



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Stray Randolph	suspect fb in thin patient suspect GI ulcer
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	The <b>urinary bladder</b> and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.
DSH	
<b>SEX</b>	The <b>kidneys</b> presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 4.62 cm. The left kidney measured 4.25 cm.
Neutered Male	
<b>AGE</b>	
9 Years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
6.6 Pounds	The regions of the <b>adrenal glands</b> were unremarkable.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	The <b>spleen</b> 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.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Jenn	The <b>liver</b> was coarse in architecture with multifocal hyperechoic lipogranulomatous type nodules. The gallbladder and common bile duct were unremarkable.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Rockaway AH	A large amount of <b>gastrointestinal</b> artifact was noted with gastric stasis. Dilated upper gastrointestinal tract was followed by empty small intestine, which creates a delayed outflow pattern. The exact cause is unclear.
<b>REFERRING VET</b>	<b>Pancreas</b>
Dr. Gannon	The base and limbs of the <b>pancreas</b> were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.
<b>INVOICE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
26549	<ul style="list-style-type: none"> <li>• Delayed outflow upper gastrointestinal pattern – possible foreign body, yet not overtly evident.</li> <li>• Chronic pancreatic, renal and hepatic changes</li> </ul>
<b>DATE</b>	
10/21/21	



**PATIENT**

Stray Randolph

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

6.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Gannon

**INVOICE**

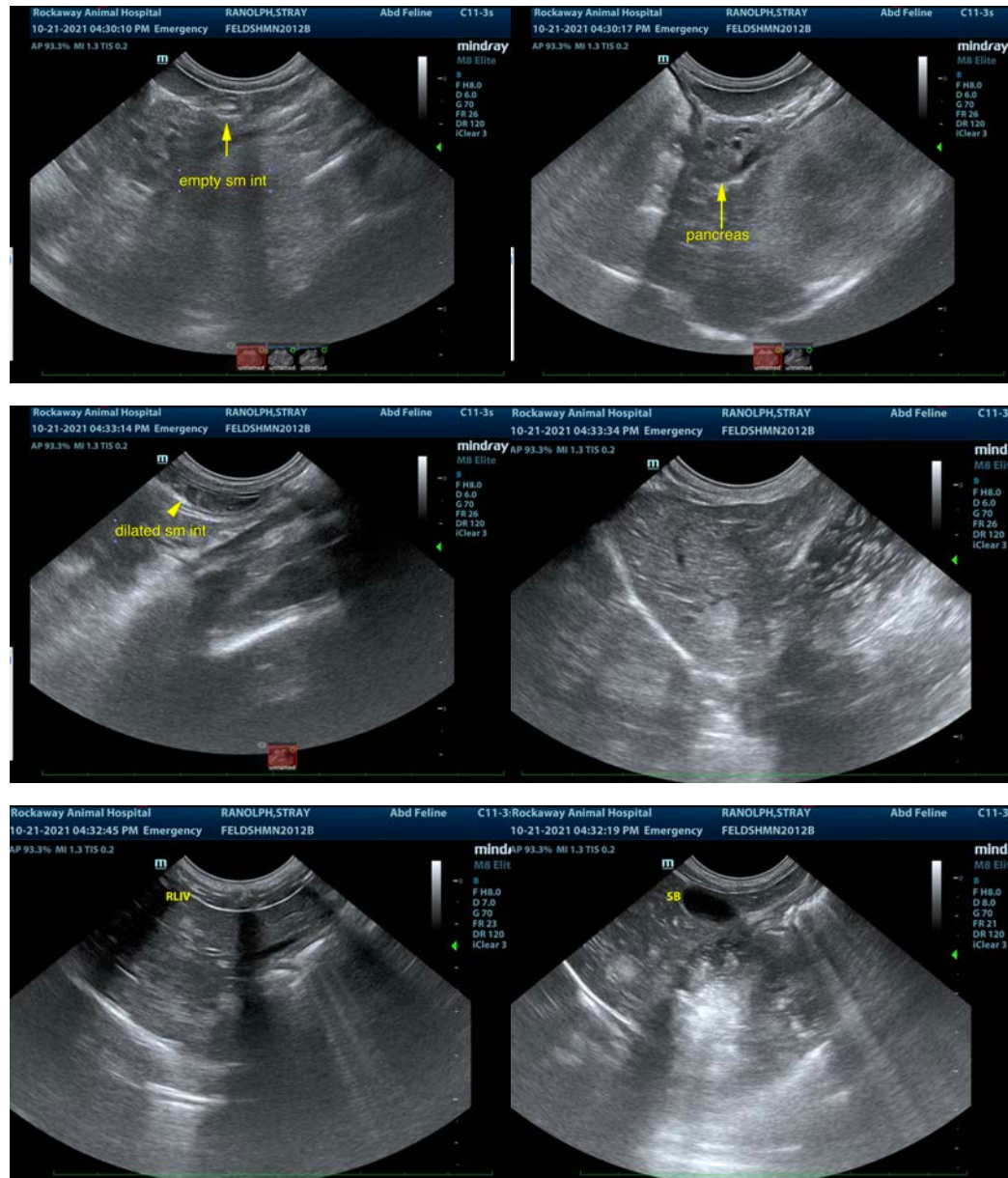
26549

**DATE**

10/21/21

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient is persistently clinical, exploratory surgery would be warranted. However, a 12-18 hour NPO status with IV fluid support recommended with recheck sonogram of the upper gastrointestinal tract. The delayed outflow may be owing to non-visible foreign body or regional dysfunction bowel. No overt evidence of neoplasia.





**PATIENT**

Stray Randolph

**SPECIES**

Feline

**BREED**

DSH

**SEX**

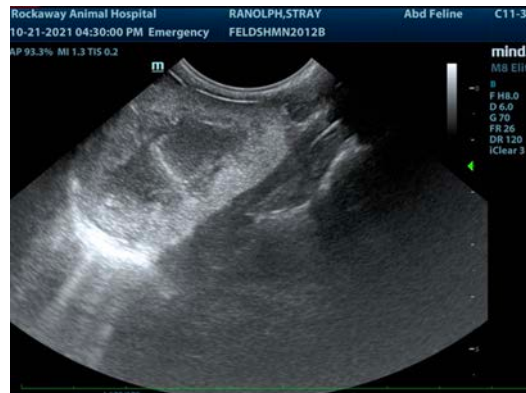
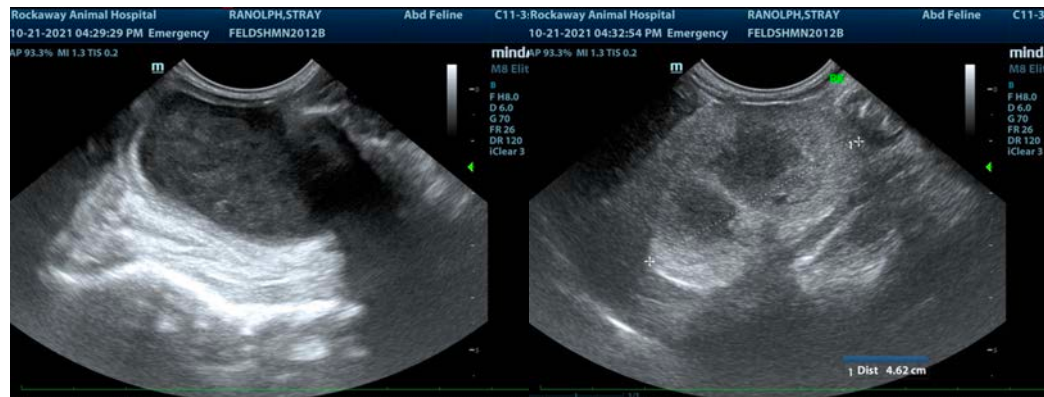
Neutered Male

**AGE**

9 Years

**WEIGHT**

6.6 Pounds



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

Jenn

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  
[info@SonoPath.com](mailto:info@SonoPath.com)

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Gannon

**INVOICE**

26549

**DATE**

10/21/21