

PATIENT

Syd Cesare

PRESENTING CLINICAL SIGNS

diarrhea, licking at prepuce
Abnormal PE/Chem/CBC/UA Results: CBC/chem wnl; T4 3.1, fecal neg

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

SEX

Neutered Male

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 4.54 cm. The right kidney measured 4.68 cm.

AGE

4 Years

Adrenal Glands

WEIGHT

10.2 Pounds

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 right adrenal gland measured 0.42 cm. The left adrenal gland measured 0.31 cm.

Spleen

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **spleen** was mildly enlarged (possibly owing to sedation if the patient was sedated at the time of the sonogram) with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.1 cm in width.

IMAGING PERFORMED BY

Diane McFadden

Liver

HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Maniar

Gastrointestinal

INVOICE

26748

The **stomach** was filled with progressively shadowing material, suspect hairball accumulation unless the patient was post-prandial at the time of the sonogram. Some retention of chyme noted. The small intestine and colon were unremarkable.

Pancreas

DATE

10/29/21

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.



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ULTRASONOGRAPHIC FINDINGS

- Full stomach – hairball type density
- Minor splenic enlargement – likely owing to sedation

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Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment of the prandial timing prior to the sonogram warranted. However, transit of ingesta into the small intestine was normal.

BREED

DSH

SEX

Neutered Male

AGE

4 Years

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IMAGING PERFORMED BY

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HOSPITAL NAME

Rockaway AH

REFERRING VET

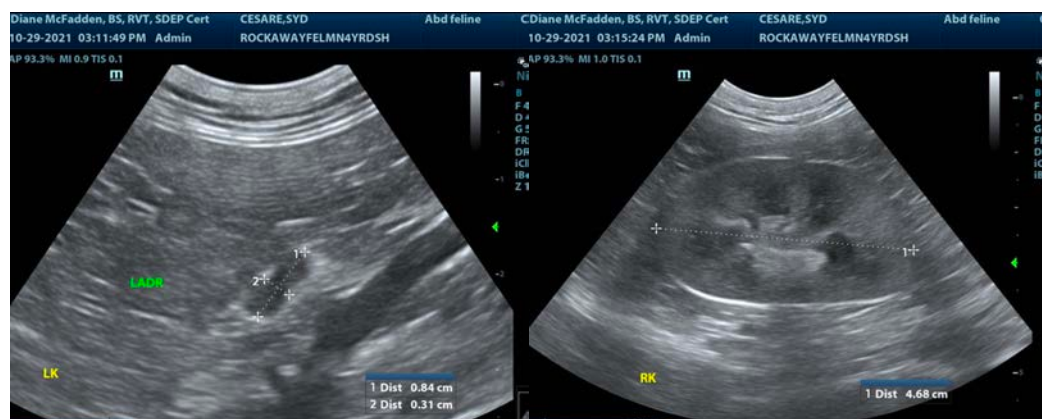
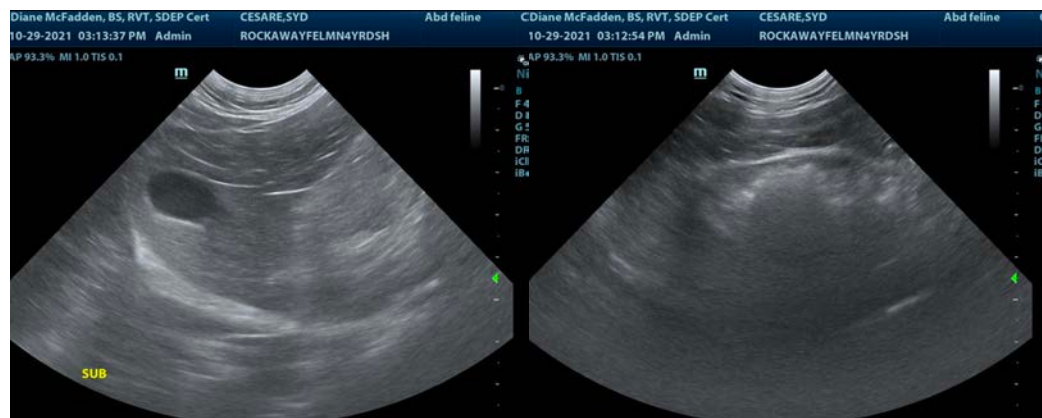
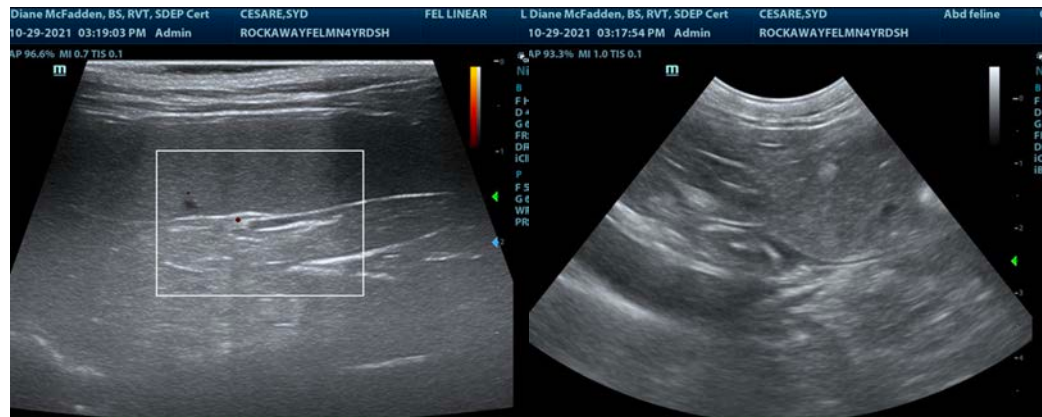
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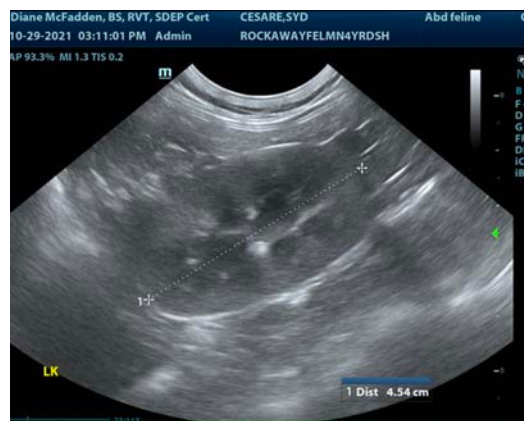
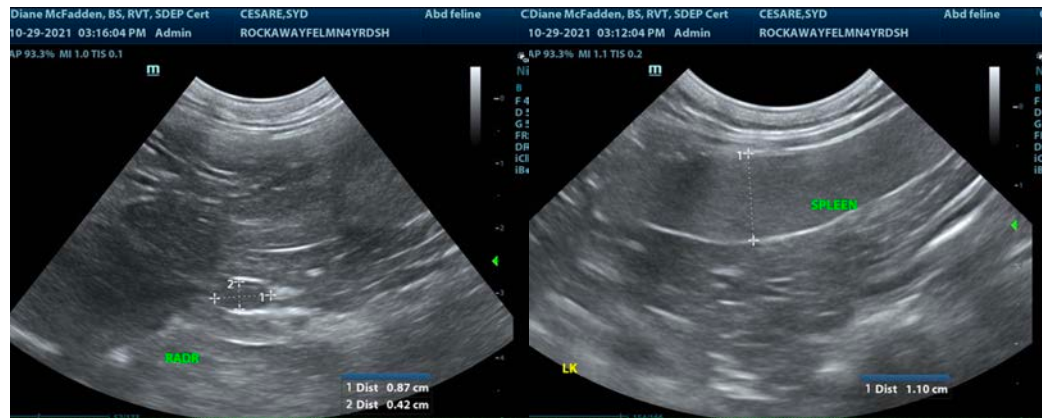
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com