



PATIENT

Fergus Fraser

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

5 Years 9 Months

WEIGHT

10.26 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kathryn Sutherland

HOSPITAL NAME

Boise Cat Clinic

REFERRING VET

Dr. Kathryn Sutherland

INVOICE

14248

DATE

03/10/26

PRESENTING CLINICAL SIGNS

- Presented for lethargy, V+, and anorexia since Sunday. V+ bile 6x on Sunday. Yesterday AM ate a small amount of food, but V+ undigested food yesterday PM. Has not shown any interest in food since yesterday AM.
- O reports there are non-toxic plants in the home but doesn't believe he's had any dietary indiscretion.
- Unintentional weight loss. Down 2# in ~1.5 years.

Abnormal PE/Chem/CBC/UA Results: Mild dehydration on PE, otherwise unremarkable. Labs performed today revealed hyponatremia, hypokalemia, and hypochloremia. fPL WNL. NOSF on labs.

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 **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 3.1 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

Both **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

The **stomach** revealed fluid stasis with echogenic chyme. The upper duodenum was dilated with anechoic fluid-filled lumen. The distal small intestine revealed some thickening and a hairball type



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density in the lumen with reactive mesentery. Thickened portion of small intestinal wall thickness measured approximately 4.0 mm with the luminal density extending approximately 3.0 cm in the jejunum. This would be consistent with transiting hairball.

Pancreas

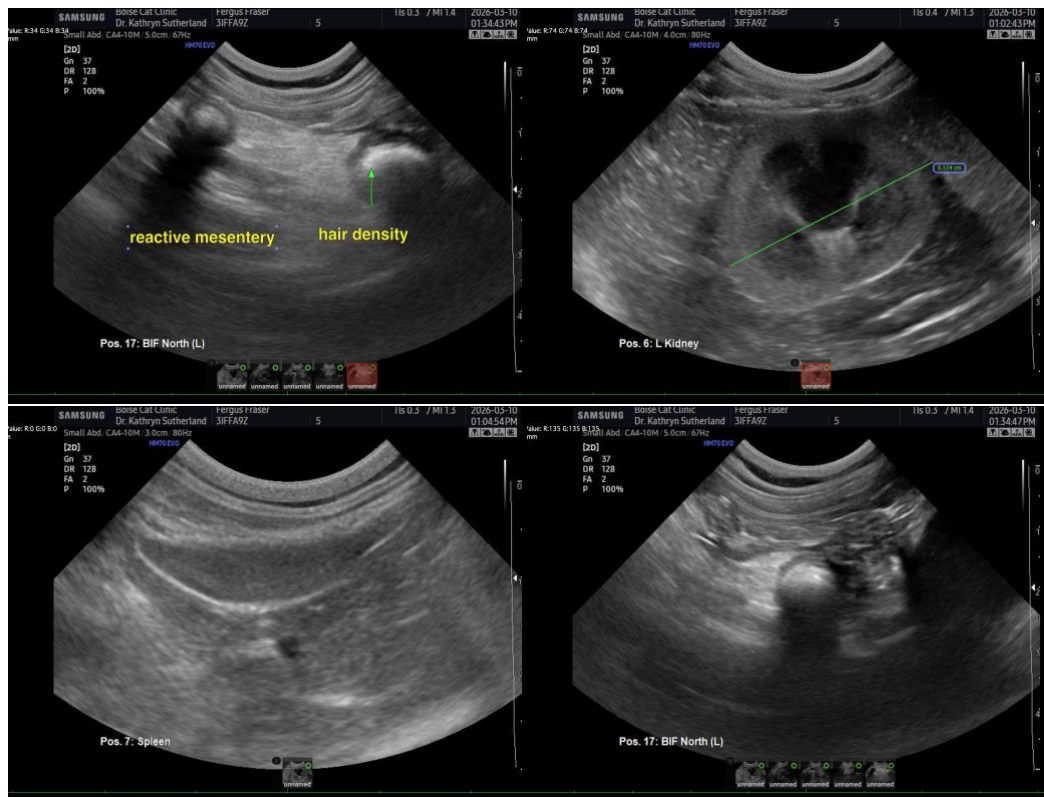
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Partial obstructive pattern with hairball type density in the jejunum- may be soft foreign matter or hair transit.
- Minor intestinal thickening with reactive mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hairball type density may be managed medically, however, surgical intervention is recommended. If the material is persistently present after fluid therapy, recommend sonogram of the GI tract just prior to surgical intervention. Intestinal biopsies are indicated as well for underlying disease.





