



PATIENT

Tig Morrell

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

13.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Katrina Lobst

INVOICE

37059

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: 9yo MN DSH. O reported decreased appetite ~2 weeks with complete anorexia starting 5/4/26. ~5lbs weight loss since Sept 2025. 5/8/26 received SQF, Convenia, Cerenia, and Triamcinolone inj at another vet. No response, transferred to SVC and was hospitalized for IVF, GI support, and appetite stimulation. Historic Feline Asthma and obesity.

Current meds: NaCl 0.9% 15mL/hr (2.5mL/kg/hr) after diuresing with NaCl 0.9% 25mL/hr (4.2mL/kg/hr) x 24h. Mirataz 2mg q24h. Gabapentin 17mg/kg q12h PO. Initiating Ampicillin 22mg/kg q12h IV + Enrofloxacin 5mg/kg q24h IV.

Abnormal PE/Chem/CBC/UA Results: BW: 5/11/26: HCT 29.4 (L; N = 30.3-52.3), Neuts 12.13 (H; N = 2.30-10.29), Monos 0.70 (H; N = 0.05-0.67); Creat 0.9 (IRIS N = <1.6), BUN 9 (L; N = 16-36), K 2.9 (L; N = 3.5-5.8), ALT 333 (H; N = 12-130), ALP 370 (H; N = 14-111), GGT 6 (H; N = 0-4), tBili 7.0 (H; N = 0.0-0.9) 5/9/26: Creat 1.0, BUN 14, K 4.1, ALT 190, ALP 276 5/8/26: HCT 29.4, Neuts 3.63, Monos 0.35, K 4.5, ALT 122, ALP 255, GGT 8, tBili 7.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder, containing a scant amount of floating hypoechogenic sediment, with a normal thickness and smooth appearance of the wall. Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 4.1 cm. The right kidney measured 4.5 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 1.29 cm in length and 0.25 cm in width. The right adrenal gland measured 1.06 cm in length and 0.29 cm in width.

Spleen

Normal size (0.7 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

The liver was enlarged with rounded edges, with a diffuse increased echogenic and coarse appearance, normal portal markings, and a regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Fecal material was present within the colon.

Pancreas

Visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be lipidosis, cholangiohepatitis complex, lymphocytic/neutrophilic cholangitis, granulomatous disease and possibly infiltrative neoplasia.

Further assessment would be FNA cytology of the liver, however a tru-cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would depend on the etiological diagnosis.

Symptomatic management would be to continue with the current therapy, adding ursodiol and to ensure adequate nutritional support (tube feeding if needed).



