



PATIENT

Keeva Cassatt

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

3 years

WEIGHT

9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Myers

INVOICE

96929

DATE

3/17/22

PRESENTING CLINICAL SIGNS

History: pet presented yesterday for anorexia of 48 hours duration, gagging/coughing, no vomit, lethargic. Indoor only cat. No fever, exam unremarkable other than mild dehydration and pet is doing a gag/cough occasionally- non productive. Pet treated with iv fluids and cerenia. Did eat a couple of pieces of food last night and no vomit.

Abnormal PE/Chem/CBC/UA Results: no blood work done yet (financial concerns) radiographs included- significant gas distension of stomach and small intestines. Formed feces in colon. Less gas distension of stomach on repeat rads today but still present. 2 population of intestine loops that are gas distended.

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 right kidney measured 3.0 cm. The left kidney measured 3.0 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 right adrenal gland measured 0.4 cm.

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 was 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



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

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Gastrointestinal

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A minor amount of gas was noted in the **stomach**. Gas interference was noted in the stomach. The pylorus was clearly visible and was patent. A minor amount of chyme was noted in the pyloric outflow as well as chyme transit into the small intestine was evident. There was no overt obstruction, but I cannot rule out hairball accumulation or other material in the stomach, yet this does not appear obstructive. Stool transit into the colon appears to be occurring without difficulty as the stool consistent is normal.

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Pancreas

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The left limb of the **pancreas** was slightly hypoechoic and enlarged measuring 1.0 cm.

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ULTRASONOGRAPHIC FINDINGS

Possible pancreatitis, minor.

WEIGHT

9 lbs

No overt signs of foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Left subxiphoid palpation is recommended to assess for pancreatic discomfort. I recommend conservative medical management. If the clinical signs persist recheck sonogram at full n.p.o. status is warranted or gastroscopy.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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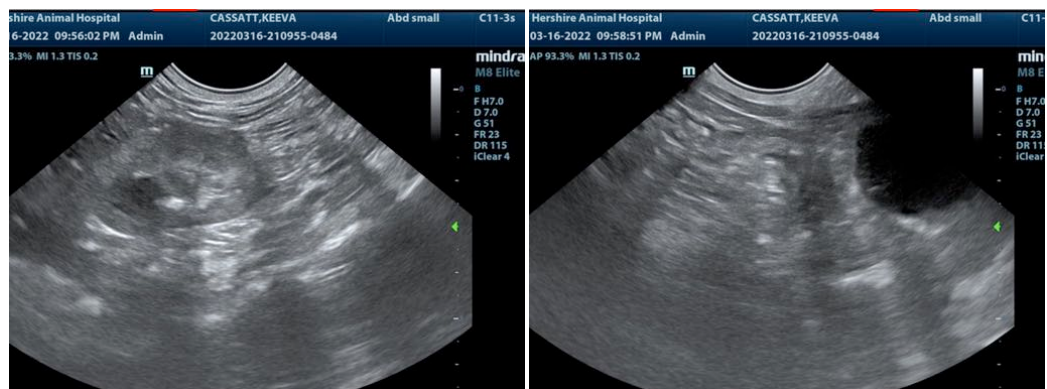
Dr. Myers

