



**PATIENT**

Sassy Sicoli

**SPECIES**

Feline

**BREED**

Himalayan

**SEX**

Spayed Female

**AGE**

3 Years

**WEIGHT**

11 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Linda Grau

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Dr. Linda Grau

**INVOICE**

14186

**DATE**

3/4/22

**PRESENTING CLINICAL SIGNS**

History: vomiting, didn't respond to cerenia injection

Abnormal PE/Chem/CBC/UA Results: exam nsf

**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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

An infarct was noted at the cranial pole of the right **kidney**, otherwise, kidneys were unremarkable. No active inflammation associated with the infarct. Both kidneys measured 3.5 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**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**

The **stomach** revealed retention of ingesta and/or hair-type density, occupying the majority of the gastric lumen. Assuming the patient did not eat prior to the sonogram, then hair accumulation is likely as the echotexture would suggest at least a mix of hair along with ingesta. Transit of chyme into the small intestine was unremarkable. Slight areas of muscularis hypertrophy were noted in the small intestine suggestive for inflammatory bowel.

**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**



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- Minor intestinal thickening. Hairball density in the stomach.
- Minor right renal infarct
- Unremarkable abdomen otherwise

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Diet changed to hydrolyzed diet and hairball therapy warranted and reassessment of the clinical signs.

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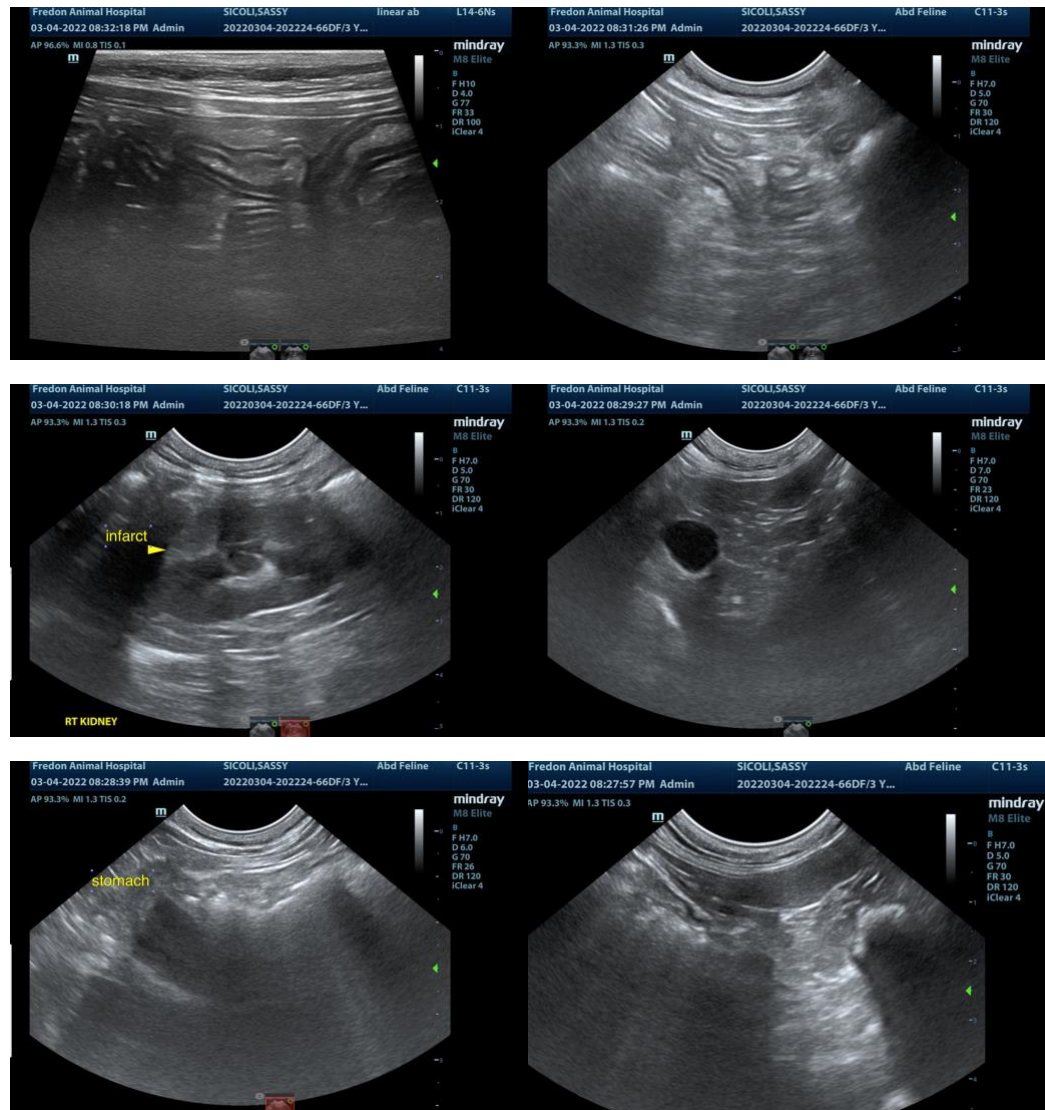
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



**PATIENT**

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