



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Bart Cook
History: History of chronic intermittent vomiting and allergic skin disease Has vomited hairballs in the past Recently diagnosed with hyperthyroidism

SPECIES
Feline
Abnormal PE/Chem/CBC/UA Results: -PE: Grade 2/6 murmur, multiple areas of alopecia with papular dermatitis -CBC/chem (1/18/22): ALT 138 -T4: 10.9 -Chem (1/22/22): all WNL; ALT 95

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
DSH
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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

SEX

Neutered Male

AGE

12 Years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 3.4 cm. The right kidney measured 3.5 cm.

WEIGHT

11.9 Lbs.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Mayra Sanchez

Liver

HOSPITAL NAME

Sunset AH

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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 elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

REFERRING VET

Mayra Sanchez

INVOICE

Gastrointestinal

The **stomach** revealed some progressively shadowing luminal density consistent with soft hair accumulation, if the patient was NPO at the time of the sonogram. The small intestine and colon were unremarkable.

DATE

1/22/22



PATIENT

Pancreas

Bart Cook

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.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- Age-related abdominal changes
- Probable soft hairball in the stomach

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

No evidence of significant clinical disease. Underlying food intolerance, inflammatory bowel, hairball accumulation are all potentials. Hydrolyzed geriatric diet may be in this patient's best interest with hairball therapy.

Neutered Male

AGE

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WEIGHT

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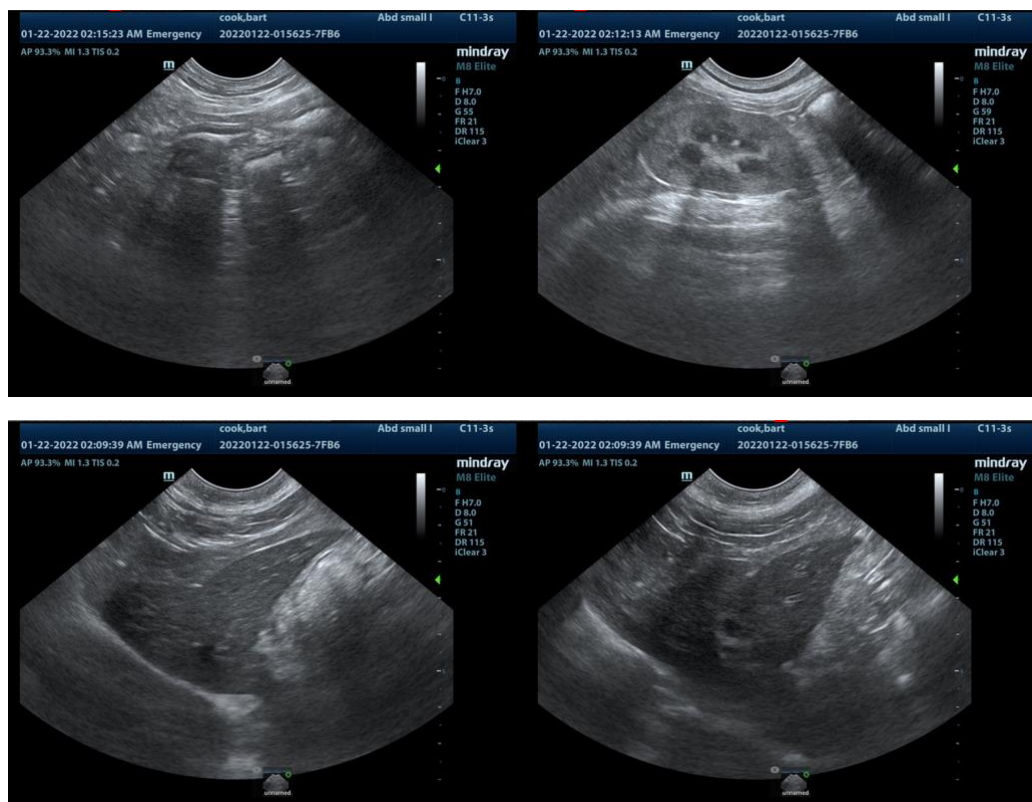
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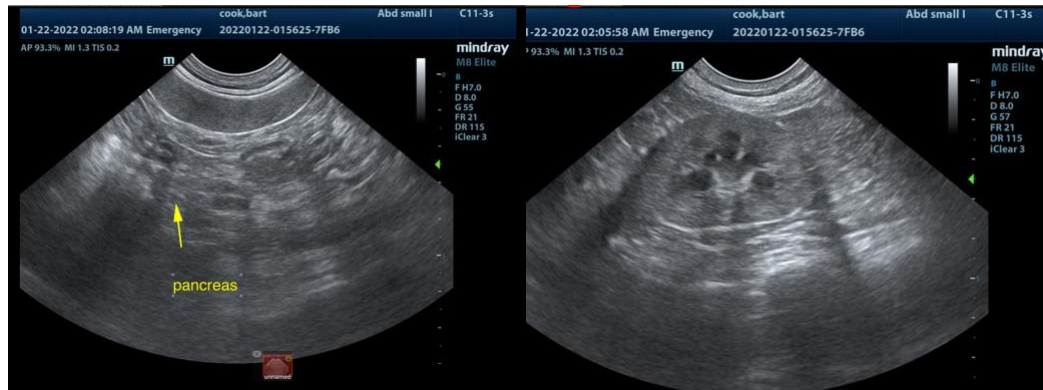
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INVOICE

DATE

1/22/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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