



PATIENT

CB McCann

SPECIES

Feline

BREED

Domestic Longhair

SEX

Netuered male

AGE

9 years

WEIGHT

4.85 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sarah Colborne

HOSPITAL NAME

Riverside Small AH

REFERRING VET

Dr. Colborne

INVOICE

71317

DATE

2/5/26

PRESENTING CLINICAL SIGNS

- Presented last week for constipation and decreased eating for the past week. Increased drinking for 1.5 weeks
- hx of ibuprofen toxicity
- Gave 250ml sq fluids at day of exam
- sent home with mirtazapine transdermal SID and restoralax TID
- Radiographs: -Liver appears significantly small on radiograph. -A large volume of firm feces is present in the colon, but there is no evidence of megacolon. -Stomach is full of ingesta, very round and prominent -No obvious masses, good serosal detail Bloodwork: CBC, biochem, T4 all WNLs, stress-induced hyperglycemia. Urinalysis: Results were unremarkable. USG: >1.050

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 left kidney measured 3.76 cm. The right kidney measured 3.76 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 0.33 cm. The right adrenal gland measured 0.3 cm.

Spleen

The **spleen** in this patient was mildly enlarged and measured up to 1.2 cm with regions of capsular expansion. Hyperechoic lipid plaques were noted and measured up to 0.54 cm.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation or possible hairball accumulation. Transit of chyme into the small intestine was normal. Mild uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The mesenteric lymph nodes were reactive and measure dup to 0.44 cm.

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

IBD GI Pattern with reactive mesenteric lymph nodes. No overt evidence of neoplasia.

Enlarged spleen.

Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I strongly recommend 25-gauge FNA of the spleen to ensure that this is reactive state as opposed to an emerging neoplastic one. The splenic enlargement may be due to sedation. Other causes of hyporexia such as orthopedic pain, CNS or thoracic disease should also be considered. Medical management for GI hair accumulation warranted given the minor hair density in the stomach.





