



**PATIENT**

Mittens Avery

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

5 years

**WEIGHT**

4.89 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Dr. Yashar Alami  
Alamdari

**HOSPITAL NAME**

King Hopkins PH

**REFERRING VET**

Dr. Yashar Alami  
Almadari

**INVOICE**

96390

**DATE**

2/28/22

**PRESENTING CLINICAL SIGNS**

Mittens is a 5 yo FS DSH who presented for repeat episodes of vomiting since being treated for constipation on Friday / Saturday. These issues first developed back in November 2021 . At that time, she was seen by rDVM who noted that she was constipated, helped her pass the feces, but then she developed nausea / vomiting... she was seen by them several more times. She eventually got over this, was thought to have IBD at that time. O noted on Thursday / Friday last week that she had not pooped. An enema was given by rDVM, all poop passed according to O. O also reports that barium was given and a series of xrays were done (they were searching for a blockage - hairball?), and even though she was told that the barium moved through and there was no blockage, she proceeded to come home and vomit up a lot of barium. No BW. She has been vomiting since. She was sent home from AAC with Restoralax and Cerenia, and O has been mixing this into her dry food. She did try to eat some of it this morning, but then vomited it all up. O tried to give another 1/2 of Cerenia this afternoon, vomited this up too. She has vomited at least 8 x today. P is hospitalized since yesterday and vomiting episodes continues. BW and Abd x ray are unremarkable.

**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.

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 3.77 cm and the left 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. The left adrenal gland measured 0.3 cm. The right adrenal gland measured 0.3 cm.

**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.



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**Liver**

Mittens Avery

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**

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.

**Pancreas**

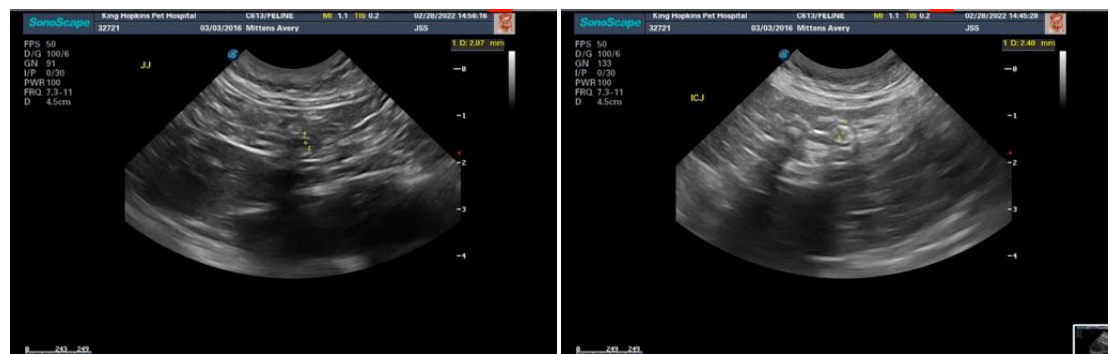
The left limb of the **pancreas** was slightly irregular, yet no evidence of active inflammation. The remainder of the pancreas is unremarkable.

**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen with prominent pancreas.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. Supportive care should prove effective. There is no evidence of significant structural disease. The gastrointestinal tract was empty with no evidence of hairball issues.





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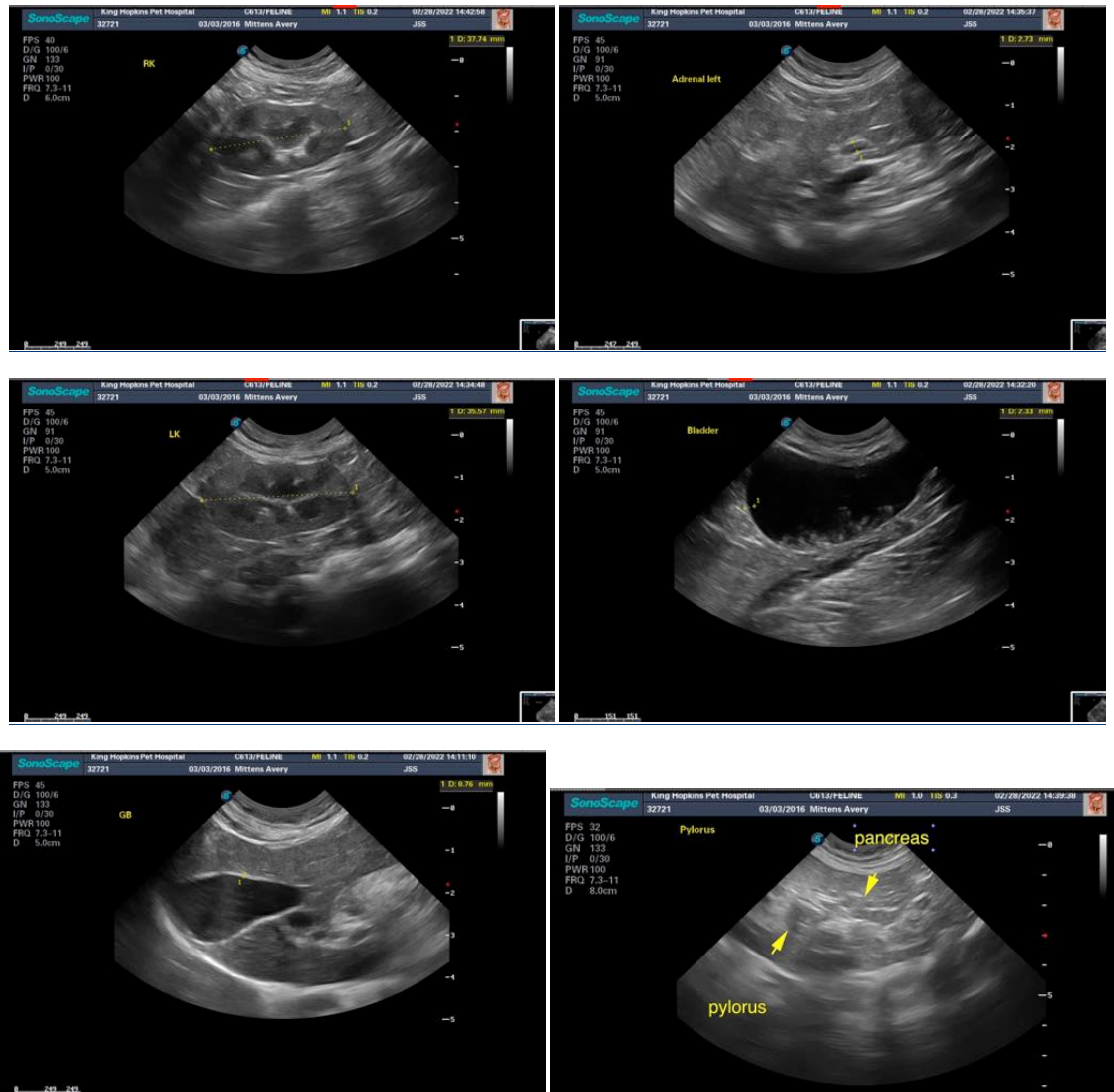
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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