



**PATIENT**

Skye Johnson

**PRESENTING CLINICAL SIGNS**

History: vomit, diarrhea, decreased appetite, r/o ingested toxin  
Abnormal PE/Chem/CBC/UA Results: BW= WNL Xrays- gas filled colon

**SPECIES**

Felinee

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Shorthair

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A mild amount of sand and suspended debris was noted and measured up to 1.0 cm.

**SEX**

Spayed Female

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 dilatation was present. The capsules were acceptably uniform without significant irregularities. Trace mineralization was noted. The left kidney measured 3.0 cm. The right kidney measured 3.3 cm with slight pinpoint mineralization.

**AGE**

4 years

**WEIGHT**

12.6 lbs

**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 0.3 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Dr. Nause

**HOSPITAL NAME**

Fredon AH

**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.

**REFERRING VET**

Dr. Grau

**INVOICE**

94872

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12/23/21



**PATIENT**

**Gastrointestinal**

Skye Johnson

The **gastrointestinal tract** was structurally unremarkable with an empty lumen. Minor muscularis hypertrophy was noted in portions of the small intestine, yet

**SPECIES**

Felinee

**Pancreas**

**BREED**

Domestic Shorthair

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

**ULTRASONOGRAPHIC FINDINGS**

Bladder sand.

Slight renal mineralization.

**AGE**

4 years

No evidence of significant disease.

**WEIGHT**

12.6 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urinary work-up is warranted. Supportive care should prove effective. There is a potential for low-grade inflammatory bowel; however, structural changes were minimal.

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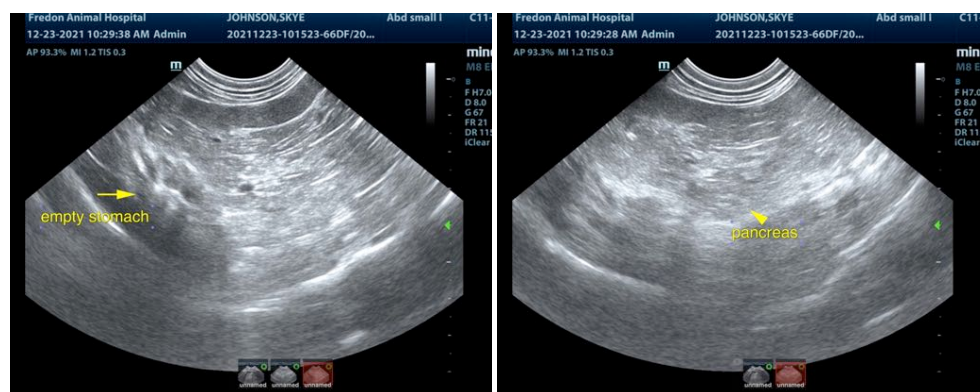
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**PATIENT**

Skye Johnson

**SPECIES**

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Domestic Shorthair

**SEX**

Spayed Female

**AGE**

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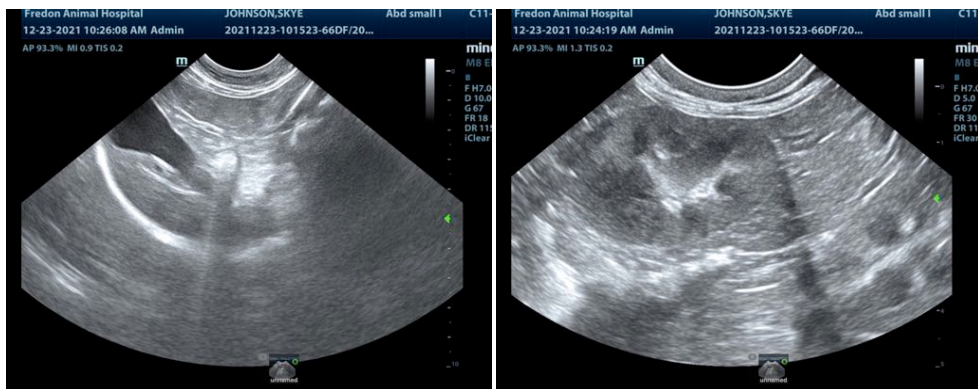
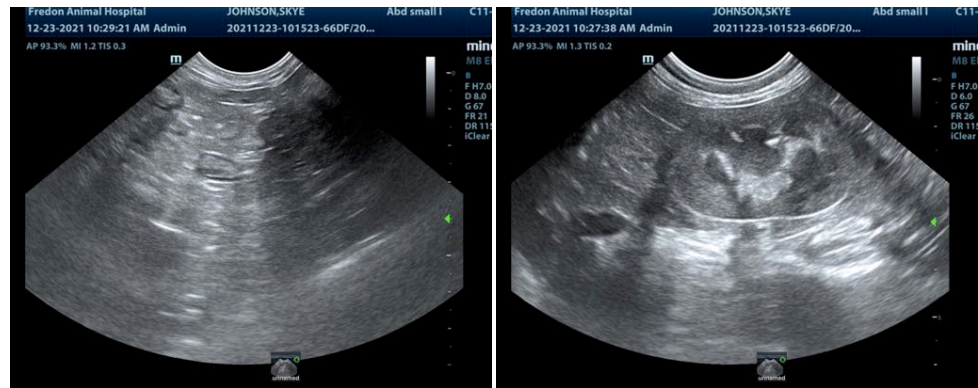
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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