



**PATIENT PRESENTING CLINICAL SIGNS**

**Katie Slater**  
**SPECIES** Feline  
**BREED** DSH  
**SEX** FS  
**AGE** 4yr  
**WEIGHT** 11.6lb

Radiographs - Feces and air noted in the colon. - No abnormalities noted in the SI - Stomach empty on radiographs - No other abnormalities of concern. Bloodwork - Low Amylase (No other abnormalities of concern) Medication - Omeprazole 10mg Capsules: Sprinkle 1/2 of capsule into food every 12 hours as needed to help with suspected Gastritis. recommend abdominal ultrasound to r/o IBD, etc. ok to continue omeprazole, start cerenia, d/c wet food after US will likely transition to hydrolyzed protein diet depending on results

Abnormal PE/Chem/CBC/UA Results: Current Medications Omeprazole 10mg & Prednisolone 5mg

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 2 cm. 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 4.25 cm in length. The right kidney measured 3.94 cm in length.

*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 0.27 cm width. The right adrenal gland measured 0.92 cm width.

*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. The spleen measured 0.92 cm in width.

*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*

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

The Ark Veterinary  
Clinic

**REFERRING VET**

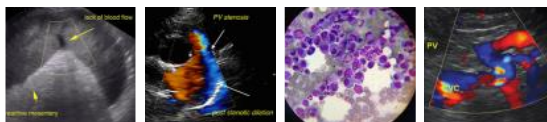
Dr. Hilberg

**INVOICE**

13143ag

**DATE**

03/07/2023



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

**Pancreas**

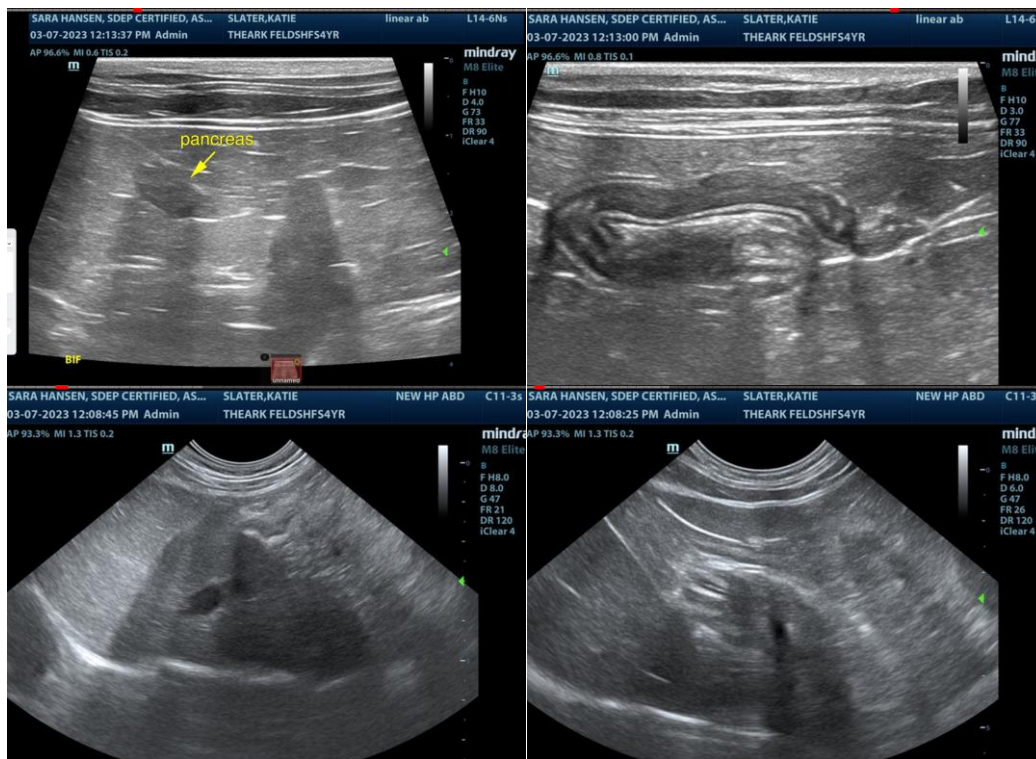
The pancreas was slightly irregular and hypoechoic. No overt evidence of inflammation, however subxiphoid palpation is recommended to assess for discomfort.

