



PATIENT

Rupert Sasse

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

18.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Saum Hadi

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Saum Hadi

INVOICE

40976

DATE

10/5/22

PRESENTING CLINICAL SIGNS

P presented on 10/4 for vomiting. Still had an appetite at that time. Physical exam was unremarkable with a normal TPR, no pain on abdominal palpation, and no FB seen underneath the tongue. Abdominal rads and CBC/Chem/UA/T4/precisionPSL were performed. Radiographs were sent for interpretation by a board certified radiologist. Radiographs were WNL. NSF on lab work. P was treated with fluids and cerenia. P vomited despite the cerenia throughout the night. P maintained a good appetite through all of this until earlier today. P has stayed mostly BAR through this all. Temperature has continued to remain normal. AUS and thorax rads were performed today. Thorax rads read in house with no significant findings.

Abnormal PE/Chem/CBC/UA Results: HCT: 51% Rest WNL

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. A minor amount of suspended debris and bladder sand noted. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** presented increased cortical echogenicity, slight irregular contour, and minor mineralization, consistent with mild degenerative changes and interstitial nephrosis pattern. The kidneys measured 3.5 cm each.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 were 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.

Gastrointestinal

The **stomach** revealed minor soft shadowing material, consistent with hair density. The hair density continued from the fundus to the pyloric outflow. Minor amount of ingesta also present. The gastric wall was unremarkable. The small intestine and colon were unremarkable.



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Pancreas

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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

- Minor degenerative renal changes
- Hairball density in the stomach
- Bladder sand

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Hairball therapy and supportive care for GI upset warranted. Full urinalysis warranted with dissolution protocol. No evidence of neoplasia or overt foreign bodies other than soft gastric material.

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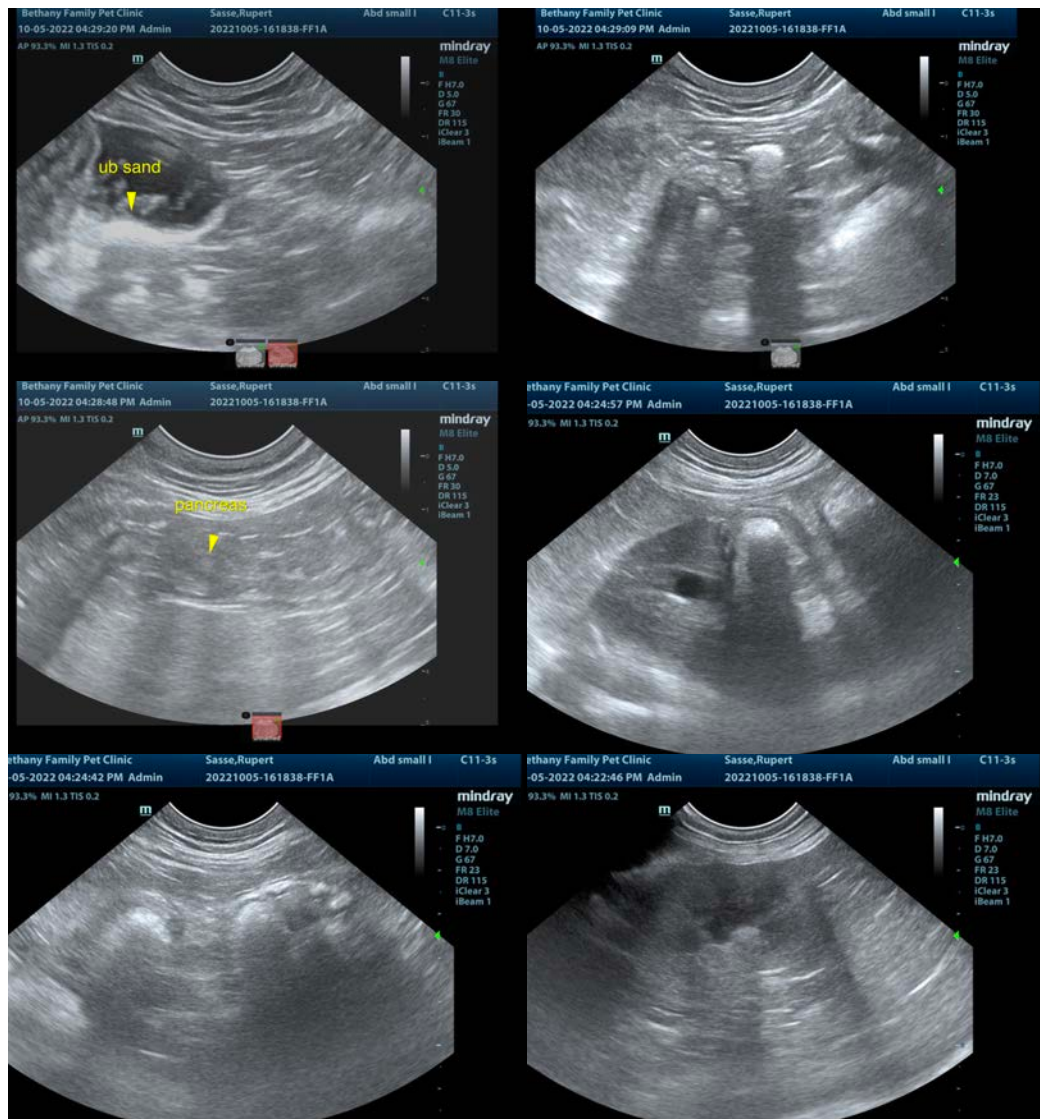
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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

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