



**PATIENT**

Meme Herrera

**PRESENTING CLINICAL SIGNS**

History: Chronic vomiting/anorexia for the past 3 days.  
Abnormal PE/Chem/CBC/UA Results: Neutropenia.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Shorthair

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

**SEX**

Neutered male

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 3.75 cm. The left kidney measured 4.1 cm.

**AGE**

12 years

**Adrenal Glands**

**WEIGHT**

14.7 lbs

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 0.3 cm.

**INTERPRETED BY**

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

**Spleen**

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

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.

**HOSPITAL NAME**

Ridge Road AH

**Liver**

**REFERRING VET**

Dr. Pathak

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 slightly over distended likely owing to hyporexia and GI insult.

**INVOICE**

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**Gastrointestinal**

**DATE**

3/24/22

The stomach revealed a focal, hypoechoic, mucosal change that measures 0.66 x 0.32 cm. The lumen was otherwise empty. The submucosal, muscularis and serosal layers were normal.



**PATIENT**

**Pancreas**

Meme Herrera

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.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Focal gastric mucosal nodule. Hyperplasia versus emerging round cell neoplasia.

Domestic Shorthair

Otherwise, unremarkable GI tract.

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neutered male

Supportive care should prove effective other than the focal nodule, there was no evidence of significant disease. However, I cannot rule out emerging round cell neoplasia. Endoscopy is warranted if clinical signs persist. Recheck sonogram is recommended in 7-10 days to assess for any progression or regression of the gastric mucosal nodule. 24-hour n.p.o., GI protectants, Zithromax and Metronidazole or similar combination is recommended along with hydrolyzed diet could all be considered.

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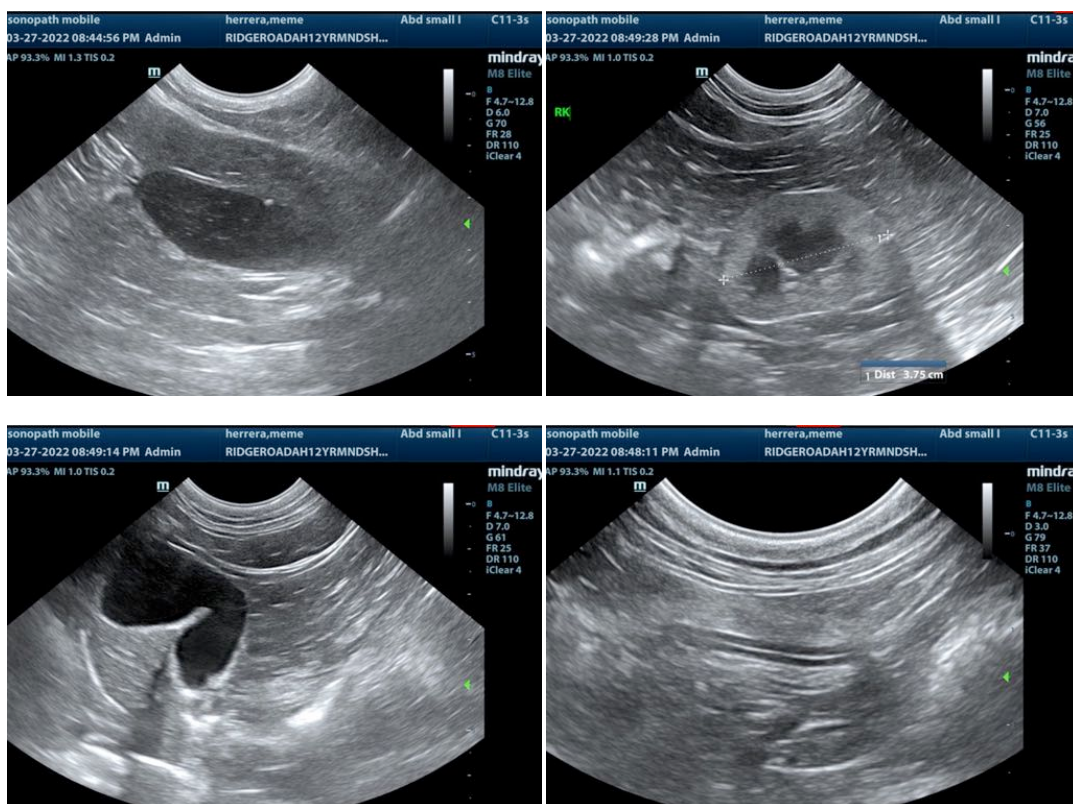
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**PATIENT**

