



PATIENT PRESENTING CLINICAL SIGNS

Loki Battista Vomiting, decreased appetite, V through Cerenia. No obstructive pattern on xrays @rDVM. Current meds: Cerenia, Pantoprazole, +/- Buprenex.

SPECIES Abnormal PE/Chem/CBC/UA Results: Hct 49%. (47 H), Mono 0.03 (0.07 L), Eos 0.03 (0.06L), Bun 40.7 (32 H), Phos 6.3 (6.0 H), Gluc 243 (130H), Na 142 (147 L), K 2.9 (3.4 L), Cl 96 (107 L), Abnormal Fpl

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH 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.

SEX

Neutered Male 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 3.52 cm. The right kidney measured 3.99 cm. Slight hyperechoic medullary rim sign noted, idiopathic.

AGE

11 Months

Adrenal Glands

WEIGHT

7.8 Pounds

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 0.34 cm. The left adrenal gland measured 0.43 cm.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Shari Reffi, CVT

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.

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

Dr. Kim

Gastrointestinal

Gastric stasis is noted with approximately 3.0 cm of progressively shadowing material along with fluid. This may be soft foreign matter such as stuffing, hair, or similar material. The small intestine and colon were unremarkable. Curvilinear patterns were maintained.

INVOICE

36674

Pancreas

DATE

4/1/22

The **pancreas** was hypoechoic with undulating contour. No evidence of overt inflammation.



PATIENT

ULTRASONOGRAPHIC FINDINGS

Loki Battista

- Partial obstructive gastric pattern with soft shadowing material – possible stuffing, hair or similar.

SPECIES

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Feline

This may be amenable to medical management. If medical management is to be utilized, recheck sonogram would be recommended. If vomiting is persistent despite medical management, then gastrotomy or endoscopy would be indicated. GI biopsies also recommended at time of surgery to rule out underlying disease.

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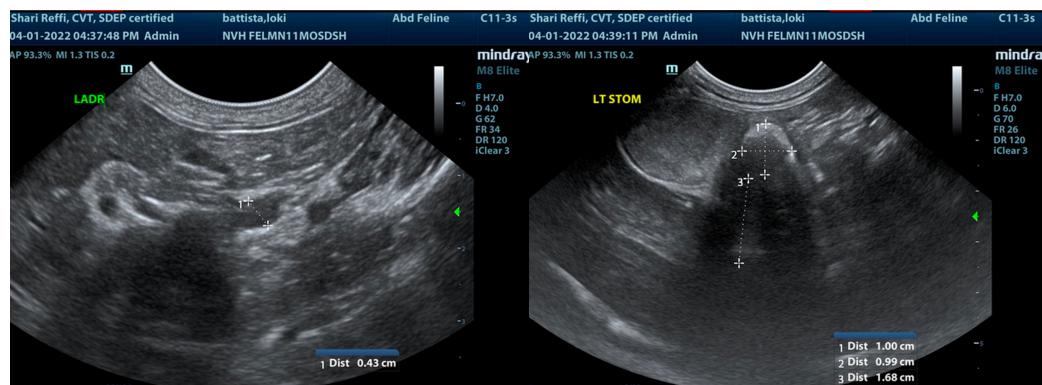
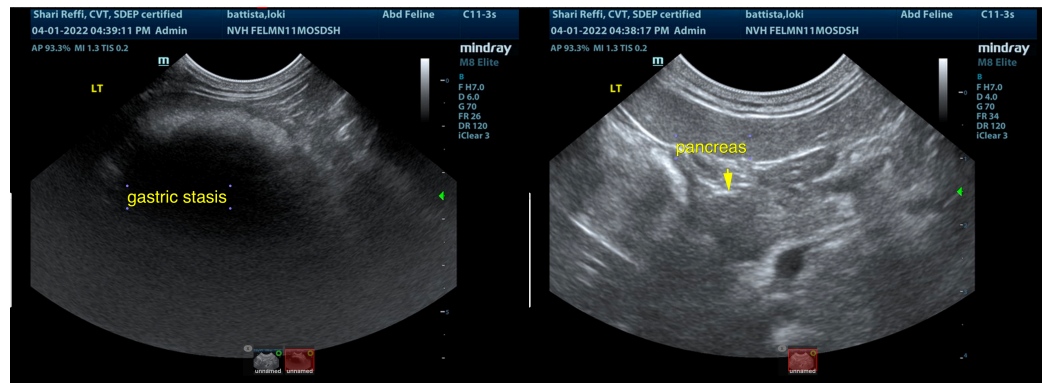
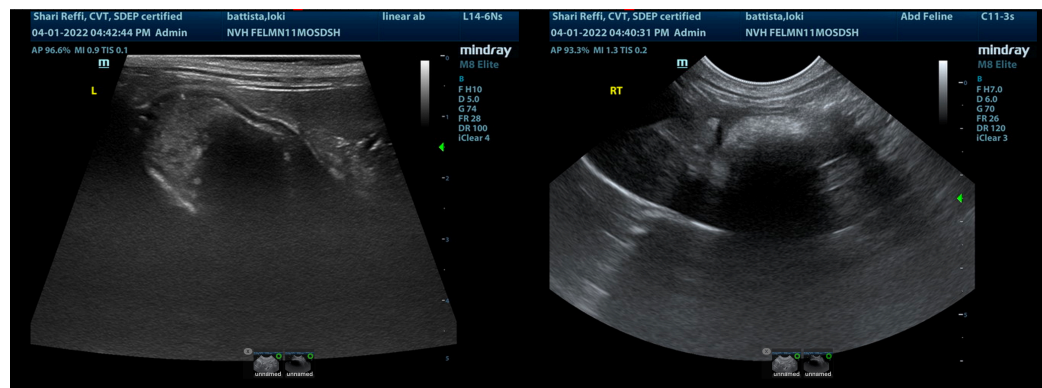
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PATIENT

