



PATIENT PRESENTING CLINICAL SIGNS

Rollie Norris Hx of GI issues since kittenhood-- on/off diarrhea, intermittent vomiting, recent weight loss, ataxia -On prednisolone 1.25 mg daily
Abnormal PE/Chem/CBC/UA Results: 12/30/21 -CREA 0.7 (low) -Chloride 110 (low) -monocytosis (655) -unremarkable fecal

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

1 year

WEIGHT

7.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Mazomanie AH

REFERRING VET

Dr. Sheldon

INVOICE

95001

DATE

1/5/22

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 right kidney measured 3.0 cm. The left kidney measured 3.85 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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 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 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.



PATIENT

Gastrointestinal

Rollie Norris

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.

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Pancreas

Domestic Longhair

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.

SEX

Neutered male

Heart

Rapid view of the heart revealed prominent right atrium and right ventricle.

AGE

1 year

ULTRASONOGRAPHIC FINDINGS

WEIGHT

7.2 lbs

Structurally unremarkable abdomen.

Right atrial enlargement and right ventricular hypertrophy.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

There is no evidence of pathology. Further imaging of the heart under sedation is recommended. Evaluation of the atrial septum, ventricular septum, right ventricular outflow tract and deep pulmonary artery are all indicated. The cause of weight loss is not related to any overt abdominal disease.

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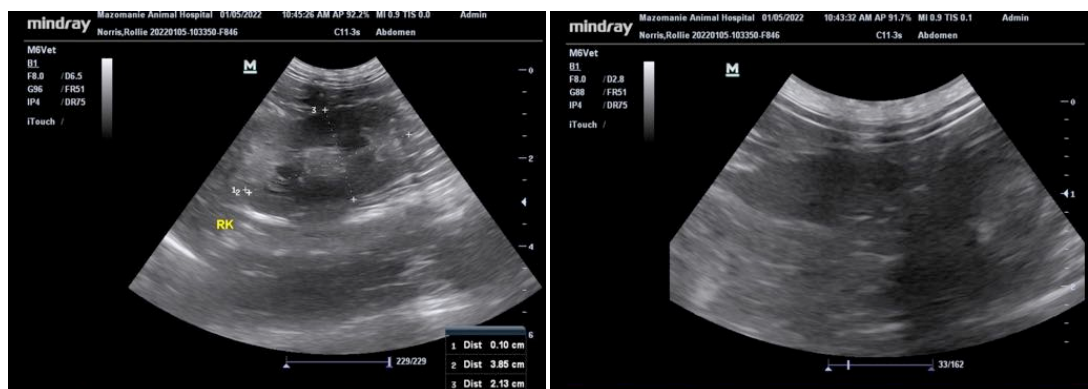
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Rollie Norris

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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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