**PATIENT**

Smokey Hafele

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered Male

**AGE**

9 years

**WEIGHT**

15.4 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING  
PERFORMED BY**

Rachel Runnels, RVT

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. Whitman

**INVOICE**

95052

**DATE**

1/6/22

**PRESENTING CLINICAL SIGNS**

History for last year and a half of vomiting episodes lasting a couple days, then better for several weeks. Has been prescribed depomedrol and prednisolone at different times and has seemed to help for a while/while on it. One month ago had upper respiratory signs per O and was wheezing. Increased bronchovesicular noise, but rads were unremarkable. Has started vomiting again within last couple days.

Abnormal PE/Chem/CBC/UA Results: Bloodwork 1 yr ago: increased eosinophils and low globulins.

**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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.23 cm. The right kidney measured 4.46 cm.

**Adrenal Glands**

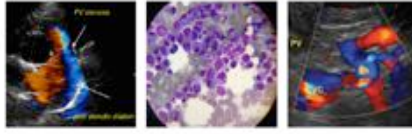
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.28 cm. The right adrenal gland measured 0.35 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 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.

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**Gastrointestinal**

The **gastrointestinal tract** revealed slight pyloric thickening without loss of mural detail. There was a minor amount of anechoic gastric fluid. The distal small intestine revealed slight muscularis hypertrophy, yet there was no evidence of loss of detail. The colon were unremarkable.

**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.

**Free Abdomen**

A large amount of abdominal fat was noted.

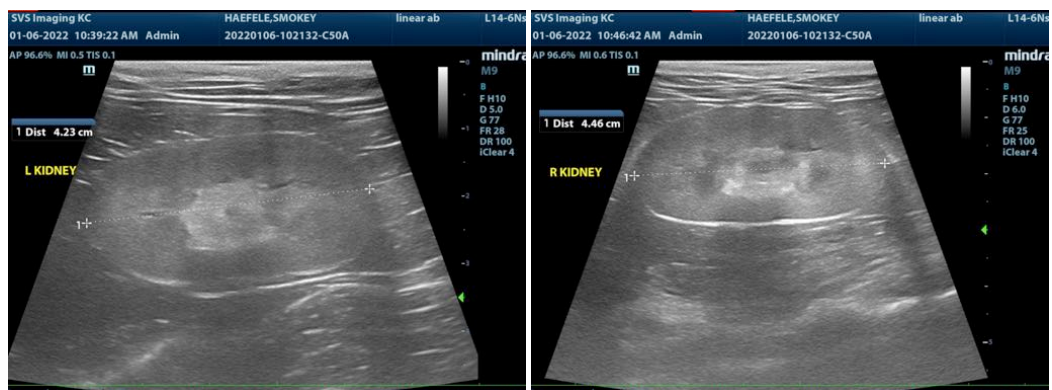
**ULTRASONOGRAPHIC FINDINGS**

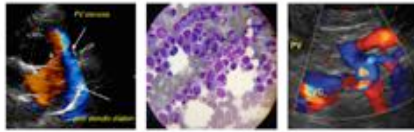
Unremarkable abdomen.

Low-grade inflammatory bowel presentation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of abdominal pathology. Diet change to hydrolyzed diet can be considered. The Prednisolone history may be playing a role and suppressing a more significant presentation. However, structurally the abdomen appears benign.





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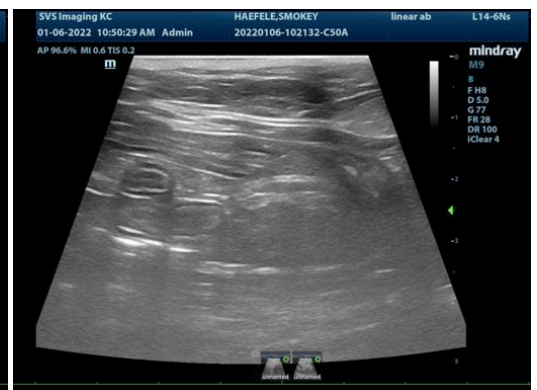
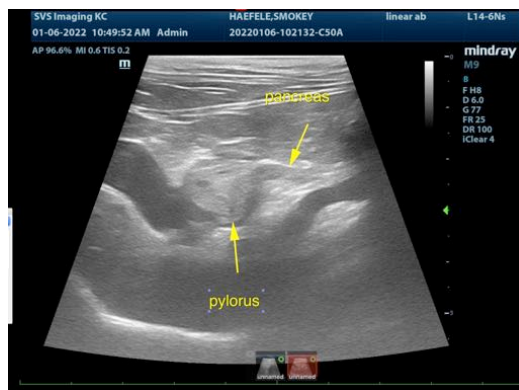
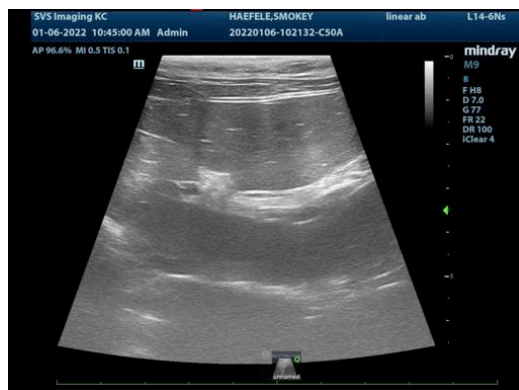
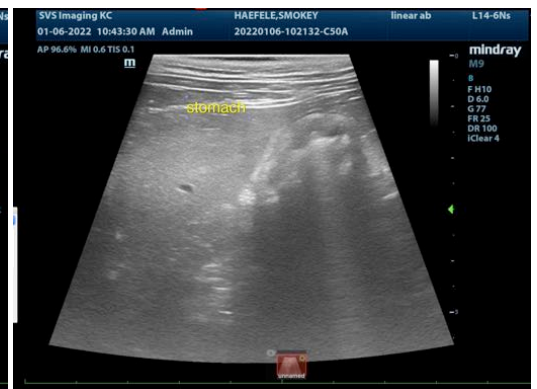
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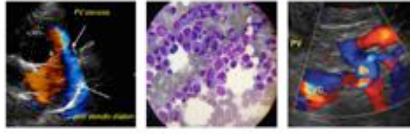
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SVS Mobile Imaging KC 816-401-5010  
svsimagingkc@gmail.com



**Clinical Sonography & Telectology**

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

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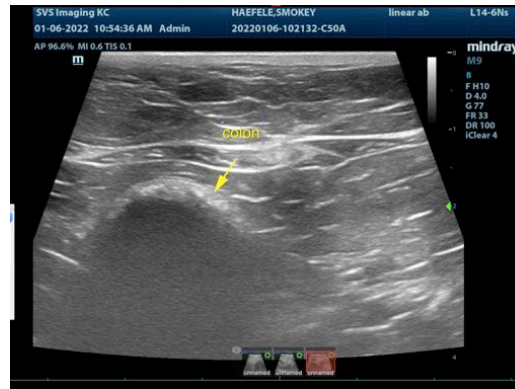
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
Eric.Lindquist@SonoPath.com