Meme Herrera

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

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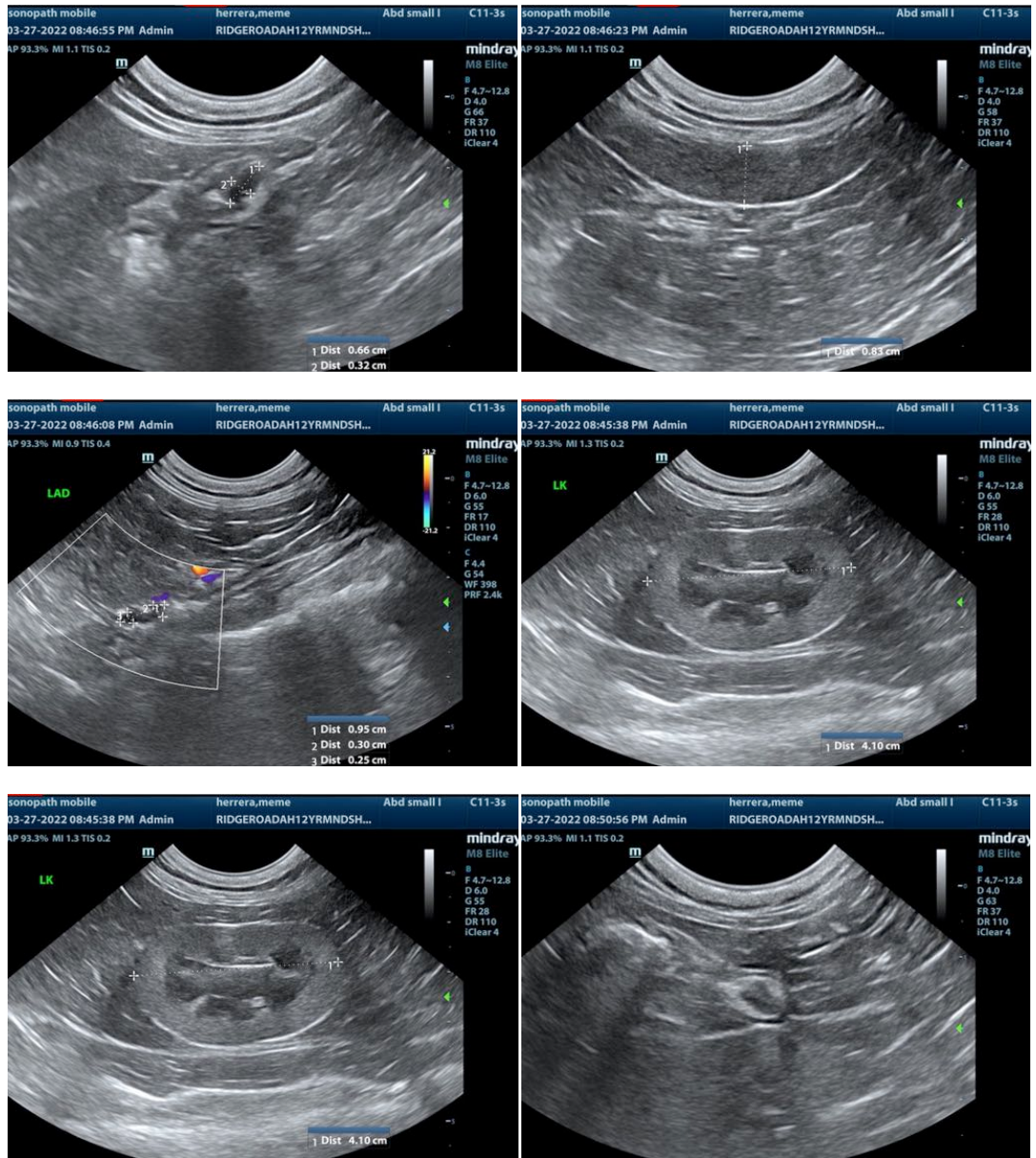
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**DATE**

3/24/22



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.

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