



PATIENT

Ringo Ogden

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

3 Years

WEIGHT

9.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Reser

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Sieger

INVOICE

36557

DATE

3/29/22

PRESENTING CLINICAL SIGNS

Hx of chronic vomiting and constipation, vomiting starting from about 6 months of age, episodes of constipation needing enemas and manual evacuation in 02/21 and 11/21. Previous tx with b12 injection, cisapride, lactulose, prednisolone, gabapentin, ondansetron - O feels like ondansetron helps the most. Currently feeding Blue sensitive stomach and mostly Temptations treats, Presented for not eating as well today 3/29 22.

Abnormal PE/Chem/CBC/UA Results: Previous labwork in Nov, low alb, mild anemia, mild leukocytosis, felv/fiv/hw test neg 2/27; 3/29/22 - mild anemia, appearing non-regenerative (26), leukocytosis - 33; neut 29, mono 0.82; plt 71; chem - alb 2.1; Rads still showing mod constipation

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 4.0 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 left adrenal gland measured 0.40 cm. The right adrenal gland measured 0.30 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 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

Some retention of ingesta noted in the **stomach**, yet the pylorus was patent. Variable distal small intestinal thickening noted without loss of mural detail.



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Pancreas

Ringo Ogden

The **pancreas** was coarse in architecture with slight undulating contour and minor remodeling. The left limb measured 1.0 cm.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- Slight irregular pancreas
- Minor distal small intestinal thickening

BREED

Siamese

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplastic criteria or cause of hemorrhage. CBC path review +/- bone marrow aspirates warranted. Regarding the GI signs, periodic pancreatitis and structurally minor inflammatory bowel likely. The Prednisolone history may be suppressing a more significant presentation.

