



**PATIENT**

Trixie Guenther

**PRESENTING CLINICAL SIGNS**

History: Coughing and vomiting-V+ huge hairball, rads still seem like poss gastric FB vs other.  
Abnormal PE/Chem/CBC/UA Results: nsf

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Longhair

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. 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.

**SEX**

Spayed Female

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 3.71 cm. The right kidney measured 3.9 cm.

**AGE**

6 years

**WEIGHT**

11.1 lbs

**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 0.39 cm. The left adrenal gland measured 0.28 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was slightly enlarged with subtle micronodular changes. The largest of which measured 0.26 cm. The spleen measured 1.0 cm in width.

**IMAGING**

**PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Animal Care Center of  
Flanders

**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.

**REFERRING VET**

Dr. Casulli

**INVOICE**

96558

**Gastrointestinal**

**DATE**

3/3/22

Examination of the **gastrointestinal tract** revealed a stomach and intestine 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 colon was filled with stool.



**PATIENT**

No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Trixie Guenther

**SPECIES**

**Pancreas**

Feline

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.

**BREED**

Domestic Longhair

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Structurally unremarkable abdomen.

Spayed Female

Stool filled colon.

**AGE**

6 years

Enlarged spleen with micronodular changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

11.1 lbs

Supportive care should prove effective. There was no evidence of hairballs, neoplasia or obstructive disease. Radiographic evaluation for obstipation is indicated if the patient has not defecated regularly as the colon appears over distended from a sonographic perspective. If any weight loss is an issue then FNA of the spleen is indicated given the generalized enlargement. However, this is likely a reactive state.

