



**PATIENT**

Little Foot Hunter

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

3.7 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Simone Meyer

**HOSPITAL NAME**

Vet Emergency Group  
Edgewater

**REFERRING VET**

Dr. Simone Meyer

**INVOICE**

36493

**DATE**

3/26/22

**PRESENTING CLINICAL SIGNS**

Hx PPDH, Hx Crystalluria Intermittent vomiting - worsening the last 2 months. Weight loss - 2# since Sept. No change in appetite or behavior. BW pending. Previous T4 - 7  
Abnormal PE/Chem/CBC/UA Results: Pending

**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 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 and no evidence of pelvic dilation was present. The right kidney measured 3.0 cm. The left kidney measured 3.0 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen measured 9.0 mm in width. 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 was not visualized and appears to be likely in the thorax.

**Gastrointestinal**

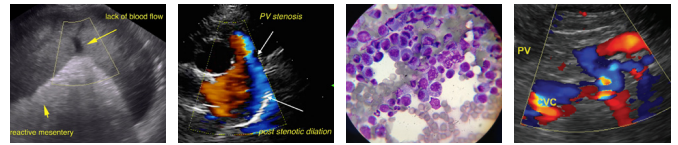
The **stomach** was empty. The pylorus and a portion of gastric fundus was unremarkable. However, the caudal thorax revealed an echogenic density measuring approximately 5.0 cm, which appeared to be hiatal hernia or other hernia of the liver. The small intestine and colon were unremarkable.

**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**

- Caudal thoracic density - suspect hiatal hernia +/- hepatic hernia
- Unremarkable abdomen otherwise



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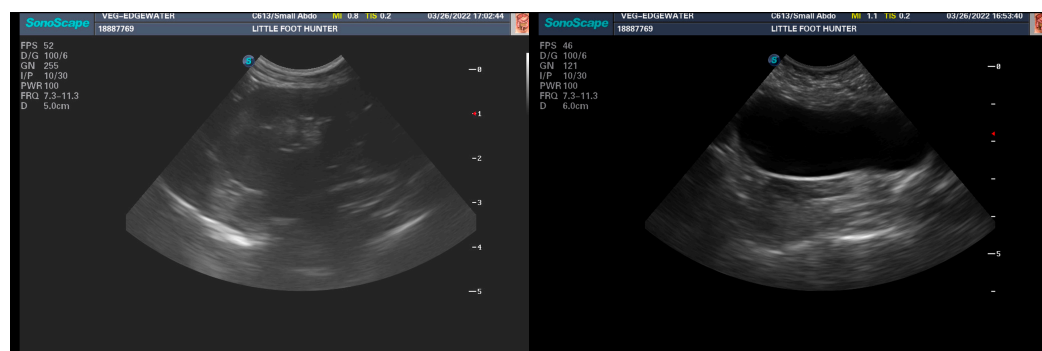
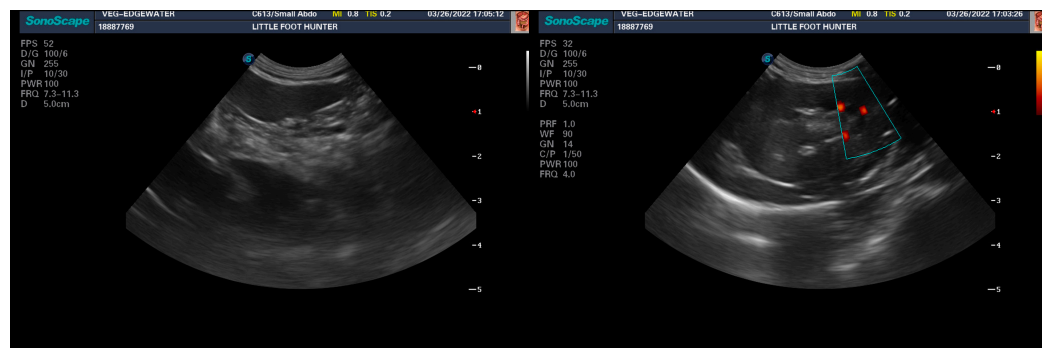
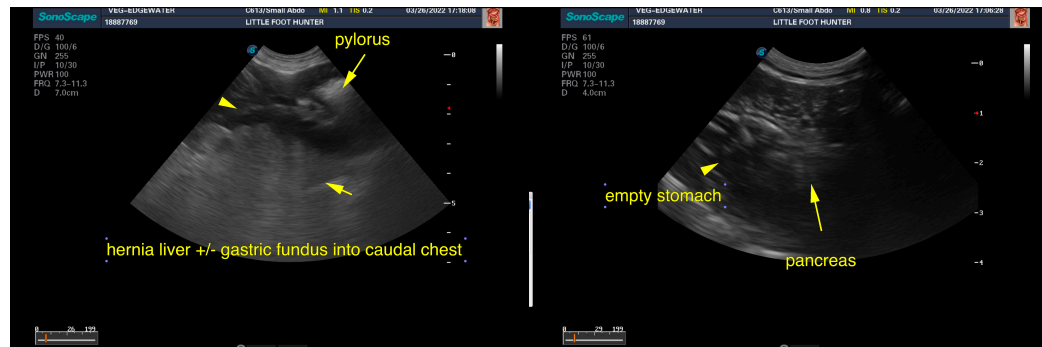
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Other than the suspected hernia, the abdomen appears unremarkable. Poor visibility made it difficult to assess detail. The hernia is likely the cause of the clinical signs in this patient, as the gastric content appeared to be possible hairball or other material. CT evaluation would be recommended. No evidence of neoplasia. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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

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