



**PATIENT**

Hobbs Dauck

**PRESENTING CLINICAL SIGNS**

Long hx of GI issues; worsening as he ages - most recently, explosive, bloody diarrhea and increase in vomiting. Eating and drinking normally; BAR.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

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

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 3.55 cm. The left kidney measured 3.84 cm.

**AGE**

10 Years

**Adrenal Glands**

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

**WEIGHT**

7.38 Pounds

**Spleen**

The **spleen** was not visualized.

**Liver**

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

Jill Rumachik

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed hyperperistalsis and areas of dilated bowel. No empty small bowel noted. Minor areas of intestinal thickening noted without neoplastic criteria. A large amount of GI artifact was noted throughout the mid abdomen with gas accumulation. Some retention of ingesta was noted in the stomach. However, transit of chyme did occur. Mesenteric lymph nodes were slightly enlarged, measuring 1.0 cm x 0.5 cm.

**HOSPITAL NAME**

Mazomanie AH

**REFERRING VET**

Dr. Eric Howlett

**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.

**INVOICE**

35408

**ULTRASONOGRAPHIC FINDINGS**

- Large amount of gastrointestinal artifact and transit
- Minor intestinal thickening
- Minor mesenteric lymphadenopathy

**DATE**

2/2/22



**PATIENT**

Hobbs Dauck

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

7.38 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jill Rumachik

**HOSPITAL NAME**

Mazomanie AH

**REFERRING VET**

Dr. Eric Howlett

**INVOICE**

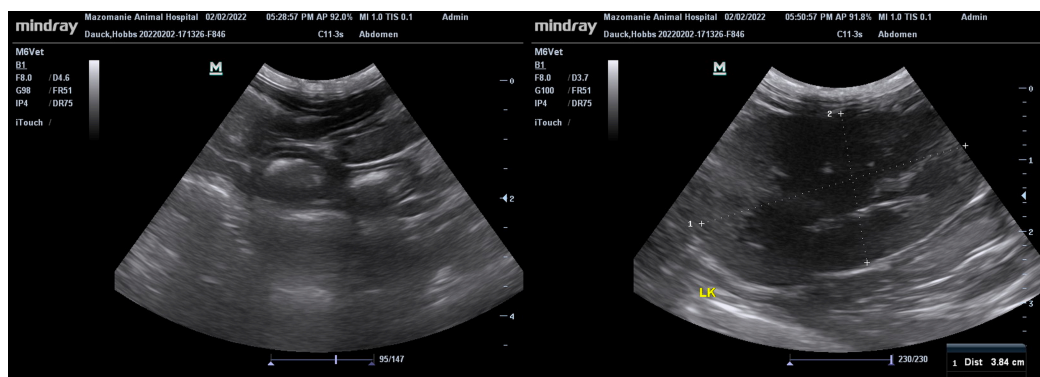
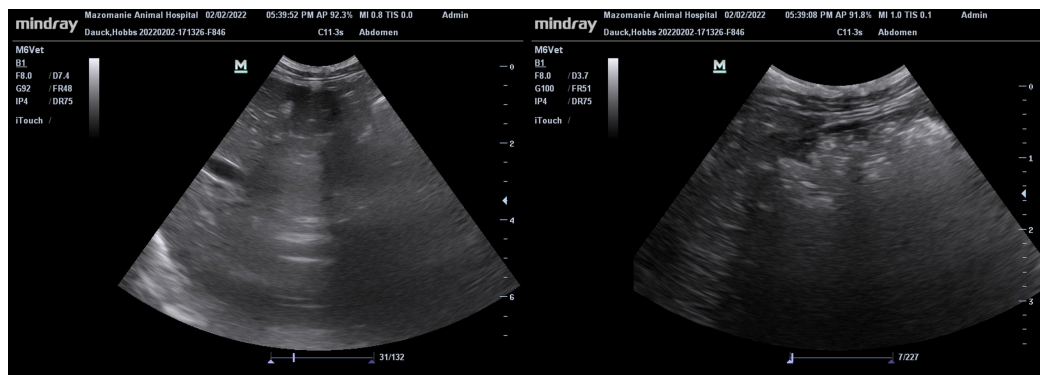
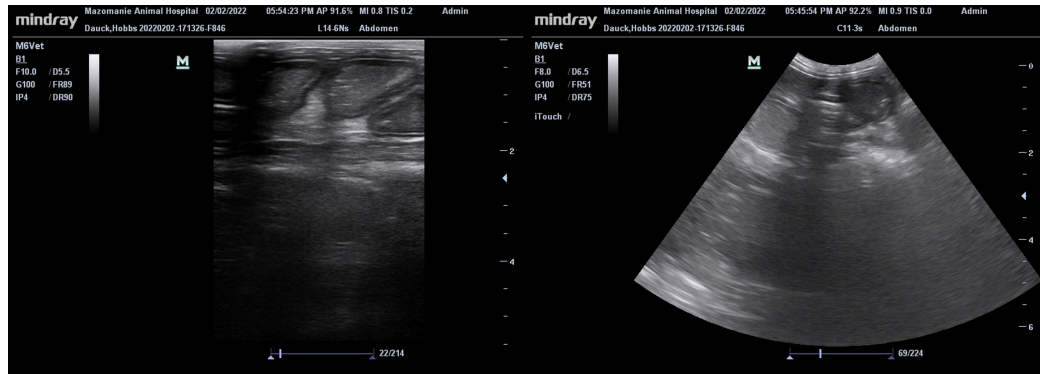
35408

**DATE**

2/2/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No obvious underlying neoplasia, yet cannot be completely ruled out. No overt obstructive pattern. Hairball accumulation may be an issue in the stomach. The discomfort may be owing to excessive GI gas and artifact. Maldigestion panel warranted. Full thickness GI biopsies would be ideal.





**PATIENT**

Hobbs Dauck

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

7.38 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jill Rumachik

**HOSPITAL NAME**

Mazomanie AH

**REFERRING VET**

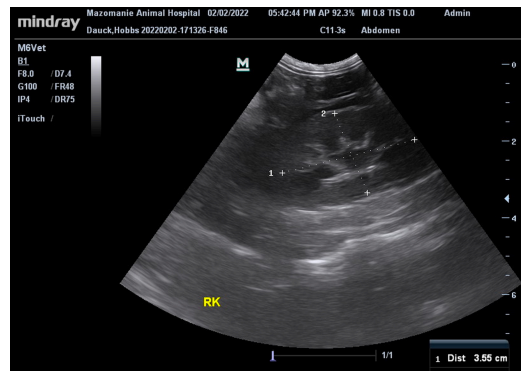
Dr. Eric Howlett

**INVOICE**

35408

**DATE**

2/2/22



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, Cert. IVUSS, CEO of SonoPath.com**

[info@SonoPath.com](mailto:info@SonoPath.com)