



PATIENT

Tommy Sutton

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 ½ years

WEIGHT

5.23 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McGee

HOSPITAL NAME

Mason Dixon AER

REFERRING VET

Dr. Longbottom

INVOICE

92624

DATE

10/26/21

PRESENTING CLINICAL SIGNS

History: Admitted 10/23/21 because of not eating and vomiting since Wednesday 10.20. Radiographs were suspicious for trichobezoar that appeared to be moving into colon. Not improving with supportive care and continuing to regurgitate. AUS 10.25 concerning for intussusception. Negative abdominal exploratory 10.25 - severe ileus identified. O declined biopsy. Multifocal pulmonary lesions found incidentally on radiographs. Normal respiratory status.

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** 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 left kidney measured 4.4 cm. The right kidney measured 4.5 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.

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

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The **stomach** was over distended with fluid. The gastric wall was unremarkable. The ileocecal junction was unremarkable. The colon was fluid filled.

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Pancreas

The visible **pancreas** was unremarkable.

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ULTRASONOGRAPHIC FINDINGS

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Neutered male

Gastric fluid accumulation.

Colonic fluid accumulation.

Mild interstitial nephrosis renal pattern.

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Otherwise, unremarkable abdomen based on the image set.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

5.23 kg

The changes are consistent with gastroenteritis. I cannot rule out an upper intestinal foreign body. However, the visible small intestine was unremarkable. There is no evidence of intussusception in the image set provided.

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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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