



PATIENT

Titus Scott

PRESENTING CLINICAL SIGNS

New rescue kitten, vomits daily, not gaining weight
No abnormal CBC or chem panel. Radiographs: NAF

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

***49 still images submitted

BREED

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.

SEX

Male

AGE

12 weeks

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 right kidney measured 2.6 cm. The left kidney measured 2.67 cm.

WEIGHT

5.2 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 right adrenal gland measured 0.19 cm. The left adrenal gland measured 0.17 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Paul Tackett

Spleen

The **spleen** was folded upon itself caudally.

HOSPITAL NAME

Taylor Ranch VH

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. Scott

INVOICE

94896

DATE

12/23/21



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Gastrointestinal

Titus Scott

Gastroesophageal sphincter and terminal esophagus were normal in this patient. There was minor over distension of the stomach present. The pylorus was free of evident pathology. The pyloric width measured 0.3 cm. The small intestine is normal.

SPECIES

Pancreas

Feline

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.

BREED

Domestic Medium Hair

SEX

Gastric over distension. Post prandial or delayed outflow type presentation.

Male

Otherwise, structurally unremarkable abdomen.

AGE

12 weeks

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of direct visceral disease that would be responsible for the clinical signs. There was no overt cause of poor growth. Underlying parasitism or other non-visible, congenital defects are possible.

WEIGHT

5.2 lbs

For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

INTERPRETED BY

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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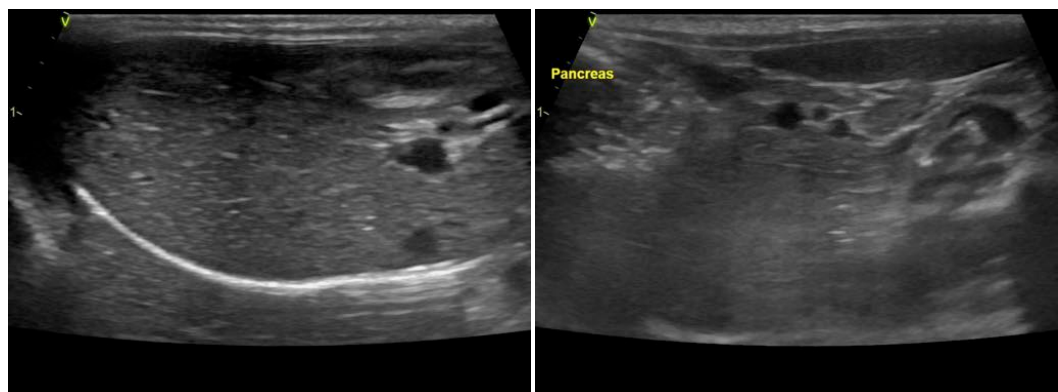
Paul Tackett

HOSPITAL NAME

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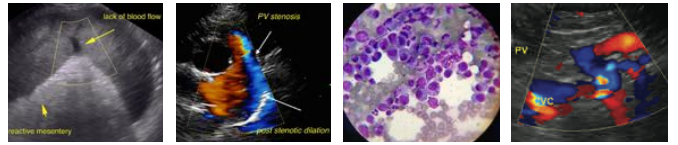


