



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Mr. Blueberry Martin	History: Admitted to ER last night for report lethargy, inappetence, vomiting; has always been tiny/runt per owner; no specific known gastric indiscretions.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Very dehydrated on presentation; after night on fluids his USG is still too high to read. Labs pretty unremarkable other than ALT in 200's. Radiographs very suspicious for obstruction. Has been on IVF all night and ultrasound requested this morning.
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</b>	The <b>urinary bladder</b> , 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.
Neutered Male	
<b>AGE</b>	The <b>kidneys</b> 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 moderate and most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Hyperechoic medullary rim sign was noted. The right kidney measured 3.66 cm. The left kidney measured 3.43 cm.
3 Years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
2.2 kg	
<b>INTERPRETED BY</b>	The regions of the <b>adrenal glands</b> revealed no evident pathology.
Eric Lindquist, DMV DABVP, Cert. IVUSS	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	The <b>spleen</b> 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.
Dr. Callihan	<b>Liver</b>
<b>HOSPITAL NAME</b>	The <b>liver</b> 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.
Animal Emergency Care	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	The <b>gastrointestinal tract</b> revealed a 1.5 cm soft shadowing jejunal foreign matter, preceded by stasis and followed by empty small intestine. Concurrent intussusception was noted adjacent to the foreign body obstruction. A minor amount of free fluid was noted.
Dr. Johnson	<b>Pancreas</b>
<b>INVOICE</b>	
18833	
<b>DATE</b>	
11/27/22	



**PATIENT**

Mr. Blueberry Martin

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**

- Obstructive small intestinal pattern with a 1.5 cm soft shadowing foreign matter, possible hairball transit along with jejunal intussusception. This may be manually reduceable without resection.
- Medullary rim kidneys with moderate interstitial nephrosis pattern

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Neutered Male

GI biopsies are warranted at the time of surgery. Surgical intervention is essential. I recommend renal biopsy given the convenience of the procedure for long term management.