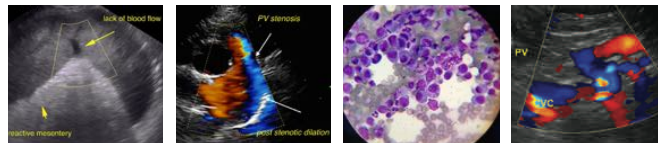
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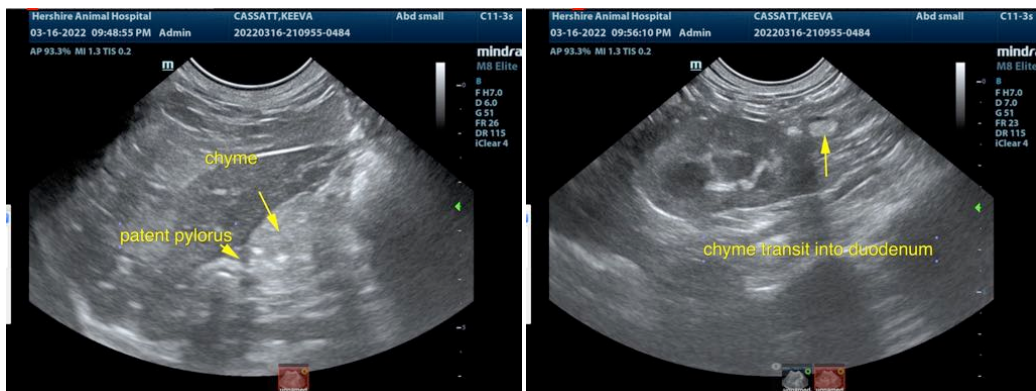
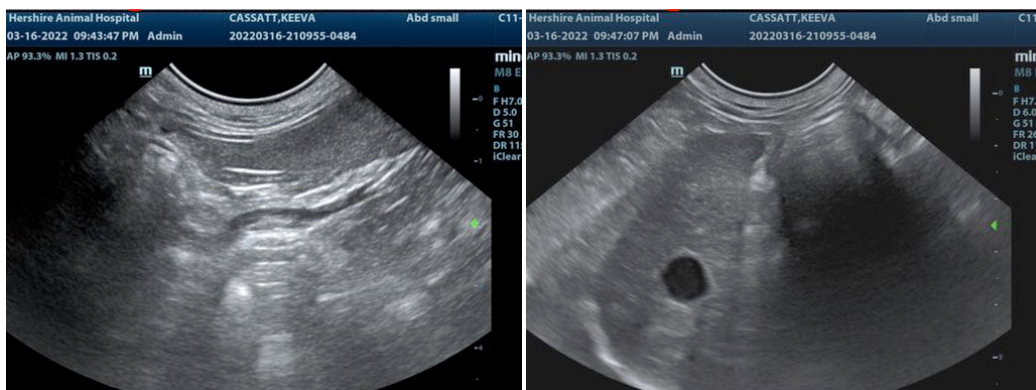
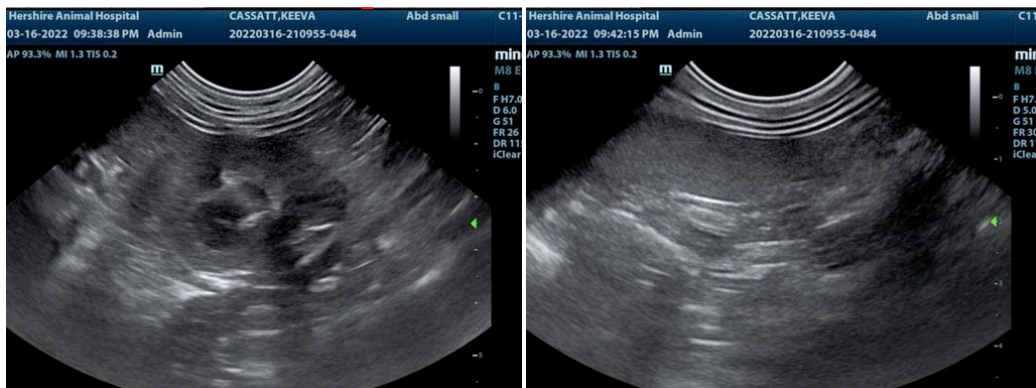
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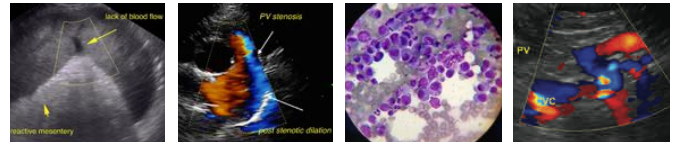
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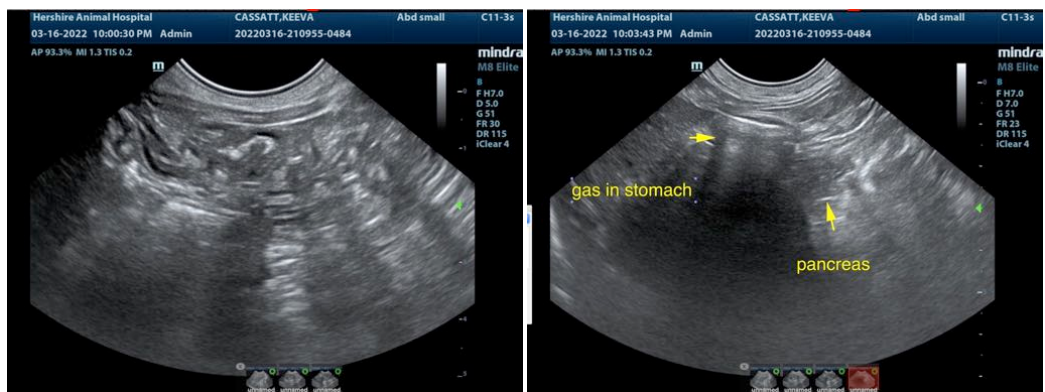
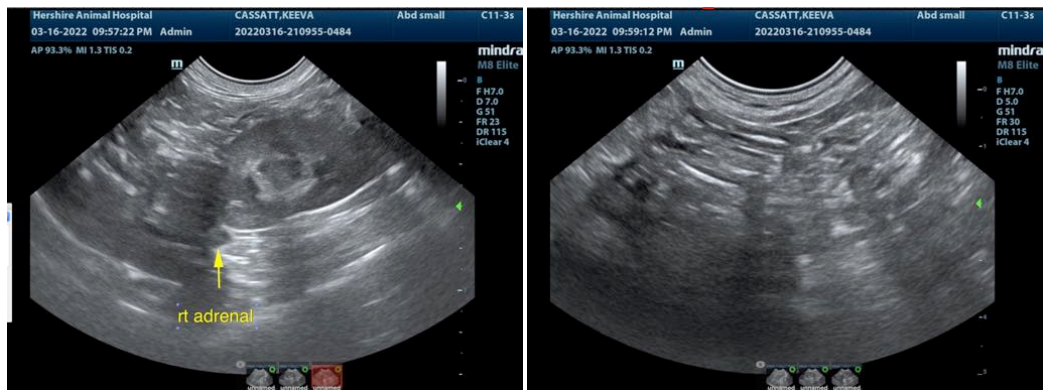
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com