

PATIENT

Robin Eyink

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

12 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Katie Newcamp

INVOICE

42609

DATE

11/7/22

PRESENTING CLINICAL SIGNS

History of decreased appetite and vomiting for 10 days. Radiographs taken at first visit did not show obvious plication or obstructive pattern. Bloodwork unremarkable. Reevaluated at local ER clinic - repeat radiographs unremarkable, responds in short term to gastroprotectants, anti-nausea medications. Decreased appetite and continued decreased appetite at home, concern for foreign body or obstruction

Abnormal PE/Chem/CBC/UA Results: Recent bloodwork unremarkable

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 4.5 cm. The right kidney measured 4.5 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. The left adrenal gland measured 0.44 cm.

Spleen

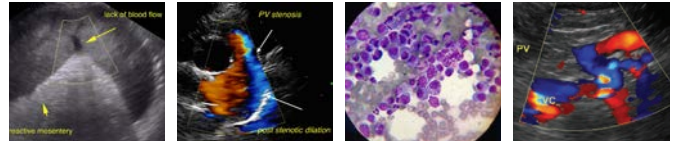
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated 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 a moderate amount of fluid in the gastric fundus and pyloric antrum. A large amount of gastric gas noted, obscuring some visibility, yet no obvious obstructive pattern present. The small intestine revealed variable thickening, particularly in the jejunum, with some transit of soft chyme. The colon was full and overdistended. Minor increased submucosal layering noted yet no loss of mural detail. No neoplastic criteria.



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Pancreas

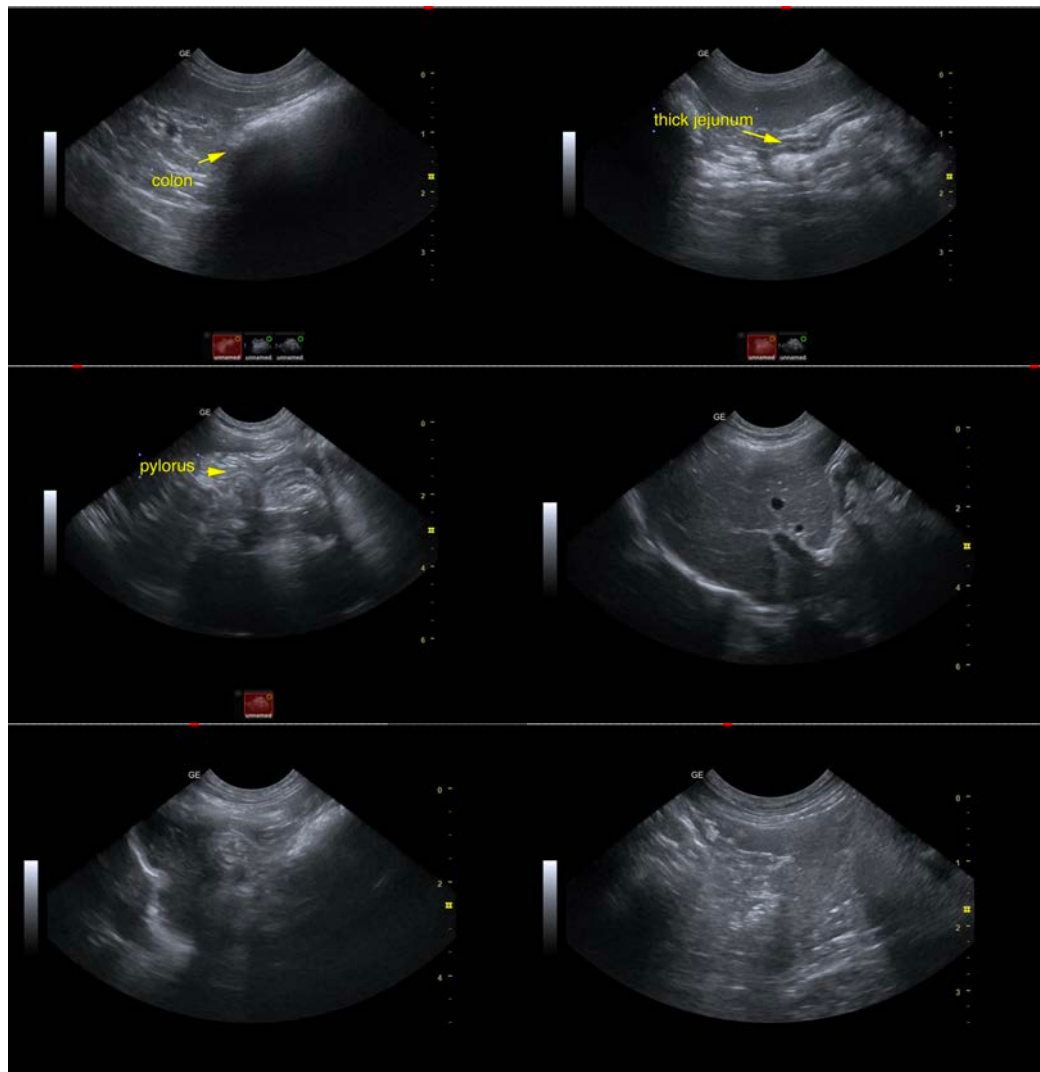
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

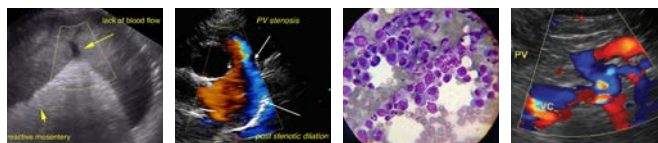
ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis pattern with possible transiting hair or similar material, chronic inflammatory bowel pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend IV support, anti-parasitic protocol, hairball therapy, and recheck sonogram in 24-48 hours to ensure adequate resolution. Enema may be appropriate depending upon radiographic findings of the colon. However, sonographically it appears to be significantly full.





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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