



PATIENT	PRESENTING CLINICAL SIGNS
Sunni Brady	Constipated.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder , trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.
Domestic Shorthair	
SEX	The kidneys presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney was subnormal in size and measured 3.0 cm. The left kidney measured 3.54 cm.
Spayed Female	
AGE	
9 years	
WEIGHT	Adrenal Glands
7 lbs	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.
INTERPRETED BY	Spleen
Eric Lindquist, DMV DABVP, Cert. IVUSS	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.
IMAGING PERFORMED BY	Liver
Jenn	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.
HOSPITAL NAME	
Rockaway AH	
REFERRING VET	
Dr. Maniar	
INVOICE	
95864	
DATE	Gastrointestinal
2/8/22	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



PATIENT

Sunni Brady

demonstrated normal luminal chyme and stool consistency respectively. Hard stool was noted in the colon. The colonic wall was imaged at the beginning of the pelvic inlet; however, distal colorectal pathology cannot be entirely ruled out.

SPECIES

Feline

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.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

Chronic interstitial nephrosis pattern.

Otherwise, geriatric abdomen.

AGE

9 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease. Barium enema may be appropriate if clinical signs persist despite medical management.

WEIGHT

7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

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REFERRING VET

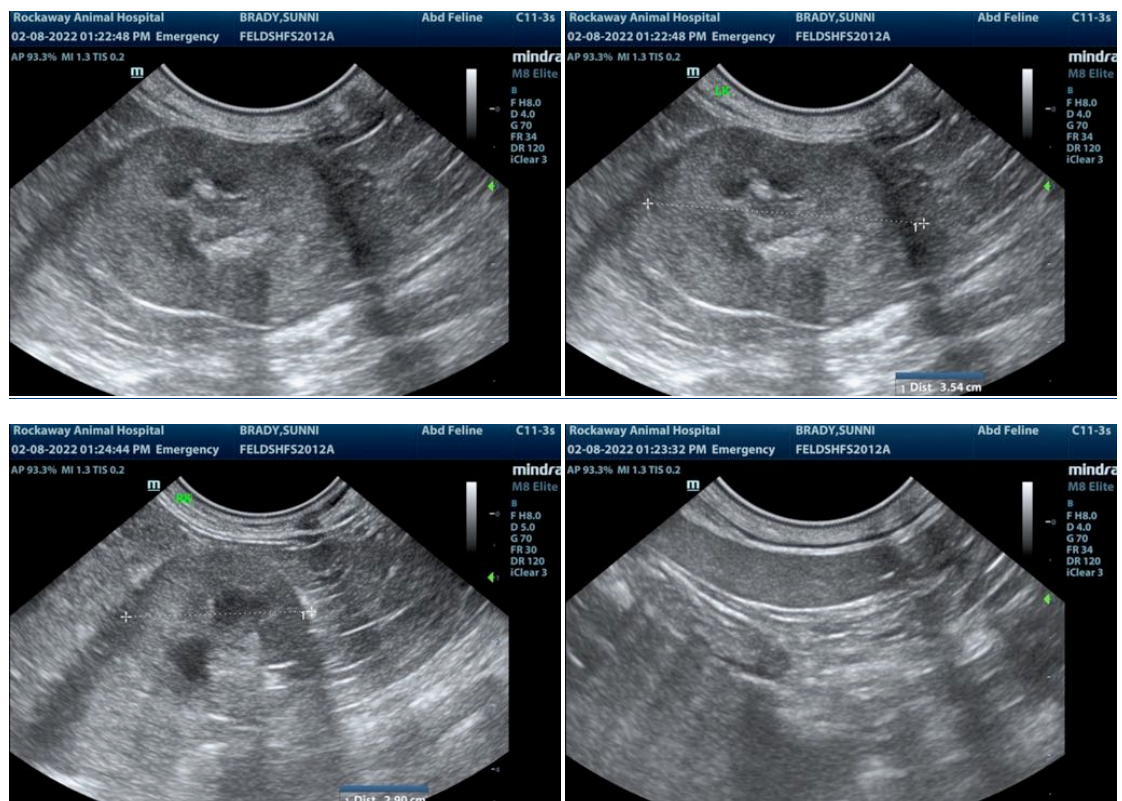
Dr. Maniar

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PATIENT

Sunni Brady

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

9 years

WEIGHT

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INTERPRETED BY

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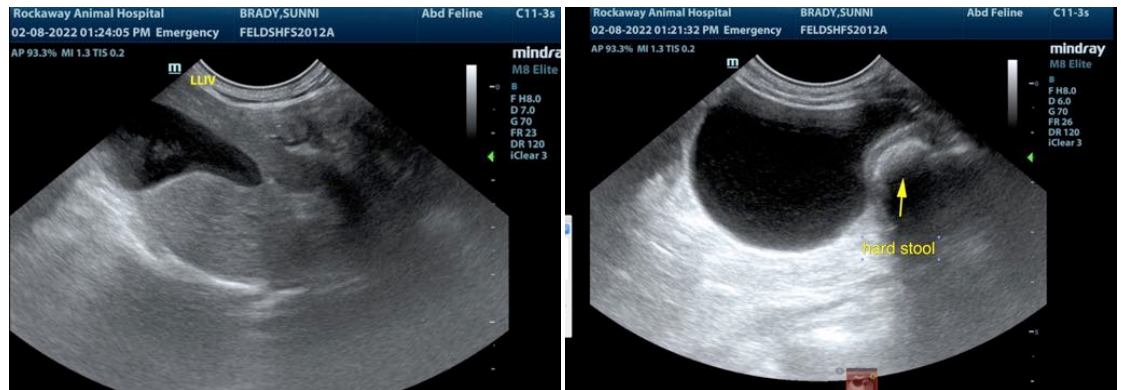
Dr. Maniar

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2/8/22



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