



PATIENT

Tigger Sutton

SPECIES

Feline

BREED

Savannah

SEX

Neutered Male

AGE

14 Years

WEIGHT

9.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jonathan Moss

HOSPITAL NAME

Harvest Hills
Veterinary Hospital

REFERRING VET

Dr. Jonathan Moss

INVOICE

72929

DATE

2/12/26

PRESENTING CLINICAL SIGNS

Pt presented for vomiting and not wanting to eat. History of inflammatory bowel that was managed by previous vet but no imaging that I was aware of.

Abnormal PE/Chem/CBC/UA Results: Hct- 30.2 Pli- 4.1 Alt-154 Alp-normal T4- 1.7

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 were noted. Ureteral papillae were normal.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 2.9 cm with a slight cortical infarct noted at the caudal pole. Right kidney measured 3.5 cm.

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. Left measured 0.40 cm. Right measured 0.27 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** revealed a minor amount of luminal fluid, structurally unremarkable. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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.



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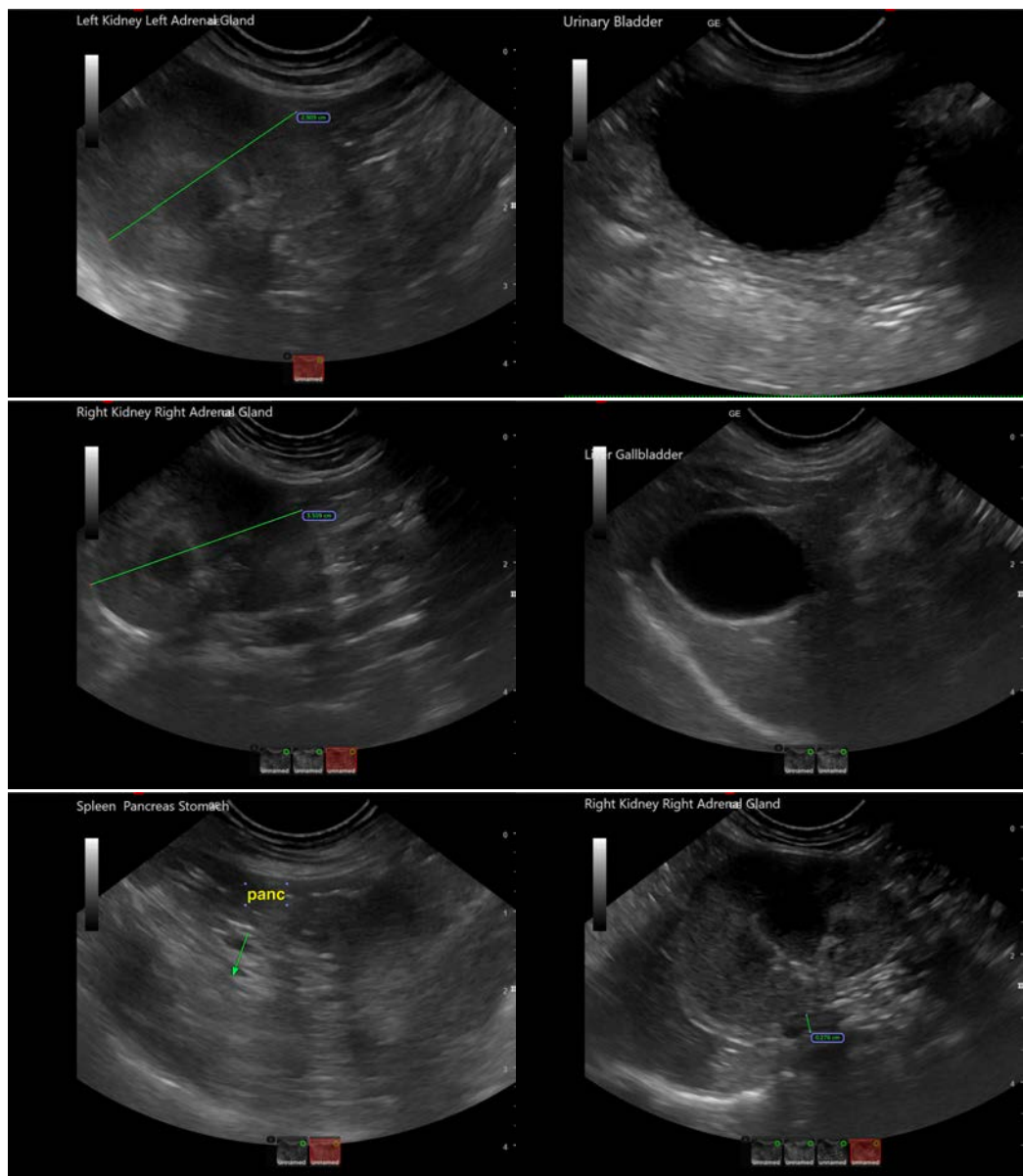
2/12/26

ULTRASONOGRAPHIC FINDINGS

- Minor fluid filled stomach, consistent with gastric upset.
- Age related renal and hepatic changes.
- Volume contracted spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of cause for anemia in this patient. Supportive care for GI upset, inflammatory bowel, occult parasitism all potentials. Urinary workup warranted to assess for any inflammatory sediment, given the left renal infarct, yet change appear fairly mild on both kidneys.





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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.

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