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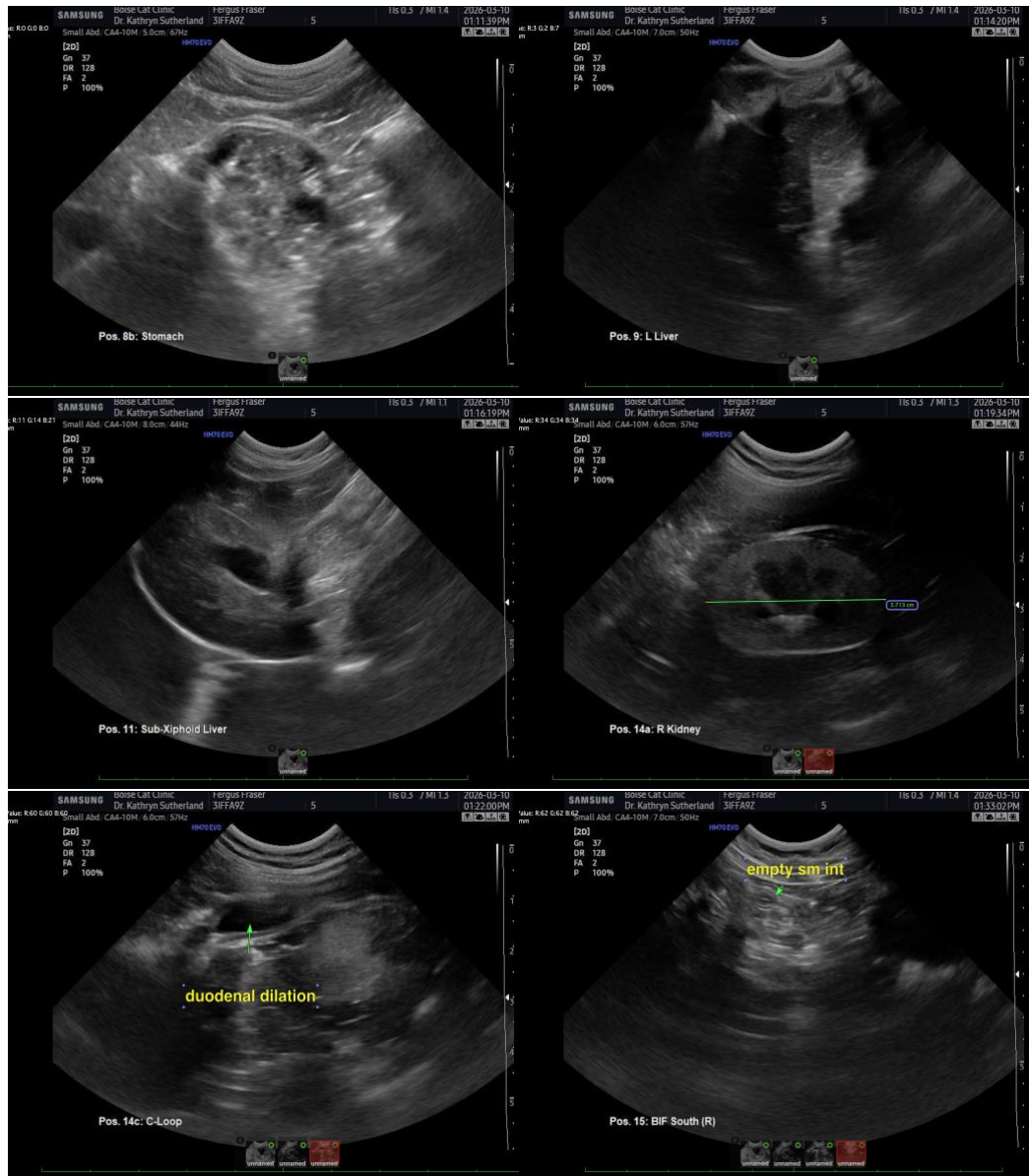
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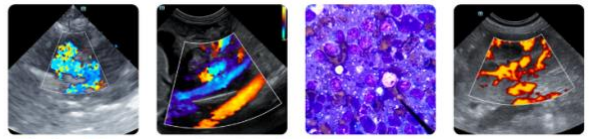
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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