



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Sebbie Fry

**SPECIES**  
Feline

Presented at our hospital for ingesting 15-20 inches of a flat piece of cloth at ~4pm this evening. Previous Health Concerns: Possible heart murmur, O reports that one vet said they heard it and the other said they didn't

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: 2/6 systolic murmur Results of Diagnostics: Radiographs – possible material in stomach otherwise empty, no signs of plication etc Blood work – Glu 313; iCa 1.2

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH 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.

**SEX**

Neutered Male

**AGE**

12 Months

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 3.9 cm. The right kidney measured 4.25 cm.

**WEIGHT**

5.7 kg

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**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 were noted.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**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.

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Lupole

**Gastrointestinal**

The **stomach** revealed minor shadowing material with fluid absorption. No overt obstruction noted. The small intestine was unremarkable and empty. The density in the stomach may represent foreign matter, yet was non-obstructive at the time of the sonogram.

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**Pancreas**

**DATE**

12/3/21

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.



**PATIENT**

Sebbie Fry

**ULTRASONOGRAPHIC FINDINGS**

- Minor pyloric soft shadowing, fluid absorbing material – hair or similar density suspected. However, this is minor and does not fit the description of the long structure in the history.

**SPECIES**

Feline

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt obstruction. Conservative therapy recommended. If clinical signs persist, recheck sonogram warranted.

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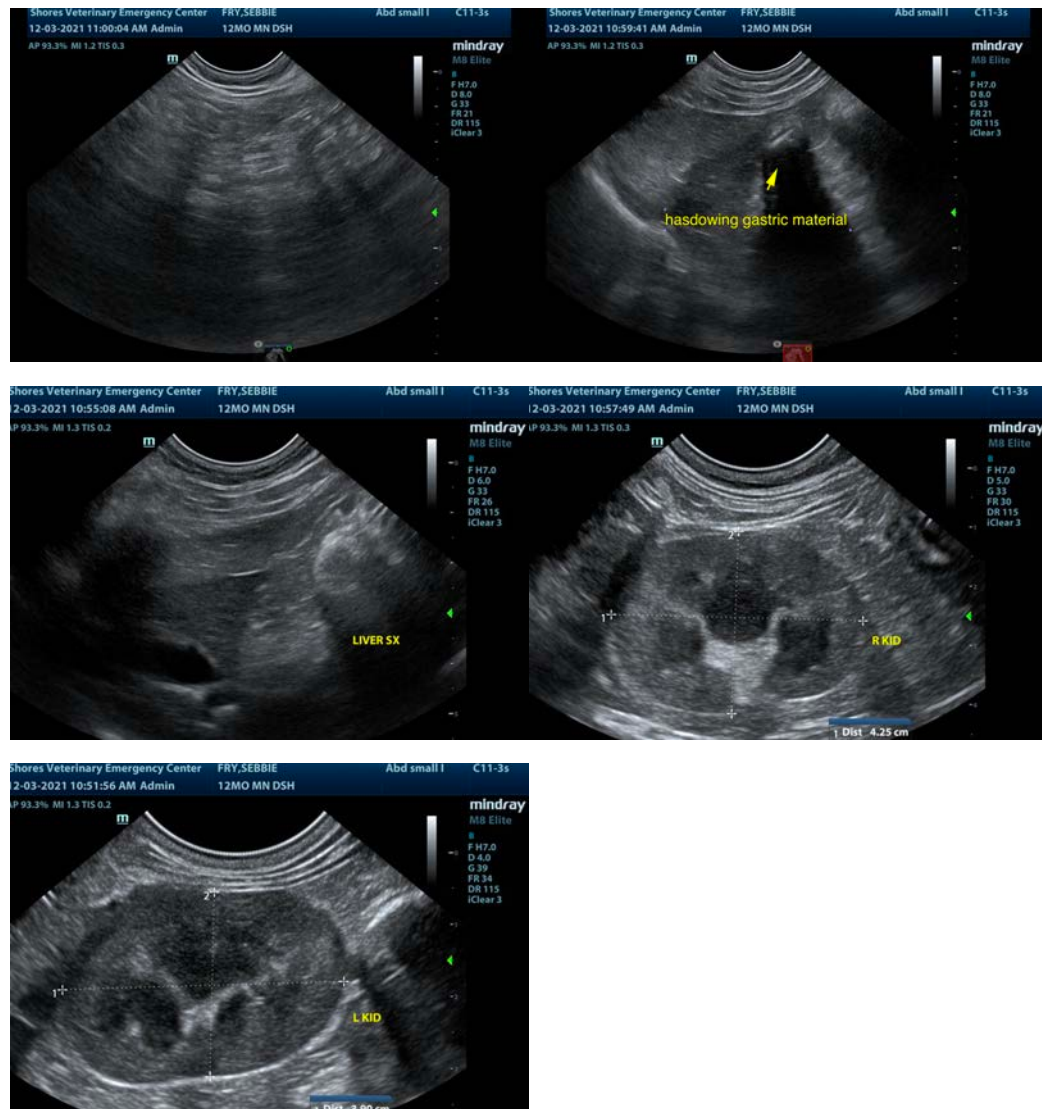
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)