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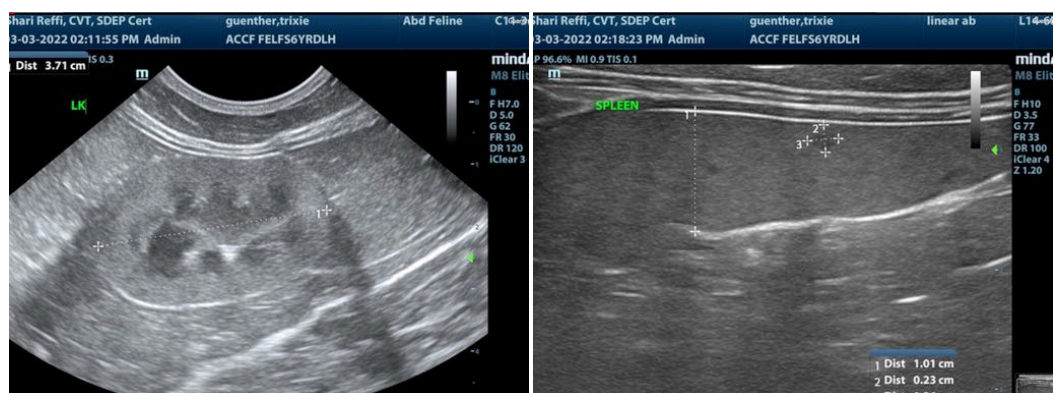
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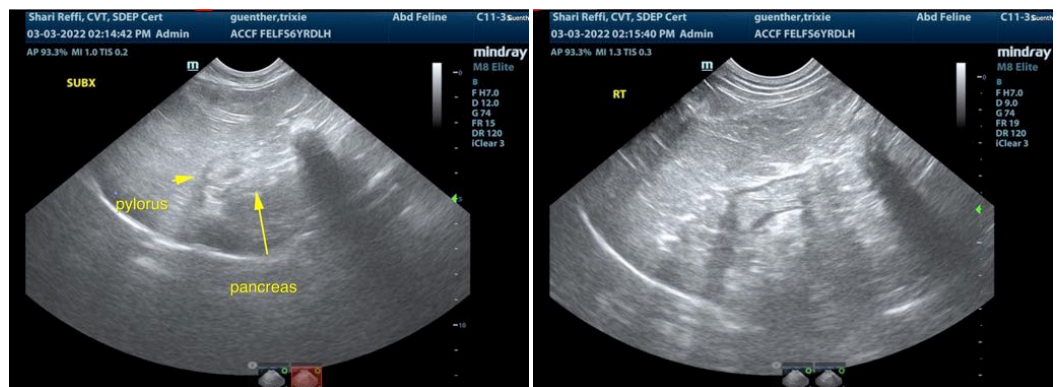
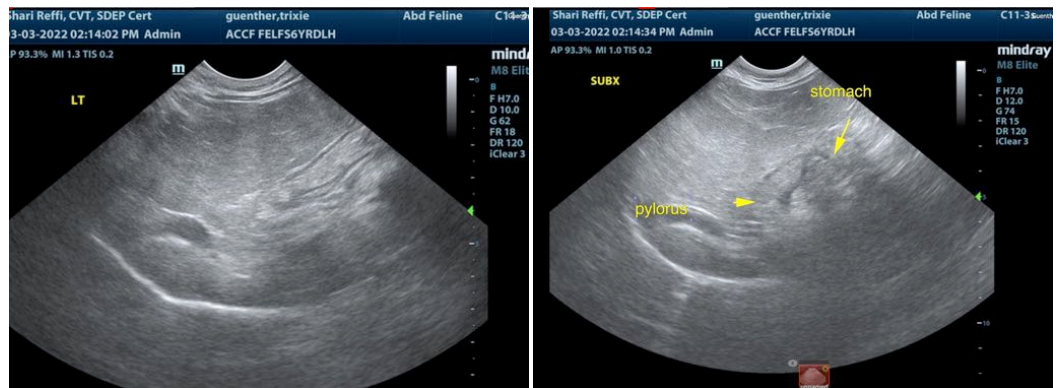
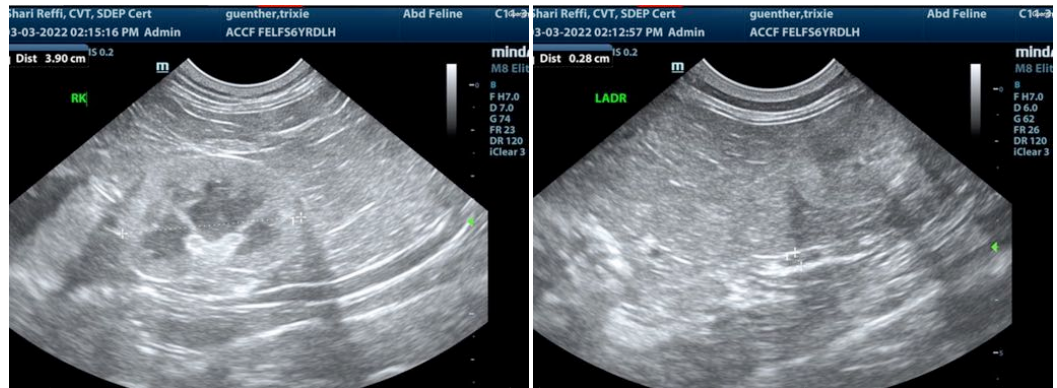
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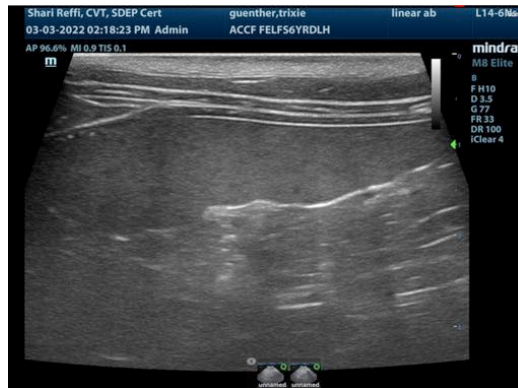
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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