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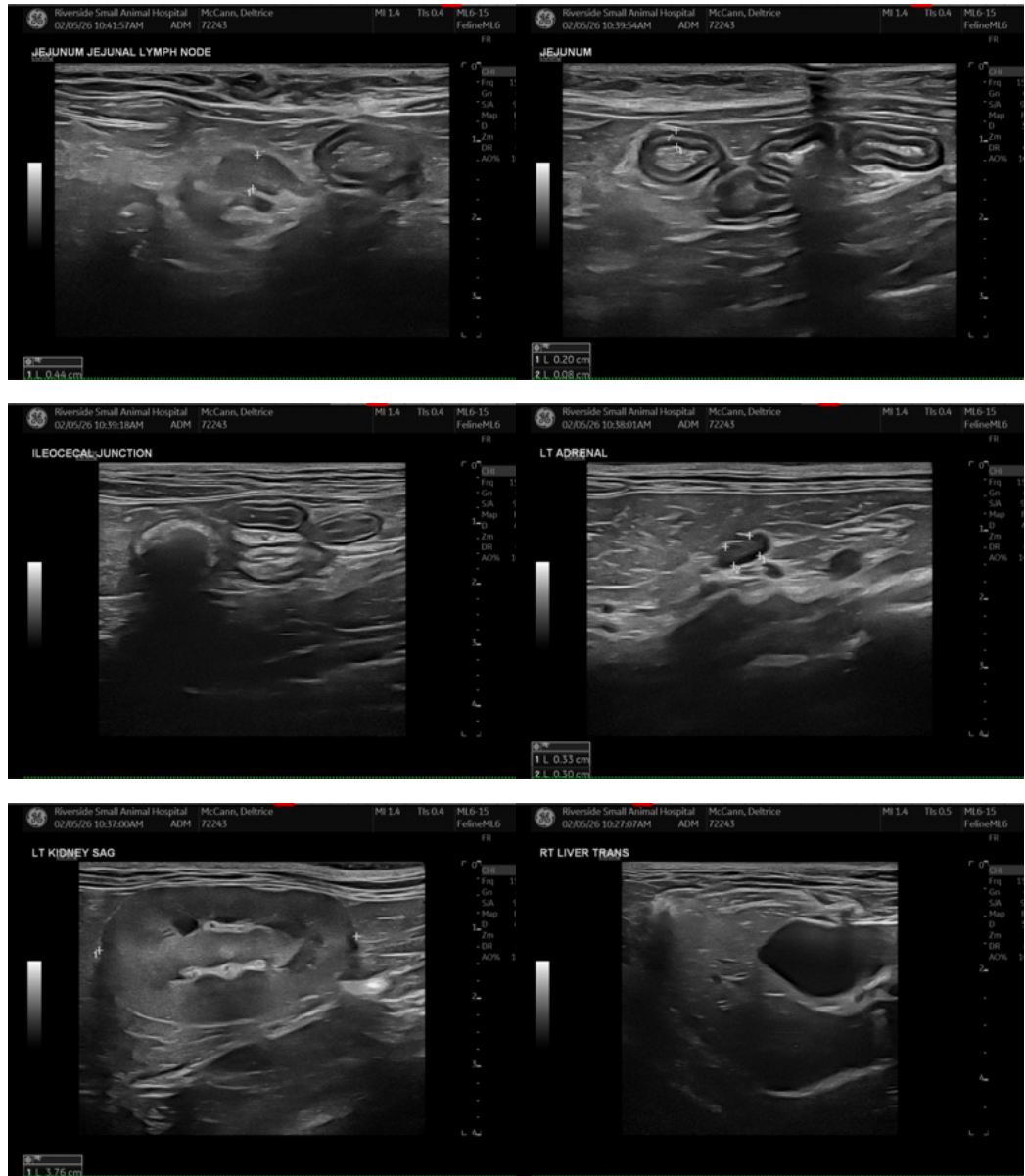
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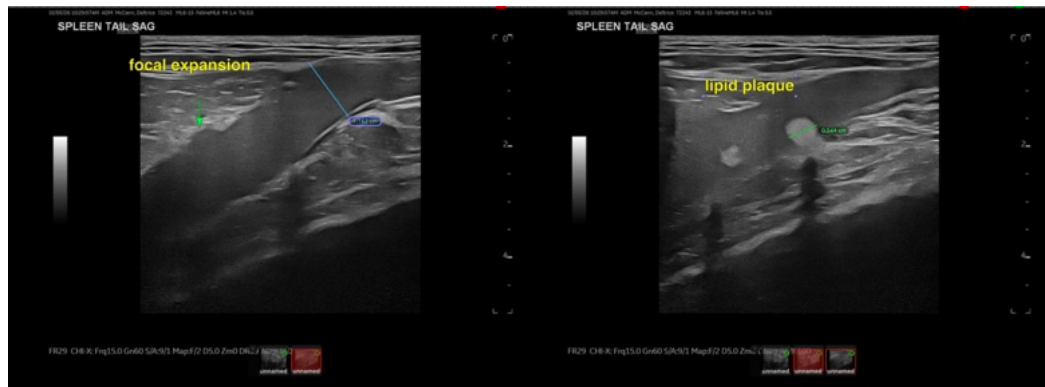
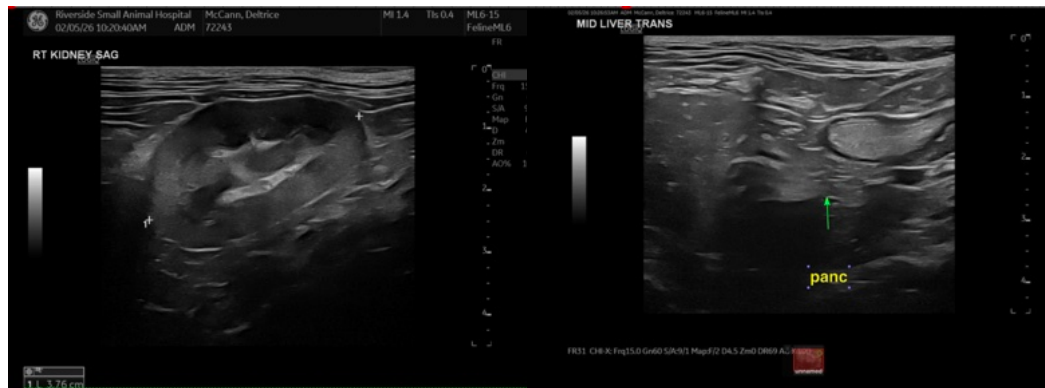
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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