



PATIENT

Rugen Hood

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

10.87 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shannah Duffy

HOSPITAL NAME

Portland Veterinary
Wellness Center

REFERRING VET

Dr. Duffy

INVOICE

69520

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: Hx intermittent hyporexia, vomiting, Hx seizures, controlled on phenobarbital. Hx constipation, controlled on lactulose PRN. CBC/Chem/T4/fecal/SNAP triple unremarkable. U/a 1.040, 1+ protein, 2+ struvite- no urinary signs. Phenobarbital therapeutic range 17.4 ug/mL, seizures well-controlled.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.4 cm. The right kidney measured 4.0 cm. Blood flow appeared adequate on Power Doppler assessment.

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 0.4 cm. The right adrenal gland measured 0.4 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease. The spleen measured 0.9 cm in width.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The stomach was partially full with uniform chyme. The pyloric outflow revealed soft shadowing consistent with a hairball density. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. Reactive mesenteric lymph nodes were noted and measured 1.5 x 0.5 cm.

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

Geriatric abdomen.

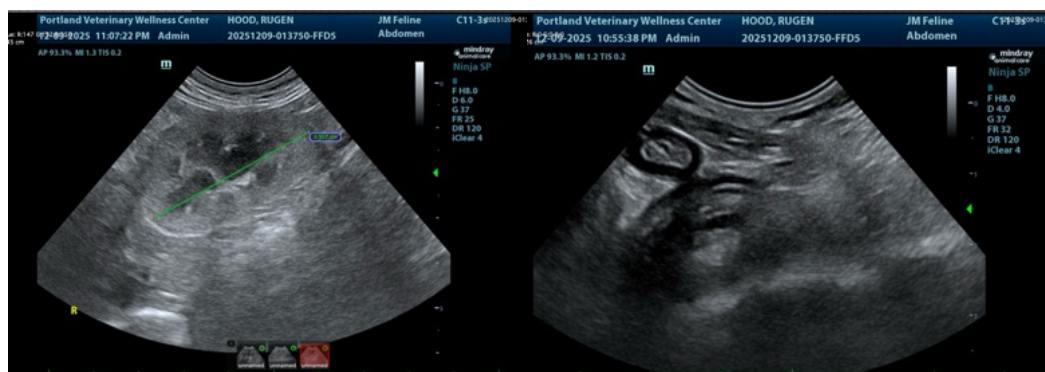
Inflammatory bowel and hairball accumulation.

Reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The vomiting may be related to inflammatory bowel and hairball accumulation given the intestinal thickening. There was no overt neoplastic criteria met in this patient. Hairball management, hydrolyzed diet and Prednisolone trial are all potential options in this patient regarding the GI presentation. Otherwise, full thickness GI biopsies would be necessary for further definition.

Skull CT is indicated given the patient's history of seizure activity.





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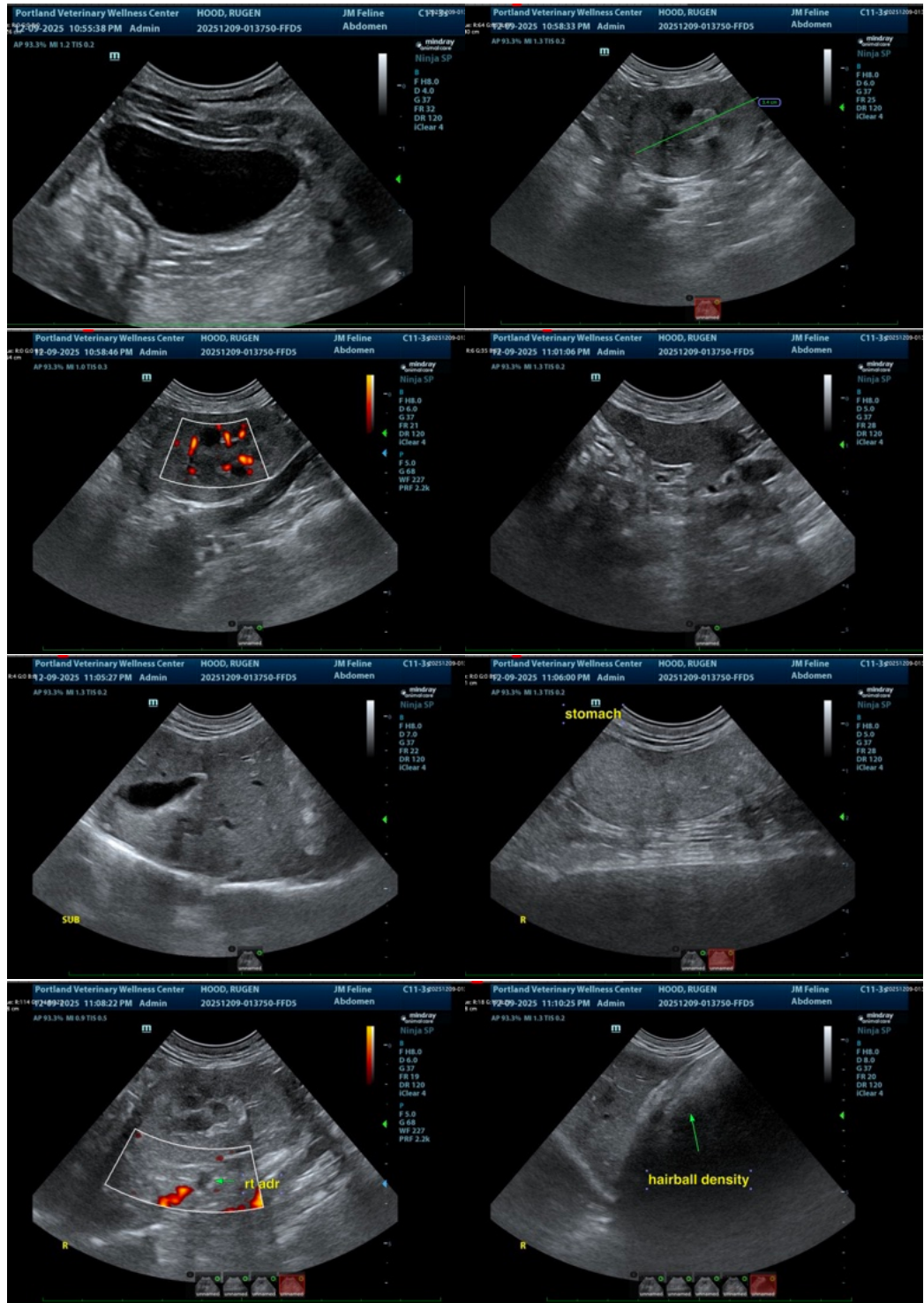
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com