Loki Battista

SPECIES

Feline

BREED

DSH

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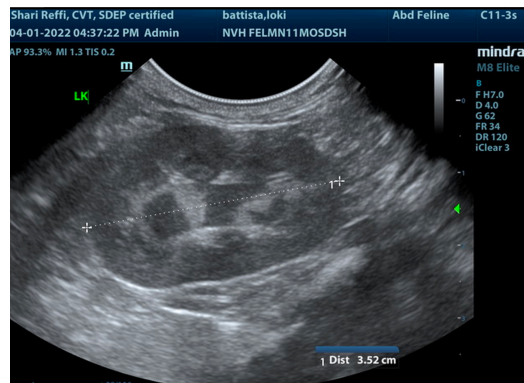
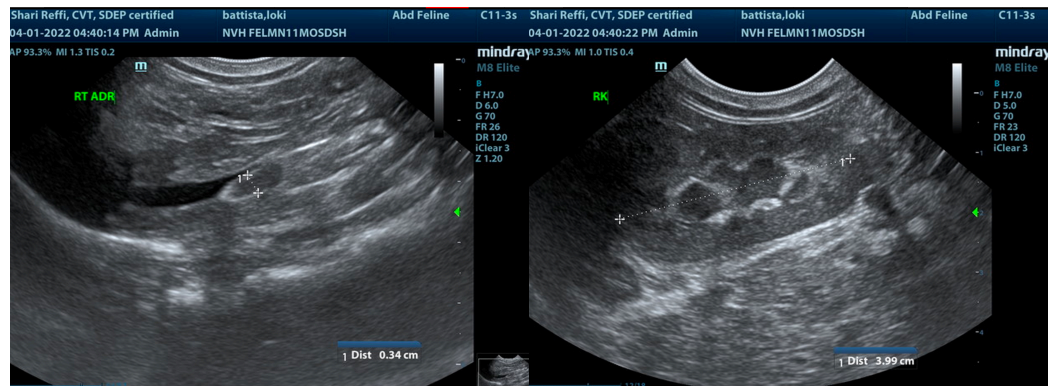
Neutered Male

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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.

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