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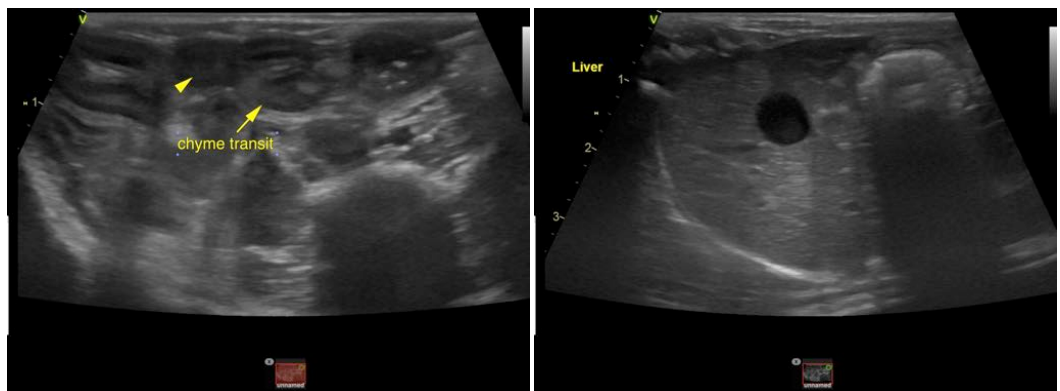
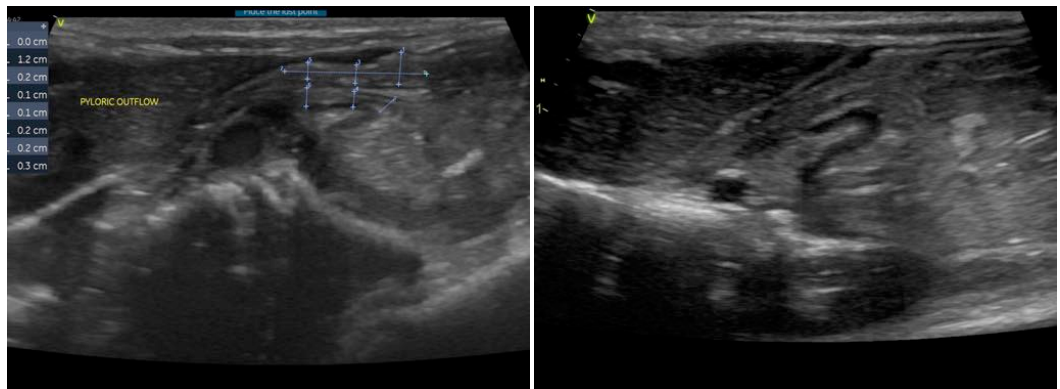
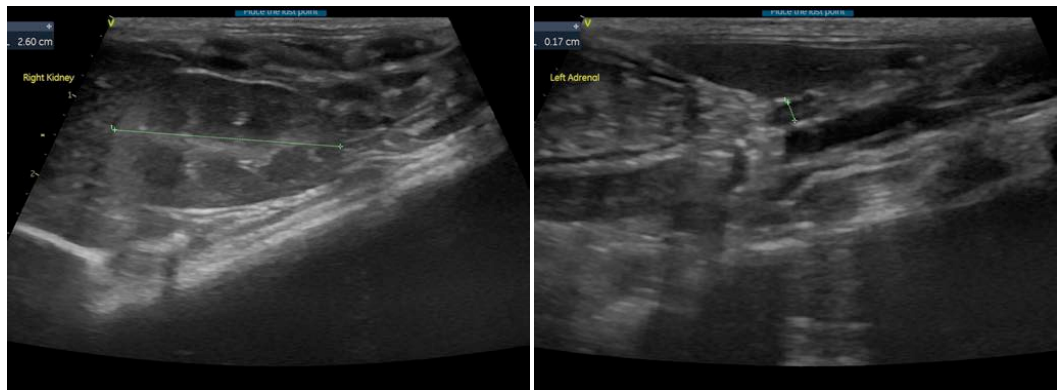
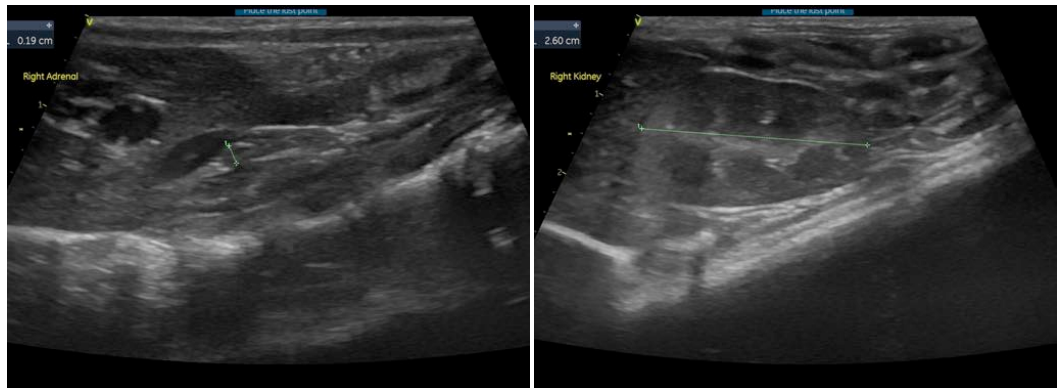
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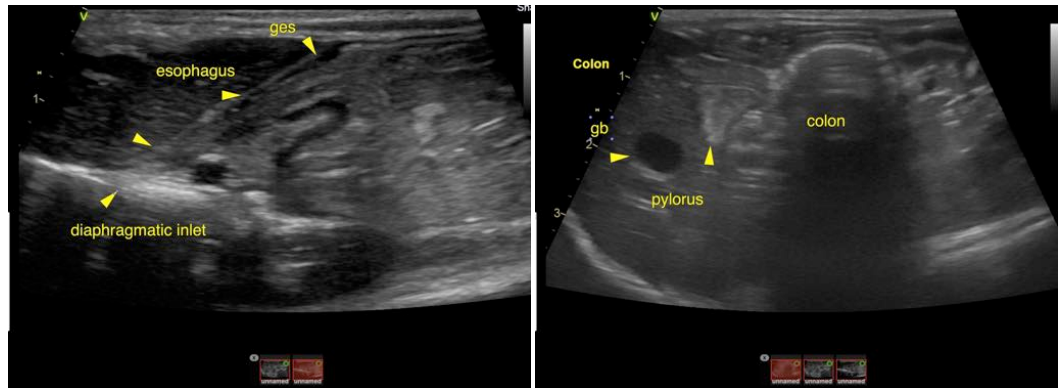
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SPECIES

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SEX

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AGE

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WEIGHT

5.2 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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