



PATIENT

Misha Goldowski

SPECIES

Feline

BREED

Siberian

SEX

Spayed Female

AGE

8 Years

WEIGHT

8.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Melissa Rosen

HOSPITAL NAME

South Bellmore
Veterinary Group

REFERRING VET

Dr. Melissa Rosen

INVOICE

42982

DATE

11/23/22

PRESENTING CLINICAL SIGNS

~1 week of vomiting, on/off mostly bile, indoor only, normal bloodwork, has been eating normally, no diarrhea, other two cats in the home are normal, last time she vomited was Monday morning, has been acting normal, does not typically eat things she shouldn't send out T4 was normal (2.2), no weight loss

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 were noted. Ureteral papillae were normal.

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 3.25 cm.

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

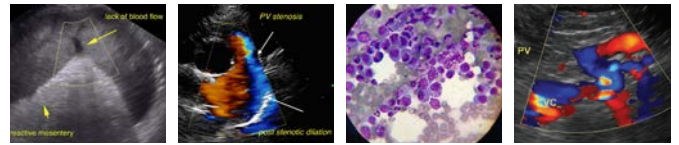
Minor amount of **gastric** fluid noted in the pyloric outflow, non-specific. Minor muscularis hypertrophy noted in the distal small intestine, consistent with inflammatory bowel.

Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

- Non-specific gastric irritation and minor distal small intestinal thickening



PATIENT

Misha Goldowski

SPECIES

Feline

BREED

Siberian

SEX

Spayed Female

AGE

8 Years

WEIGHT

8.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Melissa Rosen

HOSPITAL NAME

South Bellmore Veterinary Group

REFERRING VET

Dr. Melissa Rosen

INVOICE

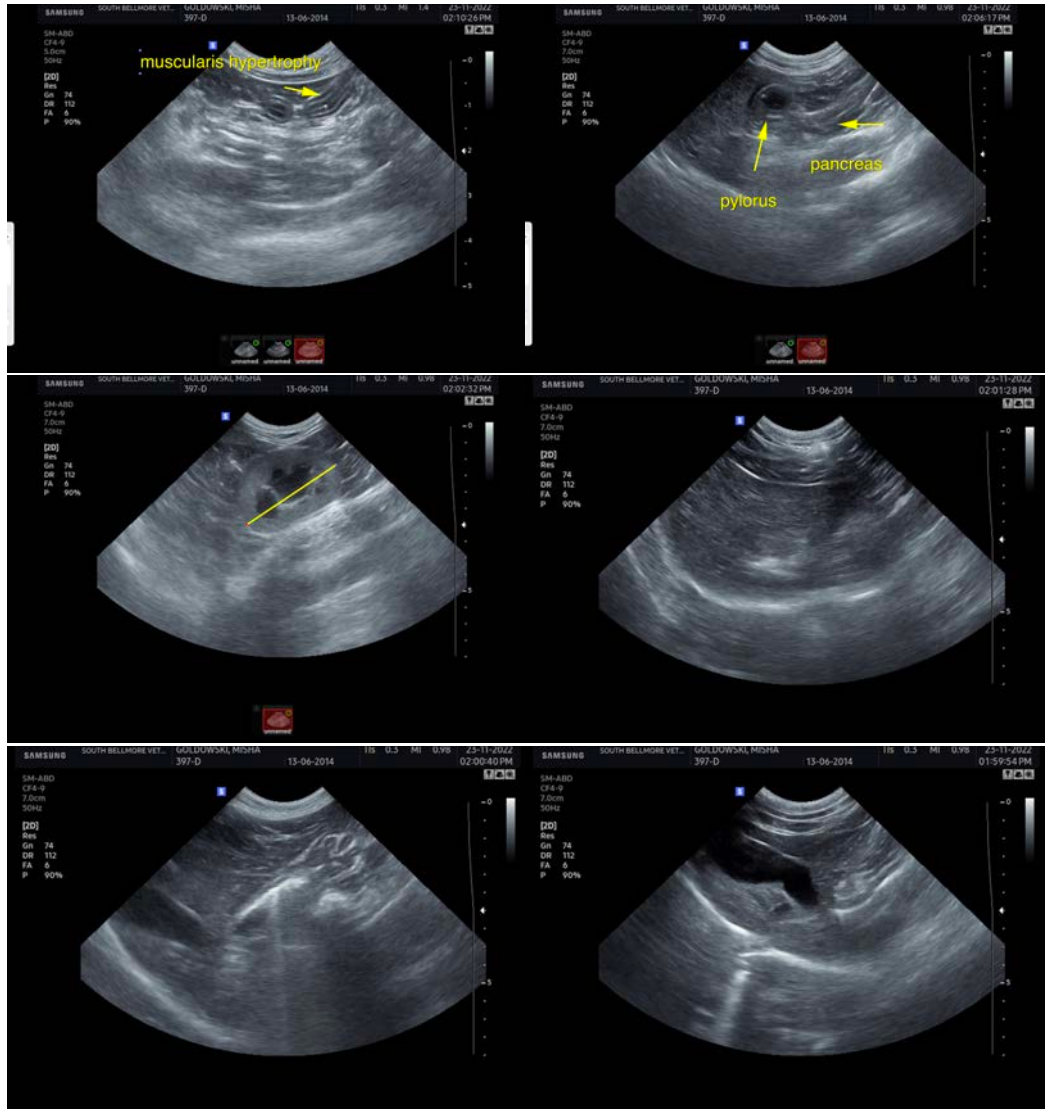
42982

DATE

11/23/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign body or neoplasia. I recommend a fresh fecal smear and fecal floatation analysis. Occult parasitism, dietary intolerance probable, or structurally benign inflammatory bowel disease. Diet change to hydrolyzed diet may be in this patient's best interested Broad-spectrum anti-parasitic protocol indicated.



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

info@SonoPath.com