



**PATIENT PRESENTING CLINICAL SIGNS**

Simon Ceron

History: O reports that since moving to Saskatoon from Regina about 8 weeks ago, Simon has started vomiting about once a week. Previously, he used to vomit about once a year. He does get into things like tape and other sticky things, so it is quite possible he ate something he shouldn't have. There has been no change to his diet. He has a good appetite, no change to water intake (drinks mostly in the evenings), and no changes to litterbox habits. Indoor only (other than supervised time on balcony). 1 other cat in house hold. Abdominal ultrasound today to further investigate the cause for vomiting as well as the suspected mass in abdomen (see PE notes). Ddx for the vomiting: Pancreatitis? IBD? Abdominal mass? Other?

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

Abnormal PE/Chem/CBC/UA Results: PE findings - "Mass" palpated in ventral-mid abdomen that was slightly irregular in feel but mostly circular. Non-painful on palpation. Mild periodontal disease with suspected resorptive lesions. Otherwise PE was unremarkable. CBC - Mild lymphopenia (stress) causing a mild neutropenia. Hct was high normal (suspect mild dehydration). Chemistry - Mild increase in BUN and high normal albumin (suspect mild dehydration). Mild decrease in phosphorus. T4 = WNL, moderate hypercholesterolemia. UA = USG >>1.040 (well concentrated), otherwise NSF. Abdominal radiographs - Unremarkable.

**AGE**

6 years

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**WEIGHT**

5.04 kg

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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 4.02 cm. The right kidney measured 4.1 cm.

**IMAGING PERFORMED BY**

McCrea-Spence

*Adrenal Glands*

**HOSPITAL NAME**

Woodridge VC

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.

**REFERRING VET**

Dr. McCrea-Spence

*Spleen*

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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.

**DATE**

10/20/21



**PATIENT** *Liver*

Simon Ceron  
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 wall was slightly echogenic. This is not clinically significant.

**SPECIES**

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**SEX**

Neutered male

**AGE**

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**WEIGHT**

5.04 kg

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**Gastrointestinal**

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. Hard stool was palpated in this patient. However, there was no evidence of pathology noted on the sonogram. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**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.

**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of pathology. At times temporary nephritis can cause for renal enlargement, yet there was no evidence of pathology at the time of the sonogram.





**PATIENT**

Simon Ceron

**SPECIES**

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**SEX**

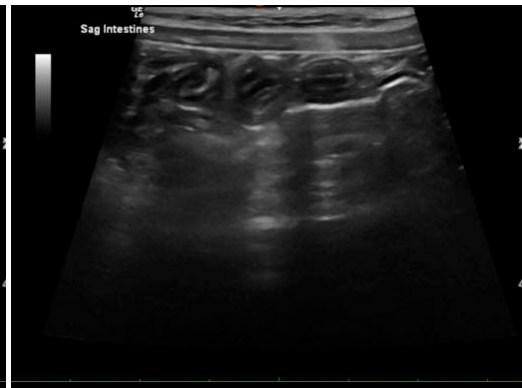
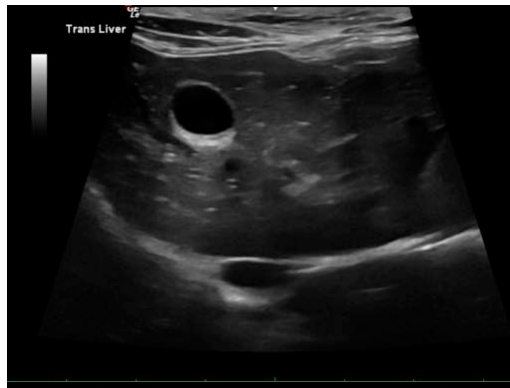
Neutered male

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**REFERRING VET**

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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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