



## PATIENT

Sunlight Glick

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

1 ½ years

## WEIGHT

6.1 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Dakota Harmon

## HOSPITAL NAME

Wilvet Salem

## REFERRING VET

Dr. Harmon

## INVOICE

78246

## DATE

6/2/26

## PRESENTING CLINICAL SIGNS

**History:** Pet had 5-7 days with a decreased appetite 3 days of not eating at all. Pet vomited 7 times during this. First food then small vomits with little production of foam and dark liquid. Radiographic findings from 5/30/26 **CONCLUSIONS:** There is peritoneal effusion. This is a nonspecific finding and could be associated with inflammation, feline infectious peritonitis, hemorrhage, chylous effusion, or less likely at this stage neoplasia among many other possible causes. Thickening of some intestinal loops associated with a severe enteropathy (or much less likely at this stage neoplasia) is possible but not definitive.

### RECOMMENDATIONS:

Sampling and cytological analysis of the peritoneal effusion (if present in sufficient amount) would be beneficial to further specify its nature.

Abdominal ultrasonography (or computed tomography) would be ideal to further evaluate the abdomen.

**AFAST -** urinary bladder small with swirling hyperechoic material within. no evidence of urinary stones. scant peritoneal effusion mostly located in the caudal abd. SI walls appear thickened and hyperechoic. stomach small with slight amount of gas within. no obvious mechanical obstruction at this time.

**Abnormal PE/Chem/CBC/UA Results:** Chem10/CBC/Epoc was all unremarkable. Potassium was at 3.5 and just a touch low but everything else was unremarkable.

## 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 was 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 4.26 cm. The right kidney measured 3.96 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 0.3 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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was 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 was bifid, which is a normal variant and 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*

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was retention of ingesta or possible hair accumulation in the stomach. Small and large 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 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

Structurally unremarkable abdomen with minor retention of ingesta of ingest or possible hair accumulation in the stomach. This is idiopathic.

Gallbladder duplication, not pathological.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective. There was no overt foreign body obstruction.



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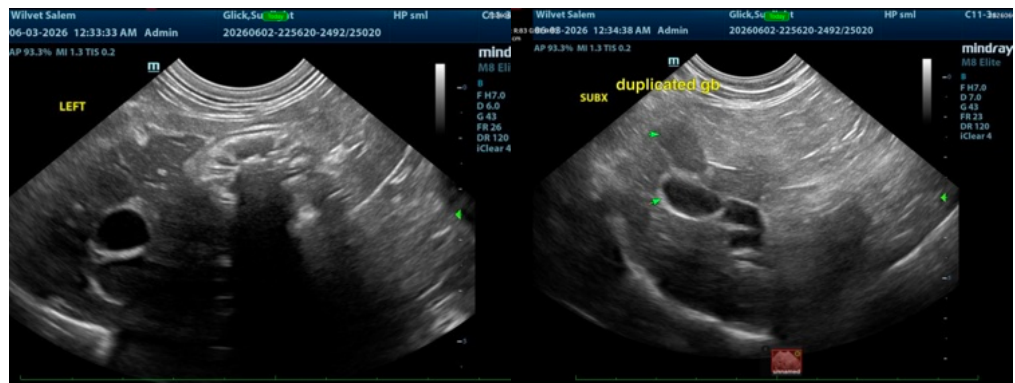
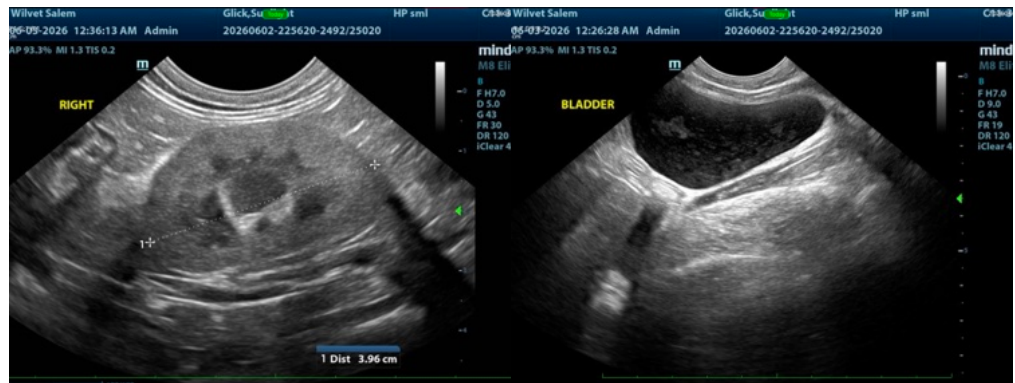
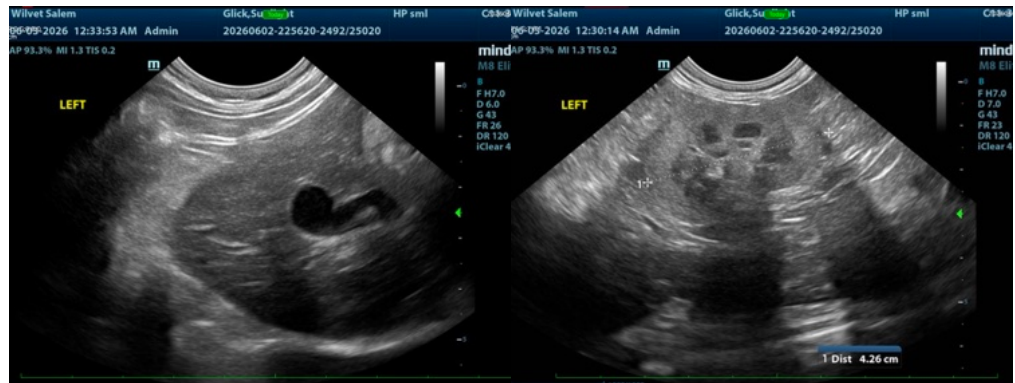
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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