



**PATIENT**

Atticus McWorther

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

9mo

**WEIGHT**

2.8kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Dr. Evoniuk

**HOSPITAL NAME**

State Avenue  
Veterinary Clinic

**REFERRING VET**

Dr. Evoniuk

**INVOICE**

13136ag

**DATE**

03/07/2023

**PRESENTING CLINICAL SIGNS**

Not eating/drinking much since Friday, vomited liquid on Fri PM and Sat AM, no V+ since Lethargic, usually very active and has been very cuddly Not acting as if in pain Softened food yesterday, and P did eat a little bit Has had one small D+, and 2 urinations since Saturday Did possibly drink some dishwater from a pan soaking, known for getting into stuff Spayed last Jan 2023- incision healed well Normal Comprehensive and Hematology values

**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 and right kidney both measured 3.0 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

**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 slightly echogenic 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**

Examination of the gastrointestinal tract revealed a stomach repleted with progressively shadowing material consistent with hairball density or similar. The small intestine and colon were unremarkable. Transitive chyme appeared to be occurring, full obstruction does not appear to be an issue.

**Pancreas**



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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.

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**ULTRASONOGRAPHIC FINDINGS**

- Full stomach with progressively shadowing material-hair type density along with ingesta, post prandial type presentation

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Medical management is recommended with a recheck sonogram of the SDEP 11-14 at NPO 12-18 hours to assess for residual luminal material.

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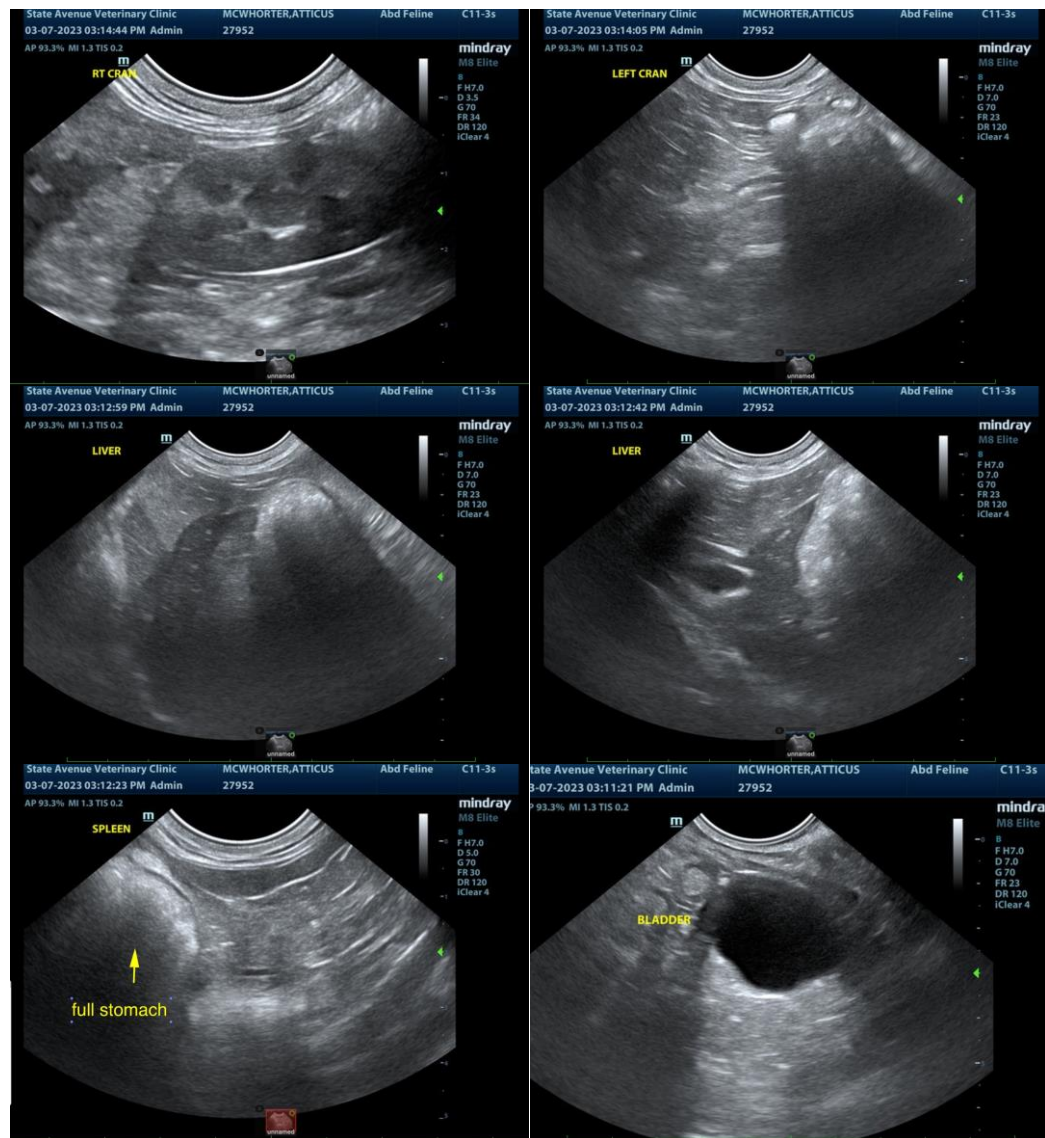
Dr. Evoniuk

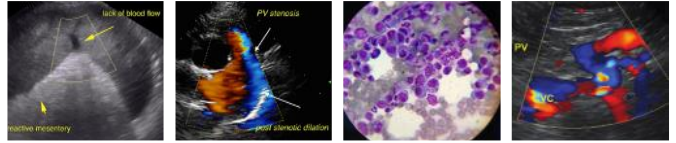
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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