



DATE PRESENTING CLINICAL SIGNS

4/10/26 **Patient History:** Chronic V+ with acute episode Friday 4/3. Epaxial muscle loss. Hx chronic herpesvirus signs, URI/conjunctivitis

PATIENT

Eli Duffy **Current Medications:** Lysine, famciclovir, OTC lubricating eye drops
Labwork Results: Radiographs attached.

SPECIES

Feline **Date of Previous IntraPet Ultrasound:** No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

Urinary System

The **urinary bladder** revealed a minor urachal remnant measuring 5.0 mm, appears to be stable. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

SEX

Neutered Male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Right kidney measured 3.3 cm with mild irregular contour, and infarct at the caudal pole. Cortical infarct noted in the cranial pole of the left kidney. Left kidney measured 3.33 cm.

AGE

8/1/16

WEIGHT

10.3 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

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. Left measured 0.35 cm. Right measured 0.40 cm.

HOSPITAL NAME

Chadwell Animal
Hospital

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.

REFERRING VET

Dr. Jones

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

INVOICE

74398

Gastrointestinal

The stomach revealed progressively shadowing luminal material, consistent with hairball density measuring 3.0 cm. The small intestine and colon were unremarkable with minor areas of muscularis hypertrophy.

Pancreas

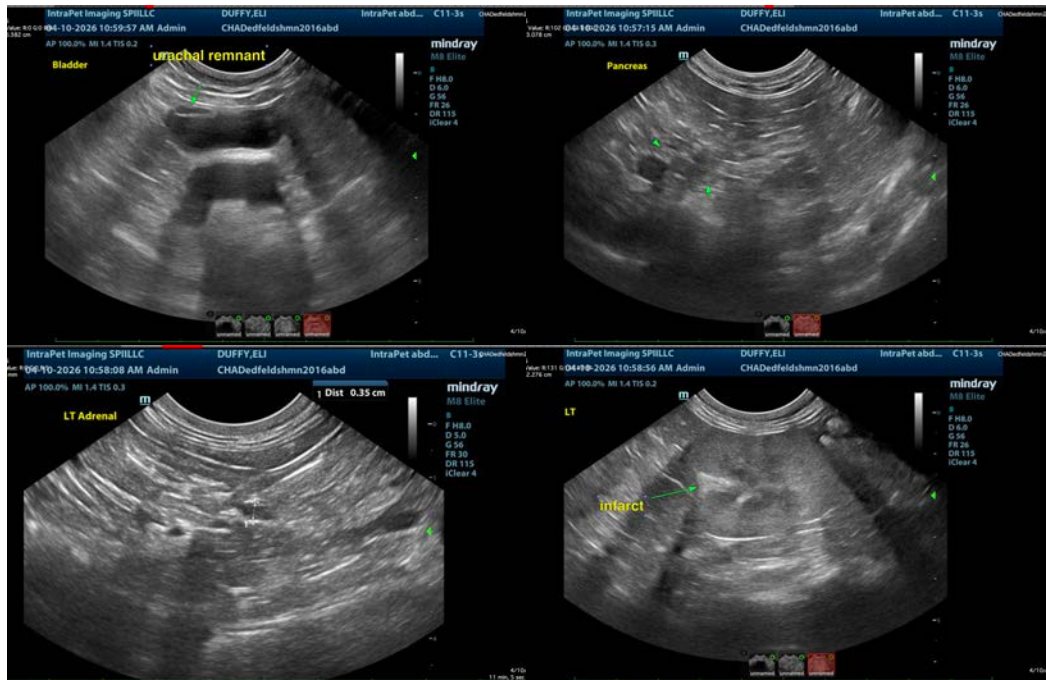
The pancreas was prominent and mildly irregular, measuring approximately 8.0 mm in width.

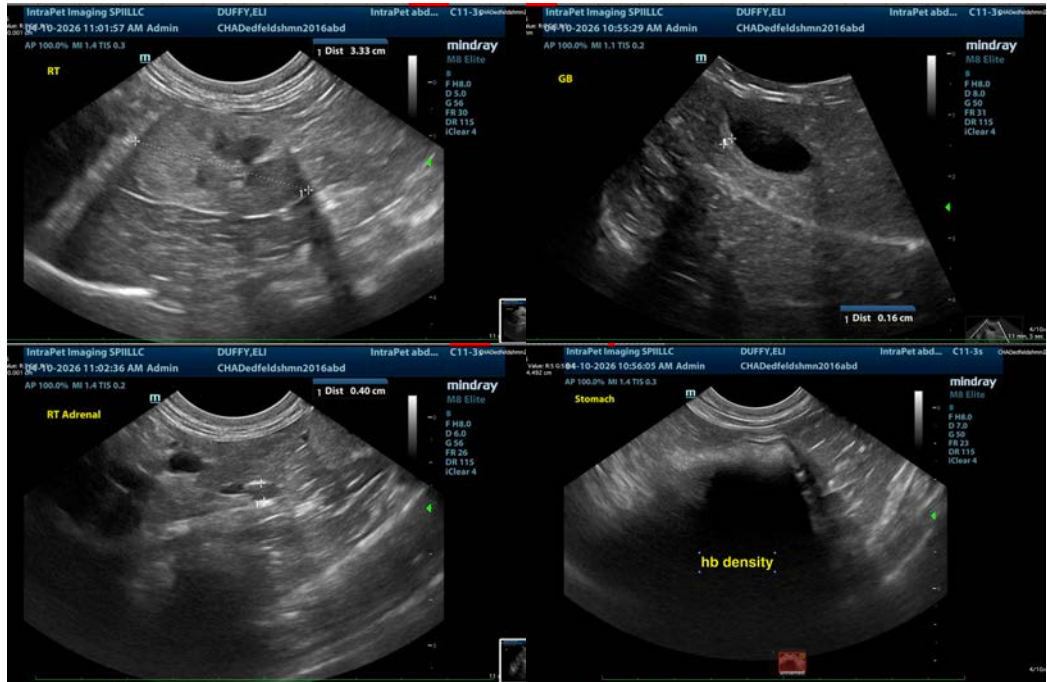
ULTRASONOGRAPHIC FINDINGS

- Hairball density in the stomach.
- Prominent, irregular pancreas.
- Infarcted kidneys with mild to moderate dystrophy.
- Minor urachal remnant.
- Age related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Hairball management warranted. Full urinalysis warranted if not already performed.





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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