



**PATIENT PRESENTING CLINICAL SIGNS**

Oliver Parkinson

Vomiting, hx of foreign body (hairball)  
Abnormal PE/Chem/CBC/UA Results: Gabapentin 50mg 1 tab PRN Primary Question/Differential to Be Answered in This Exam Abdominal evaluation

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

DLH

The **urinary bladder** presented a minor amount of debris.

**SEX**

Neutered Male

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 4.6 cm.

**AGE**

14 Years

**Adrenal Glands**

**WEIGHT**

9.75 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 0.47 cm.

**INTERPRETED BY**

Eric Lindquist, DMV

**Spleen**

DABVP, Cert. IVUSS

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 were noted.

**IMAGING PERFORMED BY**

Sara Hansen

**Liver**

**HOSPITAL NAME**

Countryside AC

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**REFERRING VET**

Dr. Cox

**Gastrointestinal**

**INVOICE**

42410

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with 1:1 muscularis/mucosal ratio. Gastric stasis present. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. A portion of jejunum revealed a shadowing structure measuring approximately 1.0 cm. Fluid-filled lumen noted prior to the structure with empty small intestine afterwards. No concerning lymphadenopathy was visible.

**DATE**

10/31/22



**PATIENT** *Pancreas*

Oliver Parkinson

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.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

DLH

- Jejunal obstructive pattern with diffuse intestinal thickening – possible passing hairball.
- Minor bladder debris
- Age related renal changes
- Age related hepatic changes

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

14 Years

Recommend exploratory surgery in this patient for two separate reasons: 1) to liberate the obstructive pattern and 2) to obtain intestinal biopsies, as chronic inflammatory or even possibility of minor emerging round cell neoplasia present. Other small foreign matter may be transiting as well. The density is that of a dense hairball, or possible nut, or similar. Ideally, sonogram would be performed just prior to surgery to ensure the structure has not moved distally.

**WEIGHT**

9.75 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS



**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Countryside AC

**REFERRING VET**

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**PATIENT**

Oliver Parkinson

**SPECIES**

Feline

**BREED**

DLH

**SEX**

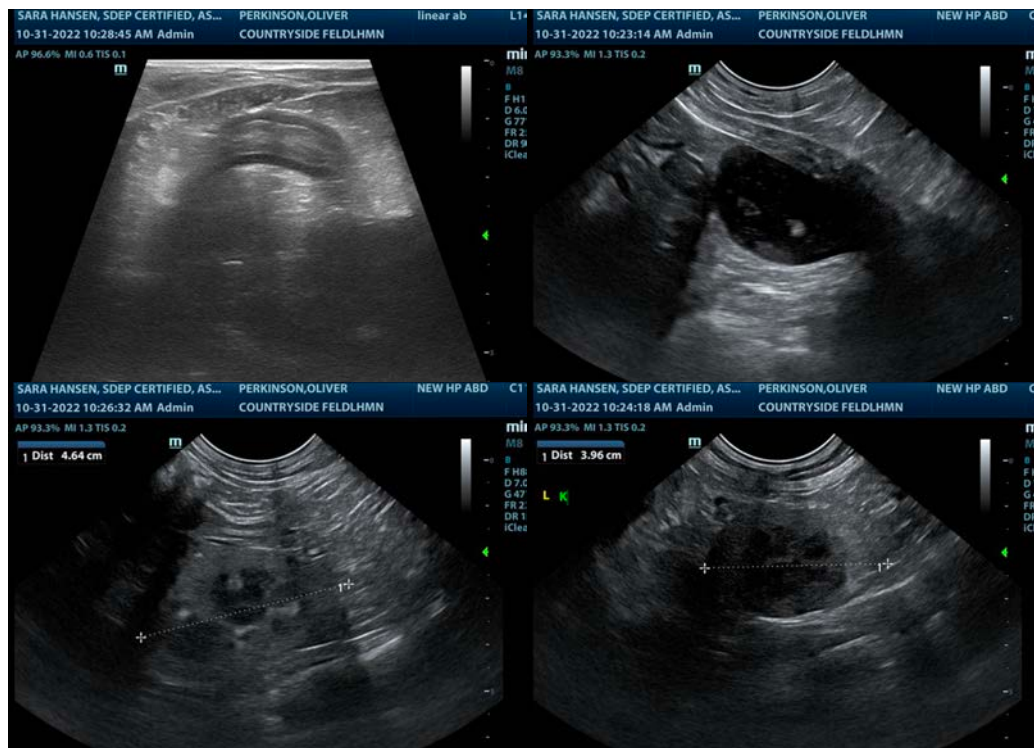
Neutered Male

**AGE**

14 Years

**WEIGHT**

9.75 Pounds



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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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

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