



## PATIENT

Nina Lathers

## SPECIES

Primate

## BREED

Owl Monkey

## SEX

Female

## AGE

6 Years

## WEIGHT

1.19 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dallas Ramberg

## HOSPITAL NAME

Lone Mountain AH

## REFERRING VET

Dr. Tiffany Moore

## INVOICE

36034

## DATE

2/28/26

## PRESENTING CLINICAL SIGNS

Presented for not jumping much and missing jumps. Also not climbing. All occurred within the past week. No v/d. On radiographs the heart silhouette appears large - still awaiting report. Mild ascites noted on rads as well (may be normal variant for primates).

Abnormal PE/Chem/CBC/UA Results: high cholesterol - remaining BW WNL

## 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 **uterus** was uniform, unremarkable.

The **left ovary** measured approximately 8.0 mm x 1.2 cm.

The **right ovary** revealed a single follicle. No evidence of pathology. Right ovary measured 1.36 cm x 0.7 cm.

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 2.6 cm. The right kidney measured 2.9 cm.

### *Adrenal Glands*

The **adrenal glands** were not visualized.

### *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 were noted.

### *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*



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The **gastrointestinal tract** was empty with slight areas of muscularis hypertrophy. The colon was empty.

### *Pancreas*

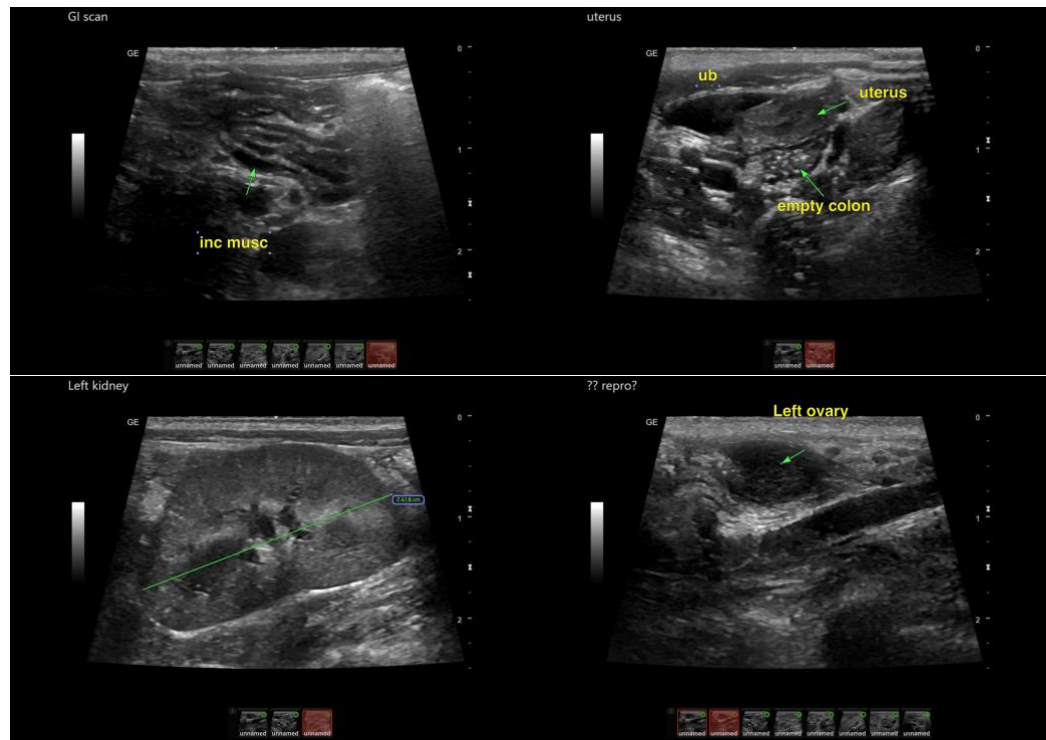
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### ULTRASONOGRAPHIC FINDINGS

- Nonvisible adrenal glands
- Potential enteritis
- No evidence of ascites
- Structurally unremarkable abdomen

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal glands were not overtly visualized. I do recommend screening for underlying Addison's in this patient given the vague clinical signs, otherwise orthopedic disease should be considered.