SEX

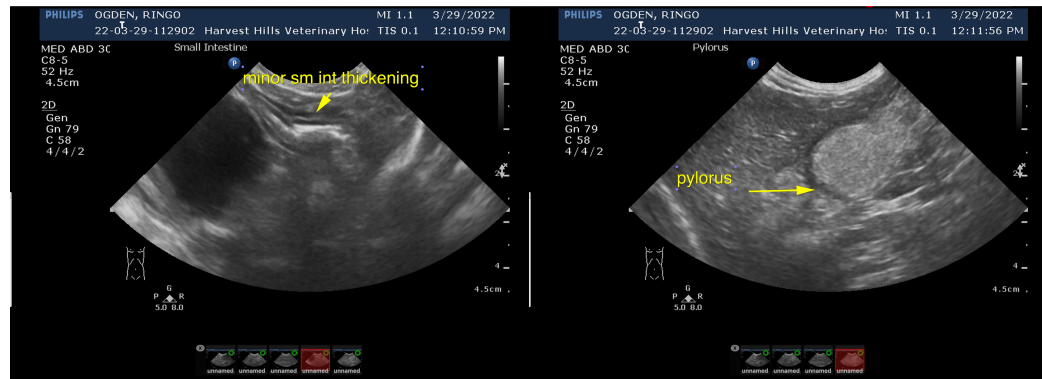
Neutered Male

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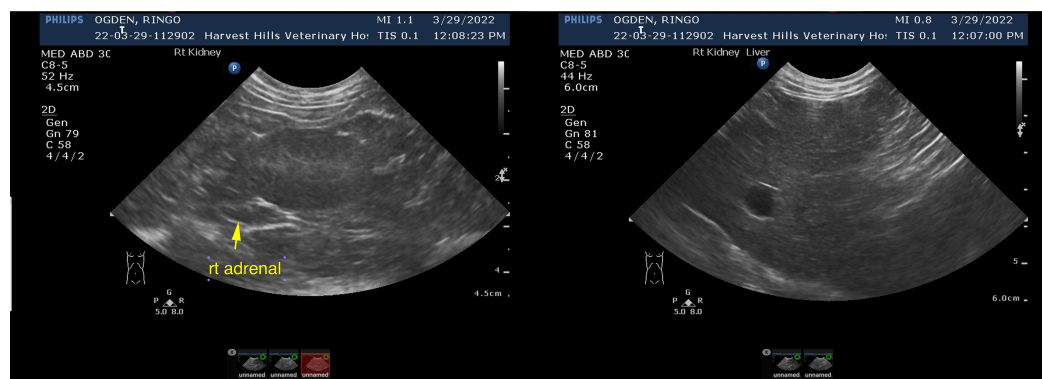
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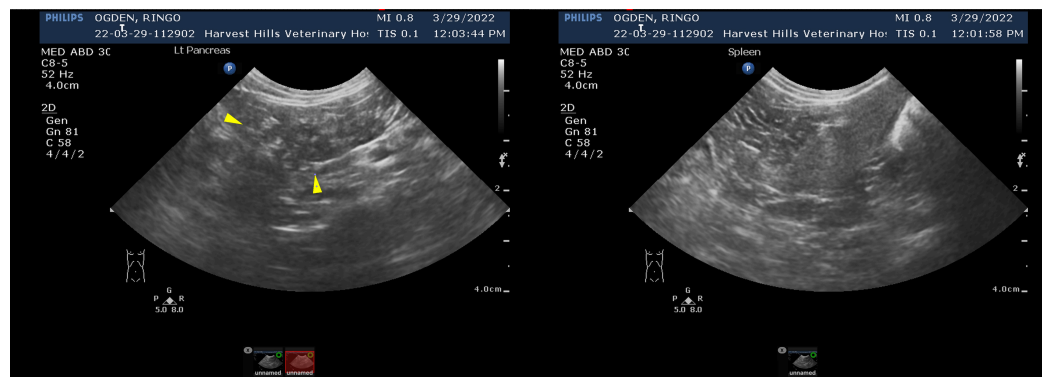
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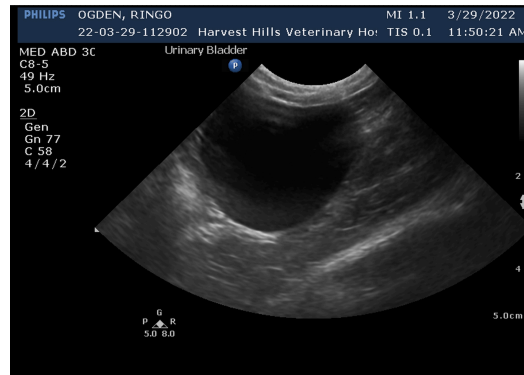
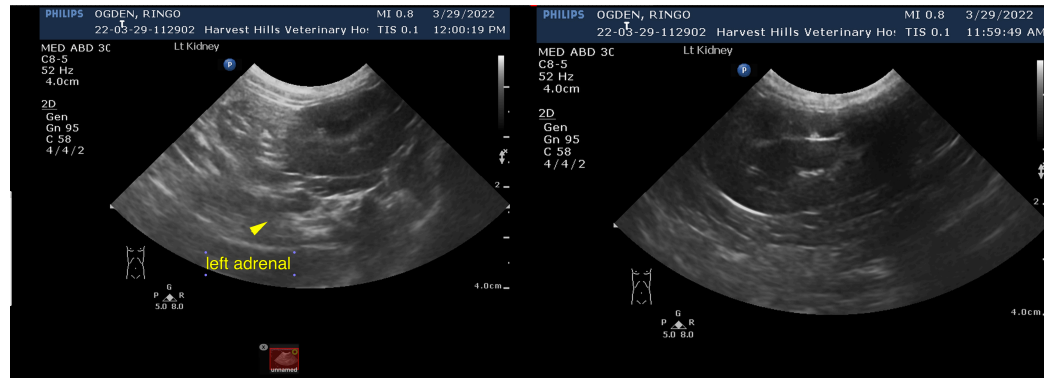
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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