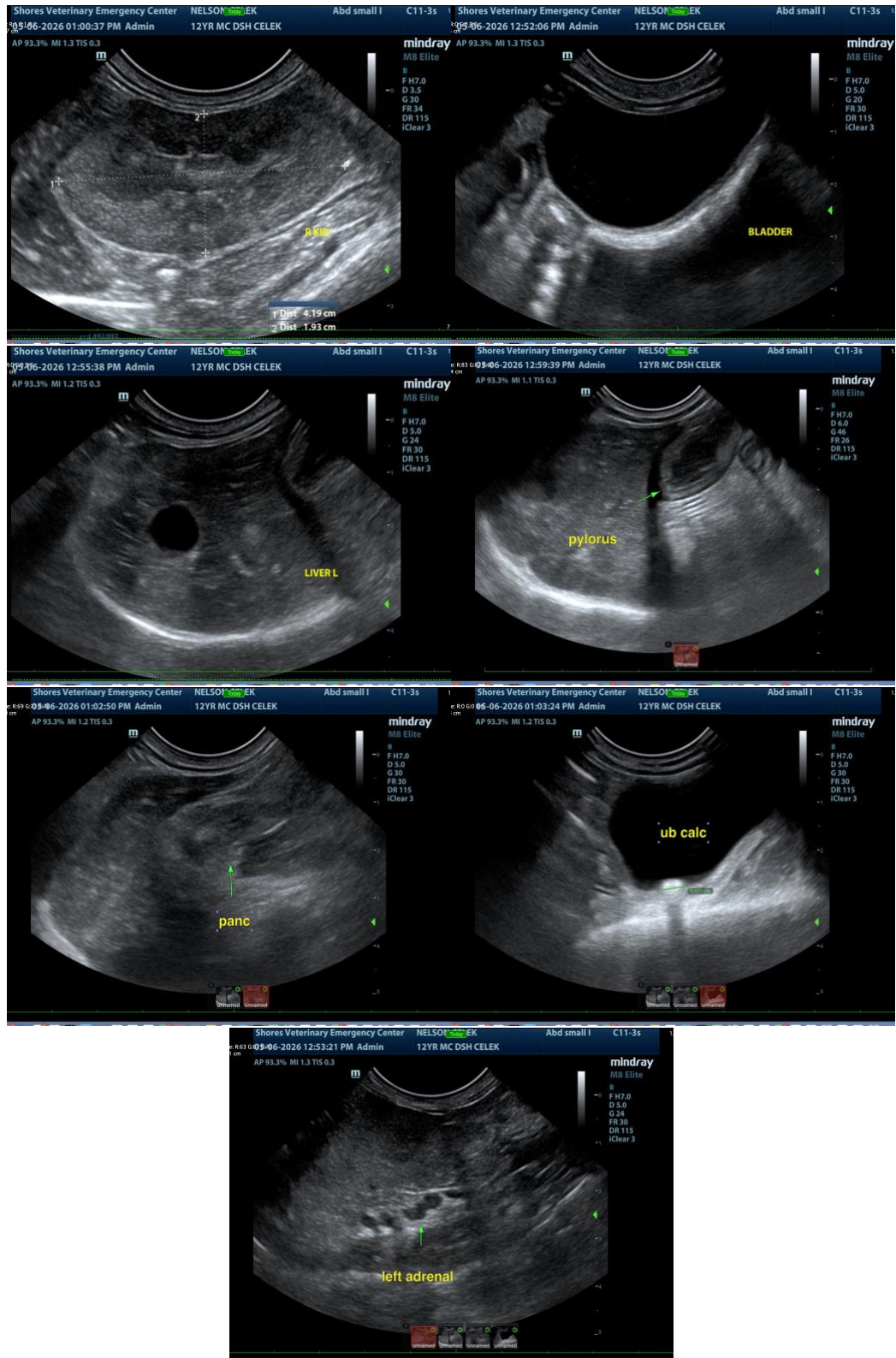
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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