**AGE**

3 Years

**WEIGHT**

2.2 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Callihan

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

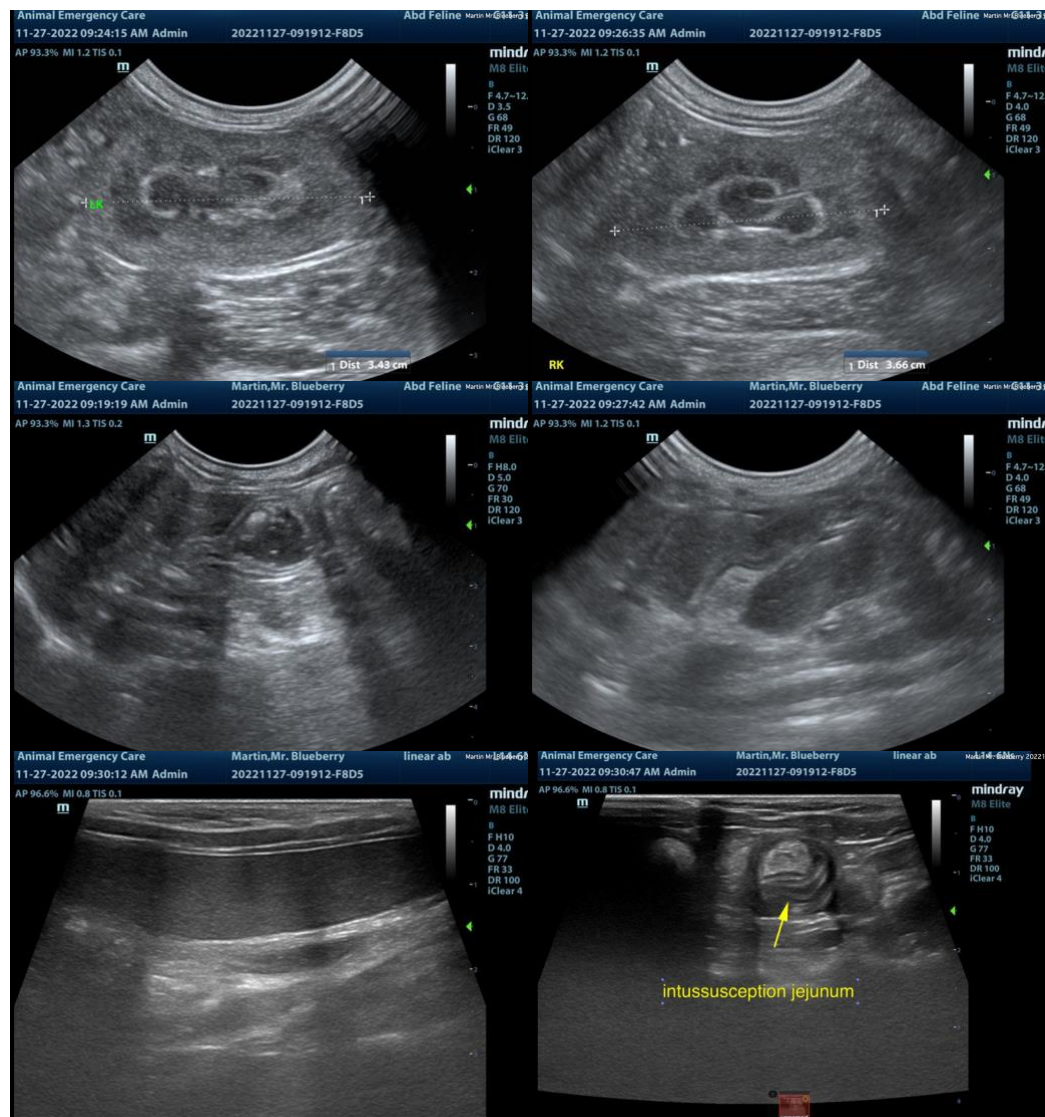
Dr. Johnson

**INVOICE**

18833

**DATE**

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**PATIENT**

Mr. Blueberry Martin

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

2.2 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Callihan

**HOSPITAL NAME**

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Care

**REFERRING VET**

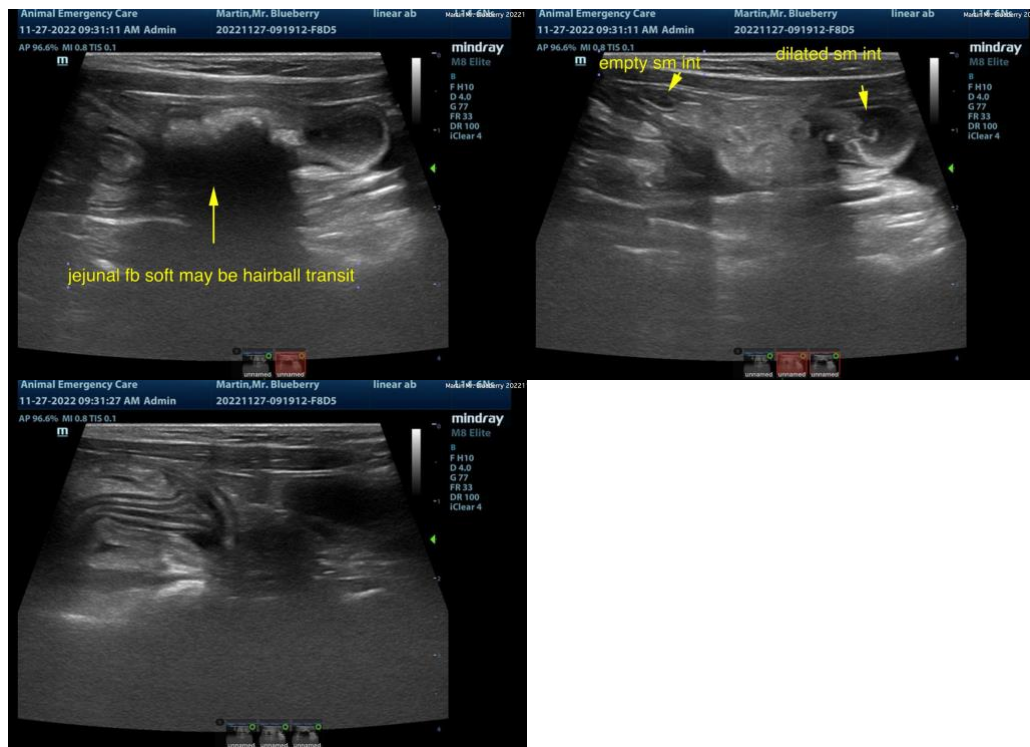
Dr. Johnson

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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  
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