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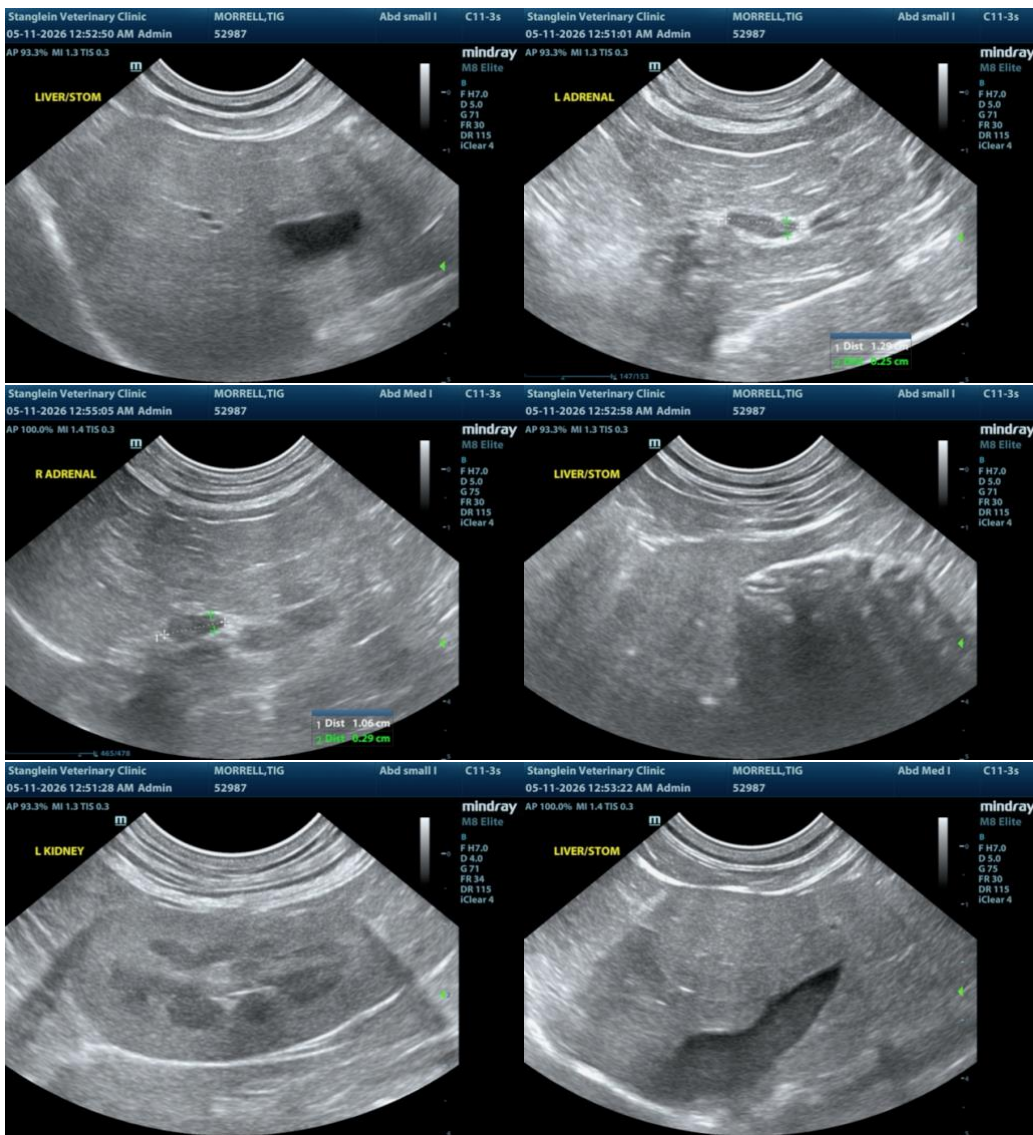
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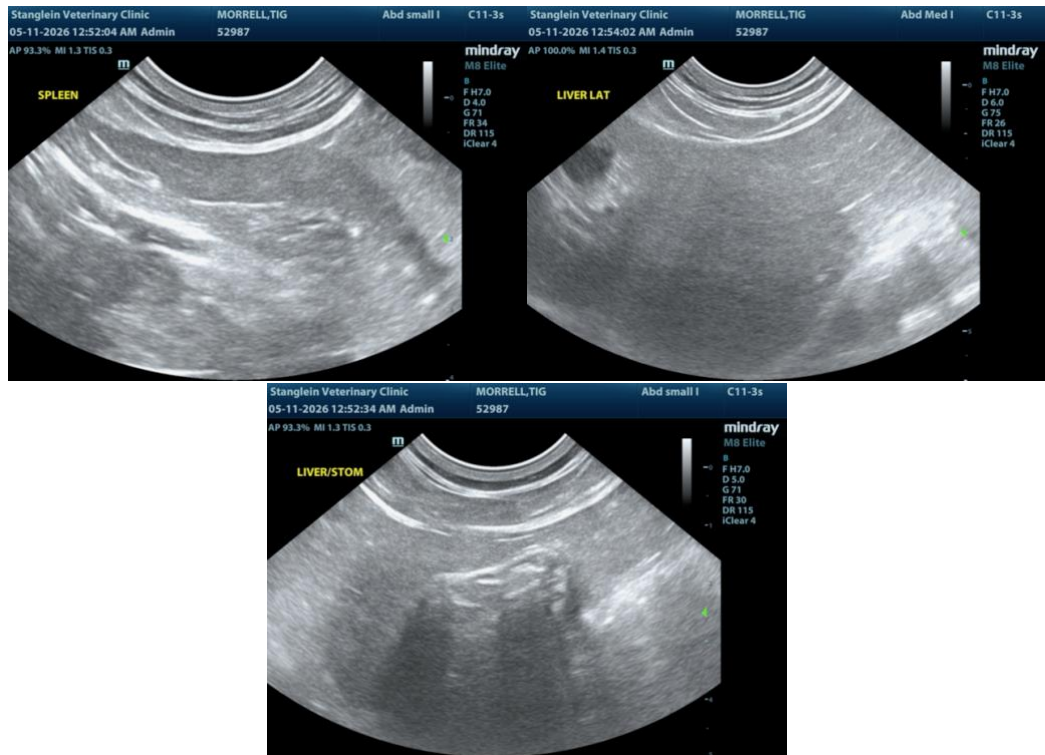
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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