



**PATIENT**

Topper Keenan

**PRESENTING CLINICAL SIGNS**

History: 1 week history of acute onset lethargy, vomiting and inappetence. CBC/CHEM/T4/UA Within Normal Limits. fpL pending.

**SPECIES**

Feline

**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.

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

10 years

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. The kidneys revealed slight pyelectasia. The right kidney measured 3.0 cm with slight pinpoint mineralization.

**WEIGHT**

13 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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Samantha Hudgins

**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.

**HOSPITAL NAME**

Petvacx AH

**REFERRING VET**

Dr. Wiley

**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.

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**Gastrointestinal**

Topper Keenan

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SPECIES**

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**Pancreas**

Minor coarse **pancreatic** changes were present.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Unremarkable abdomen.

**AGE**

10 years

Mild age related renal and pancreatic changes, possible low-grade pancreatitis. However, the changes appear fairly minor.

**WEIGHT**

13 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of significant disease. Supportive care should prove effective.

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**HOSPITAL NAME**

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**REFERRING VET**

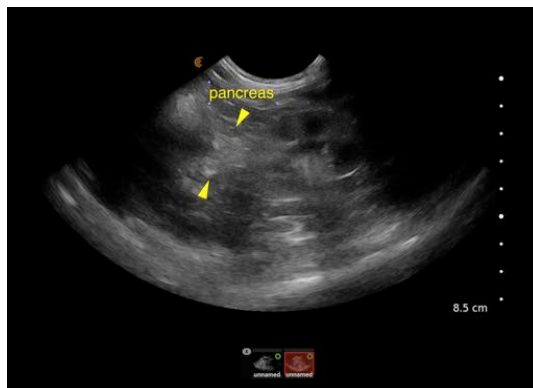
Dr. Wiley

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**PATIENT**

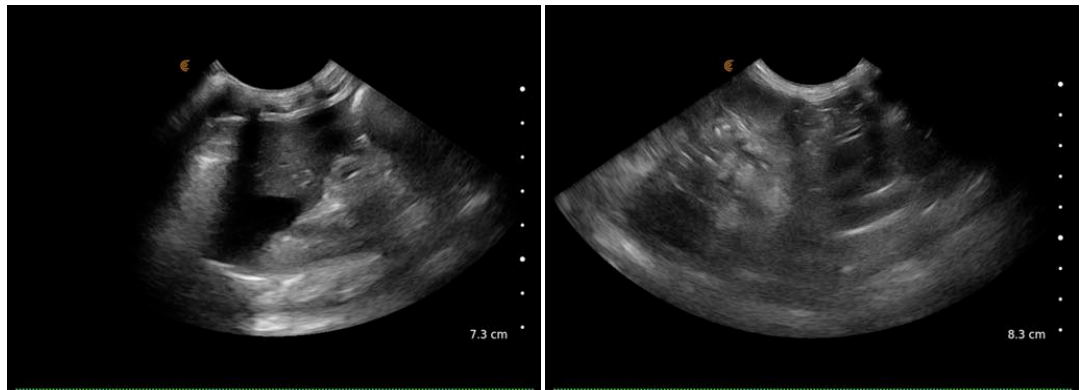
Topper Keenan

**SPECIES**

Feline

**BREED**

Domestic Shorthair



**SEX**

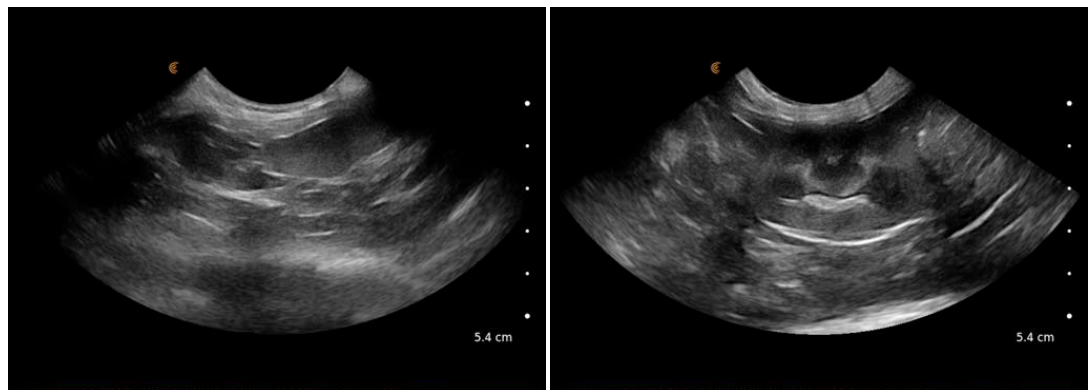
Neutered male

**AGE**

10 years

**WEIGHT**

13 lbs



**INTERPRETED BY**

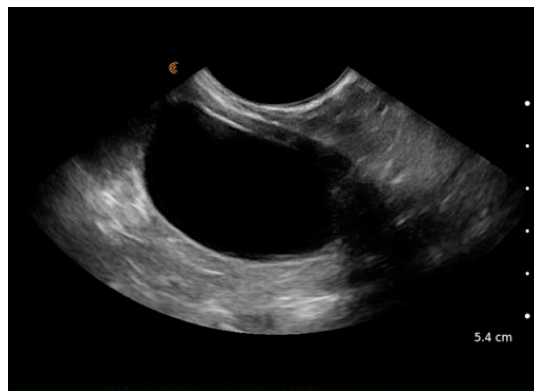
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**REFERRING VET**

Dr. Wiley

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.

**INVOICE**

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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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12/9/21