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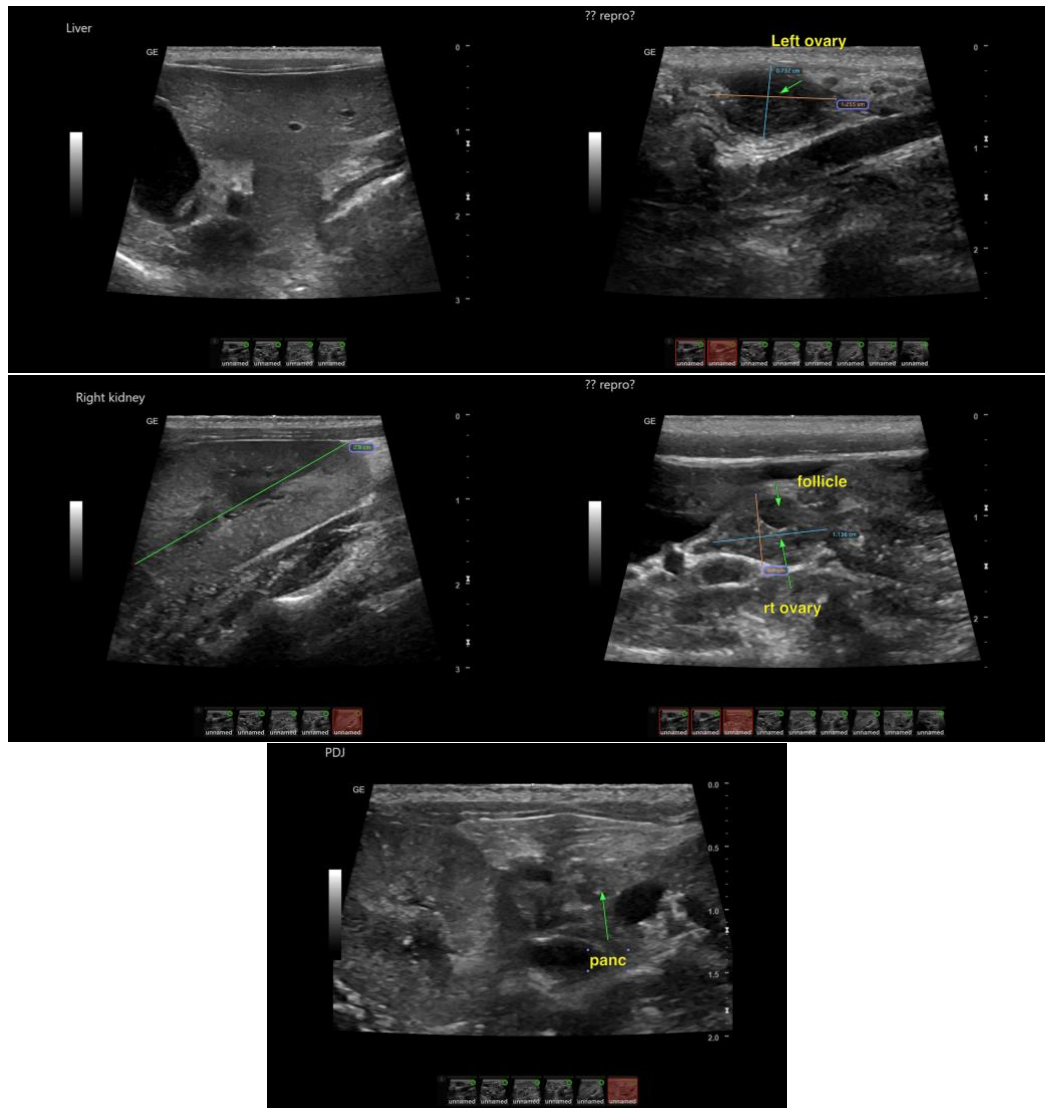
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,  
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