**ULTRASONOGRAPHIC FINDINGS**

- Prominent mildly irregular pancreas
- Otherwise a structurally unremarkable abdomen with no evidence of pathology.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Low-grade or resolving pancreatitis is possible. Supportive care should prove effective.





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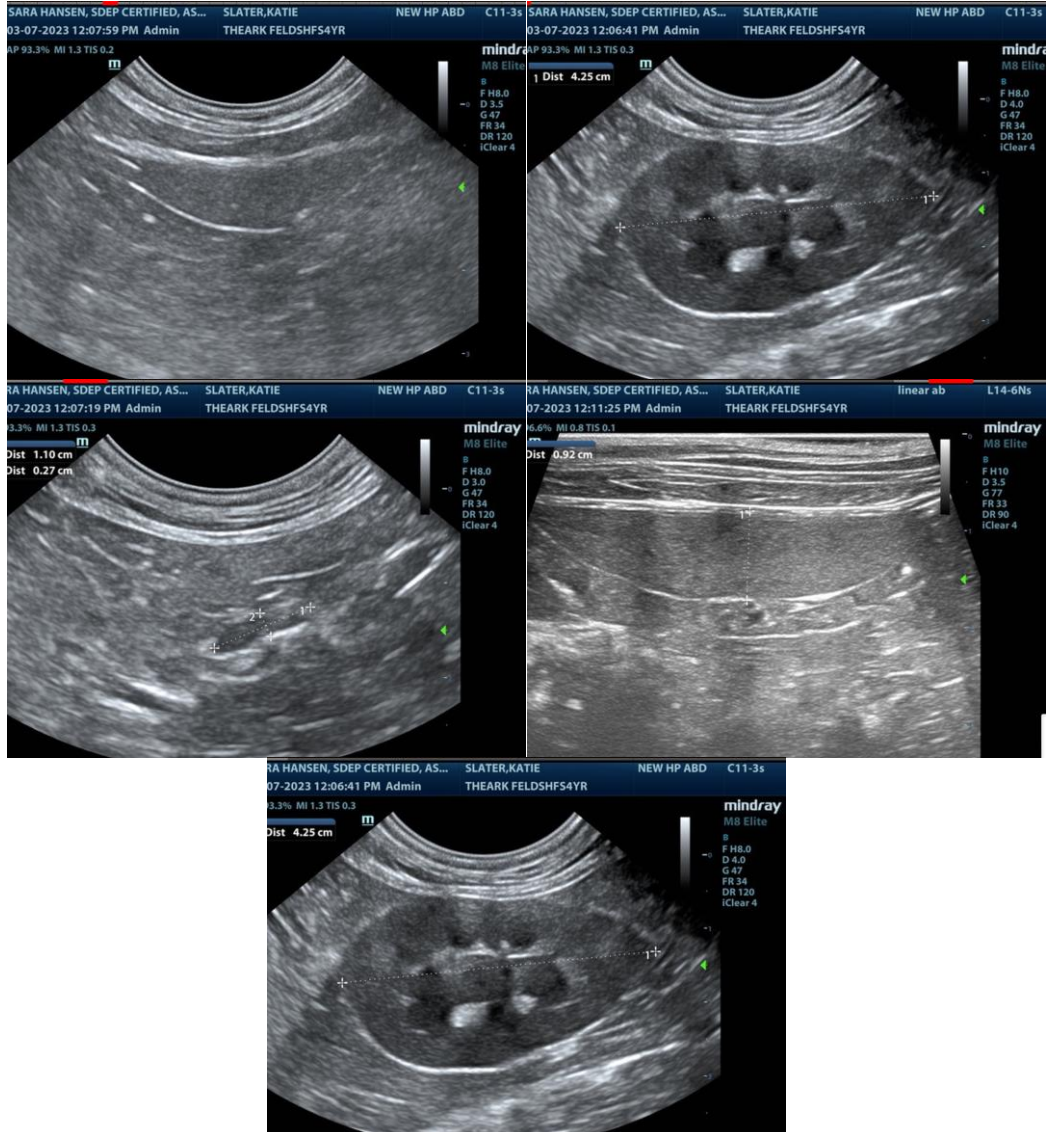
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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