



PATIENT

Rugan Jontry

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

4.64 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Alyssa Huntington

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Alyssa Huntington

INVOICE

36779

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: Pt seen 12/4 for 1wk frank, bloody D+, inappetence, V+, coughing and Pyrexia. Pt hospitalized, discharged 12/5. Pt represented 12/7 for loose stool (not bloody), limping and acting guarded when walking, as well as for pain.

Abnormal PE/Chem/CBC/UA Results: Initial Diagnostics all performed 12/4 Chem 17: phos 3, all other wnl CBC: WBC 19.33, Neut 17.85, Eos 0.08, HCT 47.9, all other wnl EPOC: K 3.3, Ca 1.19, Glu 166, Beb -8.1, pH 7.249, all other wnl recheck EPOC 12/5: Glu 228(H), Hct 35%, Ca++ 1.17, Lytes wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. This is a mild change.

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 3.2 cm. The right kidney measured 4.5 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.1 cm.

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** was filled with progressively shadowing luminal material. If the patient was NPO at the time of the sonogram, this is likely hairball accumulation and ingesta given the echotexture. Some transit of chyme into the small intestine was noted. The colon was unremarkable.



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Pancreas

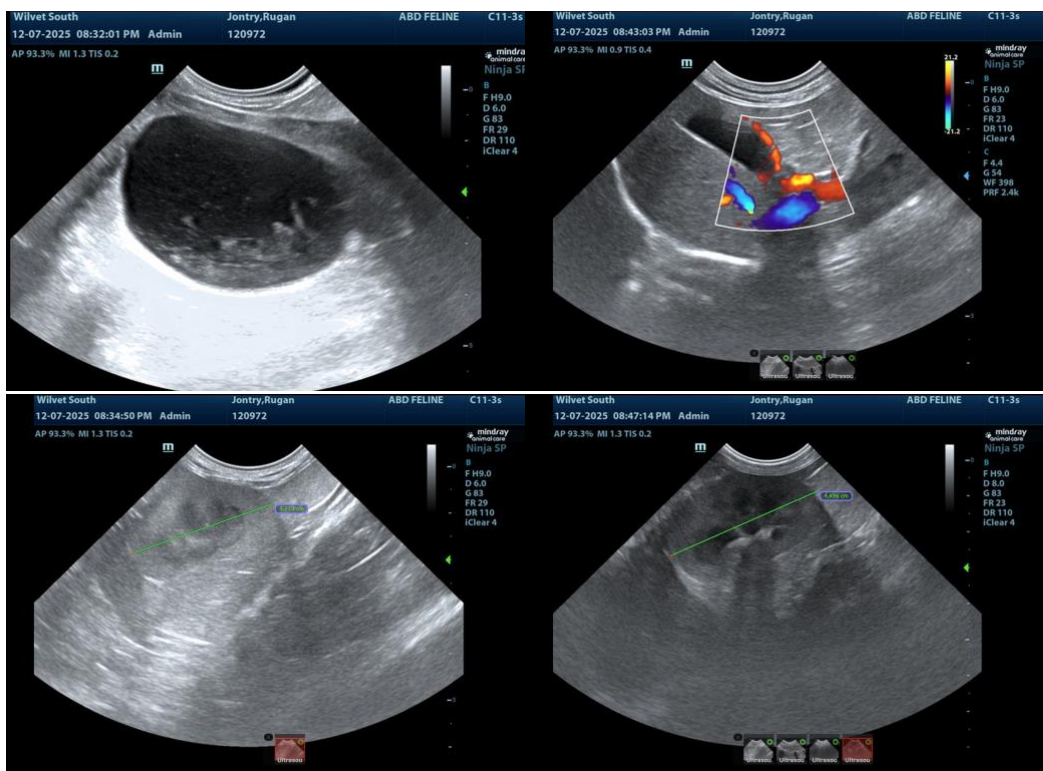
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Normal abdomen with full stomach, likely hairball accumulation and ingesta
- Urinary bladder debris
- Mildly enlarged spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hairball management and supportive care should prove effective. Underlying infectious agents such as bartonella and toxoplasmosis and viral disease should all be considered given the fever of unknown origin. Recheck sonogram in 3-5 days at NPO status if the patient is responding to therapy.





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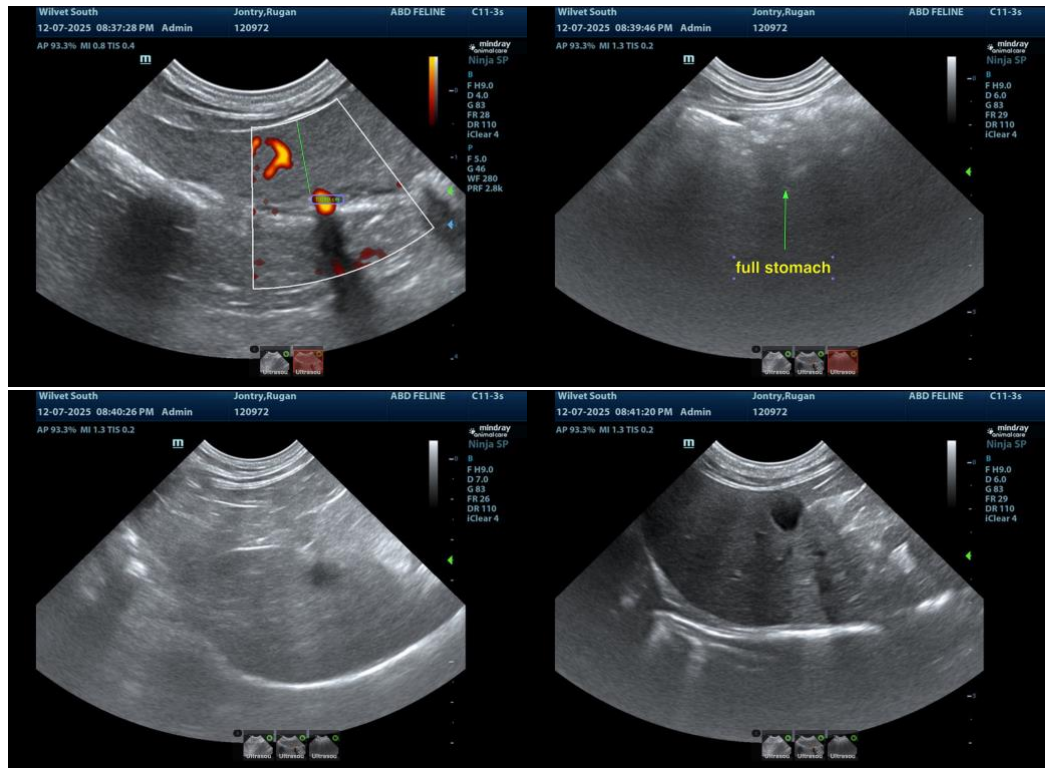
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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