



**PATIENT**

Angel Derwin

**PRESENTING CLINICAL SIGNS**

P vomited a very large hairball yesterday but is eating well and acting normal  
Abnormal PE/Chem/CBC/UA Results: ALT: 297u/L AST: 147u/L

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

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.

**SEX**

Spayed Female

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 3.9 cm. The right kidney measured 4.09 cm.

**AGE**

4 Years 7 Months

**Adrenal Glands**

**WEIGHT**

8.08 Pounds

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 0.38 cm. The right adrenal gland measured 0.42 cm.

**Spleen**

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

Marco Lichfield

**Liver**

**HOSPITAL NAME**

Sova AH

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.

**REFERRING VET**

Dr. John Ammeraal

**Gastrointestinal**

**INVOICE**

35013

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

**DATE**

1/21/22

**Pancreas**

The **pancreas** presented slight hypoechoic, irregular parenchyma at the right base.

**ULTRASONOGRAPHIC FINDINGS**



**PATIENT**

Angel Derwin

- Minor heterogeneous pancreas
- Non-specific low-grade inflammatory hepatopathy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Feline

FNA of the liver could be considered for further definition, yet no significant structural changes. No evidence of hairballs or structural GI pathology.

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

4 Years 7 Months

**WEIGHT**

8.08 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Sova AH

**REFERRING VET**

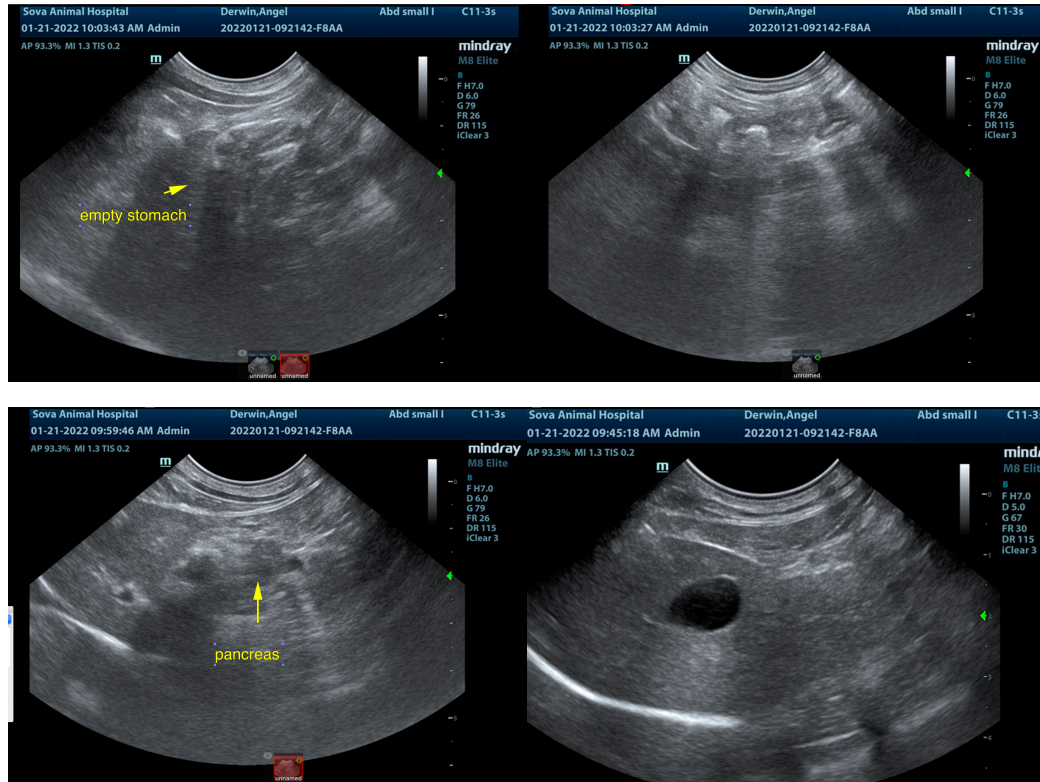
Dr. John Ammeraal

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**PATIENT**

Angel Derwin

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Feline

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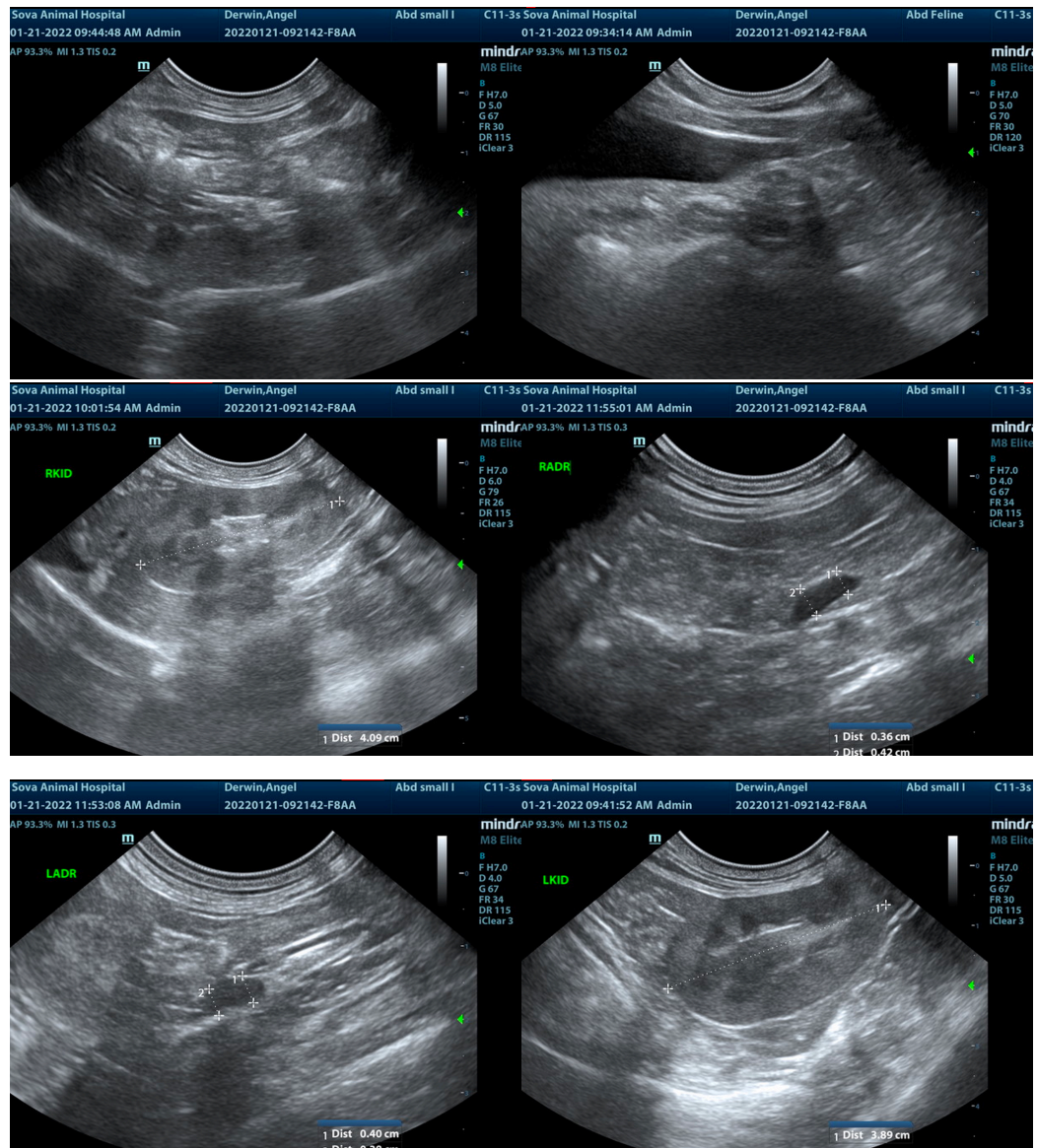
Dr. John Ammeraal

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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, Cert. IVUSS, CEO of SonoPath.com**

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