

**IMAGING PERFORMED BY**SVS Mobile Imaging 262-366-5970  
fredgromalak@gmail.com

Clinical Sonography &amp; Teletology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**Gazpacho Rescue  
Outreach**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Intact Male

**AGE**

4 months

**WEIGHT**

3.9 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

Dr. Kastenson

**INVOICE**

97786

**DATE**

3/22/22

**PRESENTING CLINICAL SIGNS**

History: Rescue kitten with superficial vasculature protrusion from abdomen. Otherwise, normal PE. Also has ulcers in mouth. Echocardiogram was done 1 month ago.

**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 3.5 cm. The left kidney measured 3.25 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 0.52 cm. The right adrenal gland measured 0.26 cm.

**Spleen**

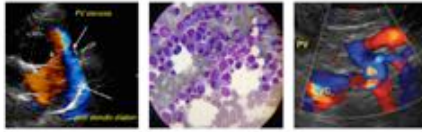
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or 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. The portal vein to vena cava ratio was 1:1; however, the left branch of the portal vein. It was abnormally positioned and decoursed to the left ventral liver near the diaphragm caudal ventrally. The termination could not be assessed. The vena cava and portal vein ratio was 1:1. This is consistent with portosystemic shunting. However, the type would necessitate CT evaluation for further definition. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. Comet tail lung pattern was noted through the diaphragm.

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**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach full of ingesta. The intestines were free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes measured 0.52 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.

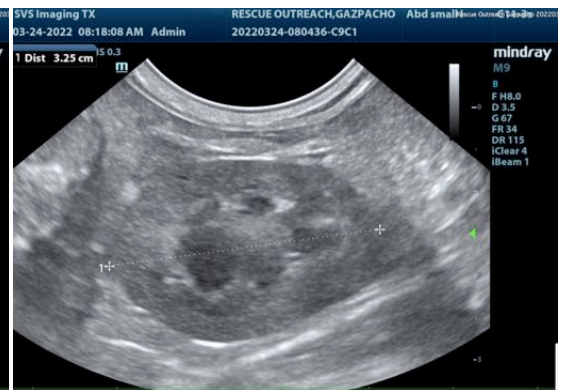
**ULTRASONOGRAPHIC FINDINGS**

Abnormal left branch of the portal vein, no extrahepatic shunting.

Comet tail lung pattern.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT evaluation with contrast is recommended for further definition. Bile acid profile is also warranted. Hepatic vascular anomaly involving the left branch of the portal vein.



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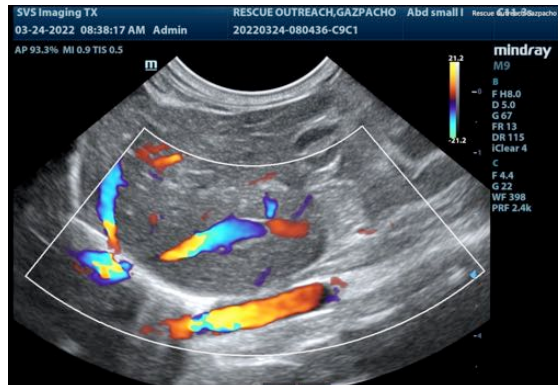
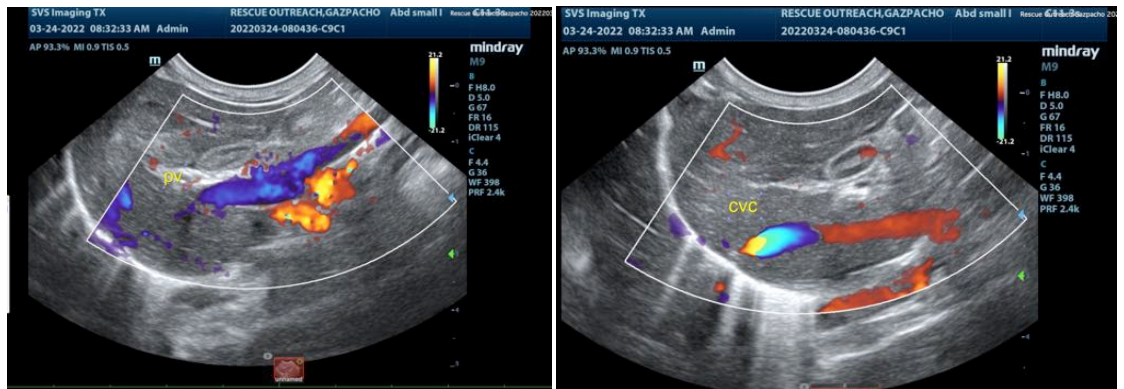
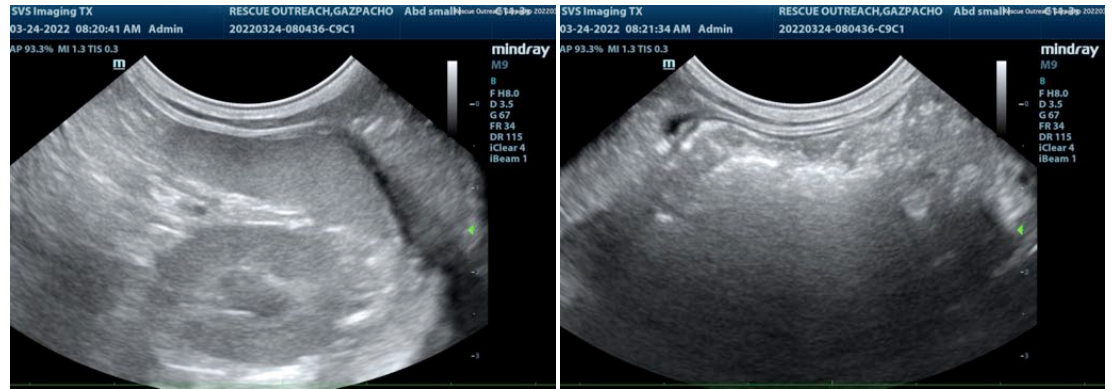
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com