



**PATIENT**

Poppy Ripp

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Spayed female

**AGE**

1 year

**WEIGHT**

11.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jill Rumachik

**HOSPITAL NAME**

Clarity Imaging LLC

**REFERRING VET**

Dr. Howlett

**INVOICE**

42737

**DATE**

11/28/22

**PRESENTING CLINICAL SIGNS**

History: 1 month hx of intermittent diarrhea and some vomiting more recently -- non-responsive to metronidazole, somewhat improved with different diet (was on RC urinary s/o for urolithiasis -- O recently switched to OTC lams).  
Abnormal PE/Chem/CBC/UA Results: Hx of struvite stones

**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 was 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 3.73 cm. The right kidney measured 3.43 cm.

**Adrenal Glands**

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.

**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 was 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.



**PATIENT**

**Gastrointestinal**

Poppy Ripp

The **stomach** presented progressively shadowing luminal material. Hairball type density was noted. Transit of chyme into the small intestine was normal. The intestinal and colonic walls 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.

**SEX**

Spayed female

**Free Abdomen**

A large amount of abdominal fat was noted in this patient, particularly in the falciform. Dietary regimen should be evaluated.

**AGE**

1 year

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

11.5 lbs

Hairball density in the stomach without complete obstructive pattern. Soft foreign matter is possible; however, likely hairball accumulation.

Excessive abdominal fat particularly in the falciform ligament.

**INTERPRETED BY**

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DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hairball therapy is indicated. Diet change is recommended.

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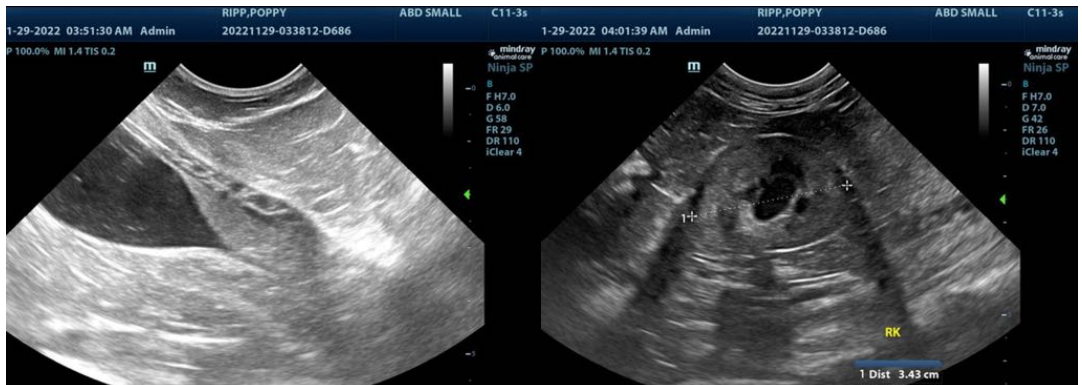
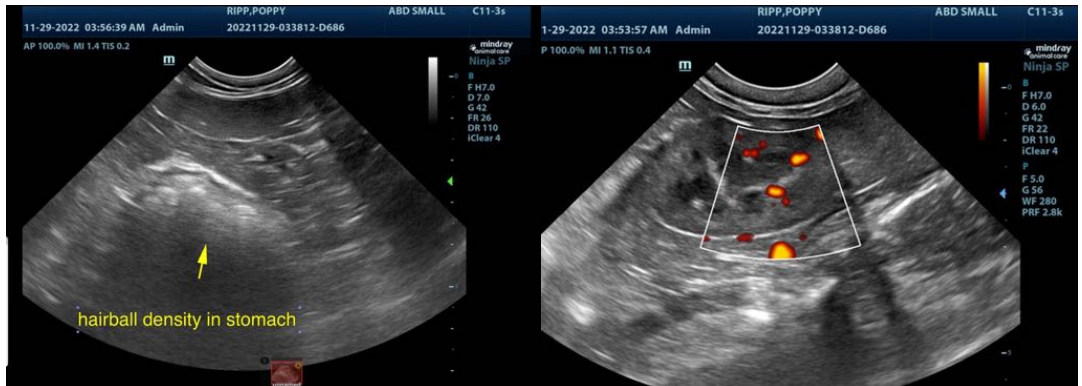
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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