



**PATIENT**

Mr Kitty Shivers

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

3.7 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Massa

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

**REFERRING VET**

Dr. Massa

**INVOICE**

43230

**DATE**

3/9/23

**PRESENTING CLINICAL SIGNS**

History: Mr. Kitty is a 13 Y MC DLH who presented for anorexia, lethargy, weight loss. Owner has had for 10 years. P is indoor only. Mr. Kitty has not been eating for a week. No vomiting. Radiographic report: The stomach contains a moderate amount of heterogeneous soft tissue and gas opacity. The small intestines contain homogeneous soft tissue opacity and are normal in diameter. The colon contains formed and semi-formed feces. The liver and spleen are within normal limits. The kidneys and urinary bladder are unremarkable. There is good peritoneal serosal the. The included portions of the thorax are unremarkable.

Abnormal PE/Chem/CBC/UA Results: T4: 1.9 BUN: 35.9 Lactate: 8 HGB: 15.8

**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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 4.32 cm. The left kidney measured 4.3 cm with trace pyelectasia.

**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.

**Spleen**

The **spleen** revealed multi-focal, hypoechoic nodular changes.

**Liver**

The **liver** revealed mild coarse architecture with slightly increased portal markings. 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**

The **stomach** revealed progressively shadowing material. This is consistent with hair ball accumulation. There was uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall



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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. Muscularis hypertrophy was noted in portions of the small intestine. The mesenteric lymph nodes were reactive and measured 1.5 x 0.4 cm.

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**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.

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**ULTRASONOGRAPHIC FINDINGS**

Mild intestinal thickening.

Hairball density in the stomach.

**AGE**

13 years

Reactive mesenteric lymph nodes.

Mild hepatic remodeling.

**WEIGHT**

3.7 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of neoplasia. Supportive care, with GI lubricants/treatment for hairballs is indicated.

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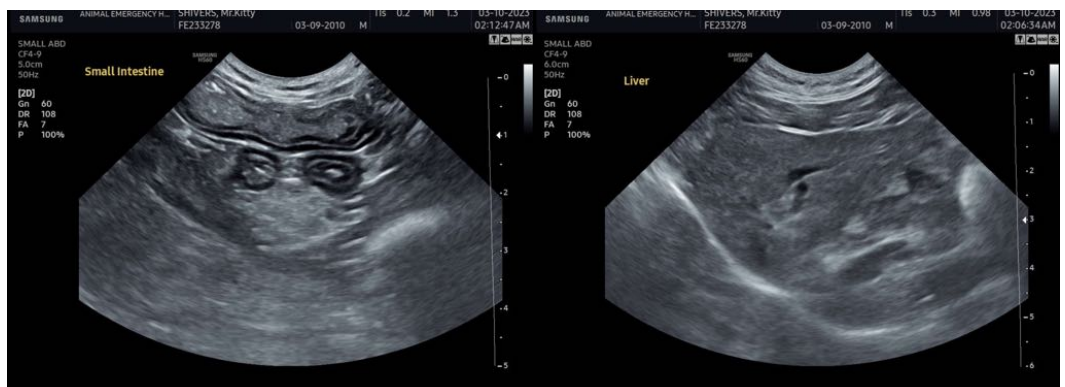
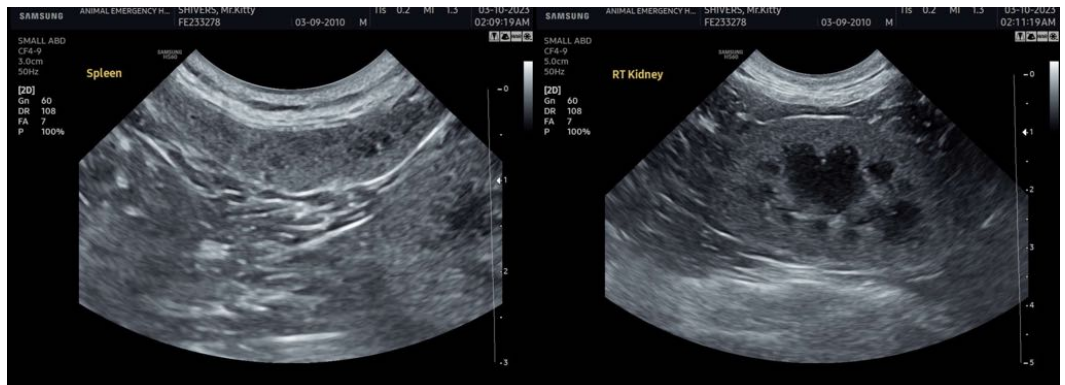
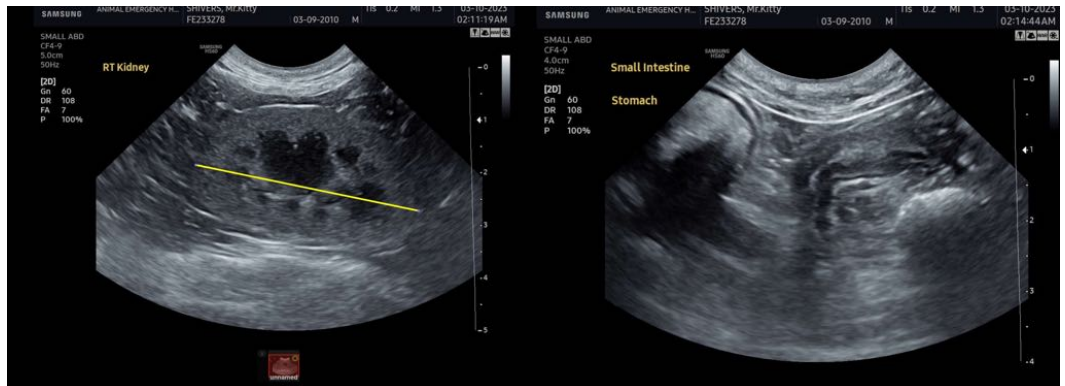
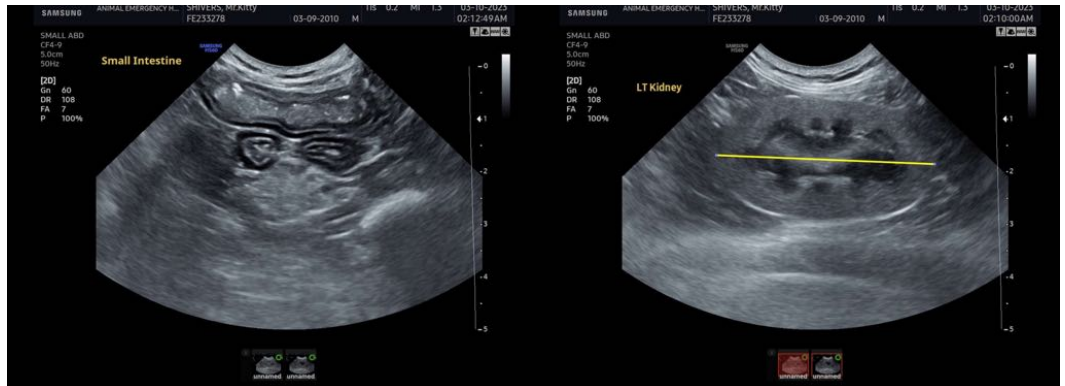
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

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