



**PATIENT**

Chowder Smith

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

10 months

**WEIGHT**

2.8 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Callihan AEC

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

Dr. Callihan AEC

**INVOICE**

98179

**DATE**

4/12/22

**PRESENTING CLINICAL SIGNS**

This is Chowder's 3rd visit to ER in the past month, for abdominal pain, lethargy, inappetence. He is an indoor only cat, current on vaccines, no prior health issues. Each of these three visits (3/18, 4/6, 4/11) he is painful in the abdomen, has essentially normal bloodwork, and responds to IV fluids and GI support. Abnormal PE/Chem/CBC/UA Results: He had full bloodwork each visit, radiographs on the first visit were unremarkable, ultrasound done 2nd visit (4/6/22) was read by radiologist and found normal other than hypoechoic liver and spleen and one mildly prominent lymph node. On PE his vitals are normal. He appears ~ 8% dehydrated. He makes a horrible meow/growl with palpation of his abdomen and is quite weak

**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 was 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 3.8 cm and the right kidney measured 4.27 cm.

**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 right adrenal gland measured 0.4 cm.

**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 was noted.

**Liver**

The **liver** was slightly enlarged, with minor generalized hypoechogenicity. The gallbladder and common bile duct were unremarkable.



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**Gastrointestinal**

Chowder Smith

The **gastric** wall revealed mucosal thickening and remodeling without loss of mural detail. The wall thickness measured 0.5 cm. Portions of spastic small intestine were noted with minor areas of luminal fluid. Soft stool was noted in the colon. There was no foreign body noted.

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**Pancreas**

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The **pancreas** appears largely unremarkable and uniform. However, low-grade pancreatitis cannot be entirely ruled out.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Non-specific gastroenteritis presentation.

**AGE**

10 months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of foreign matter. Endoscopy would be ideal in this case or direct exploratory surgery upon the upper gastrointestinal tract with objective of inspection and obtaining biopsies. There is no evidence of neoplasia or obstructive disease.

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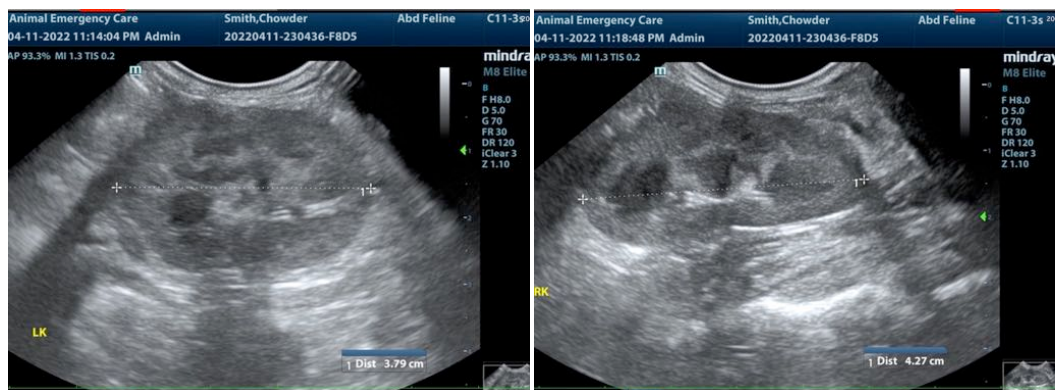
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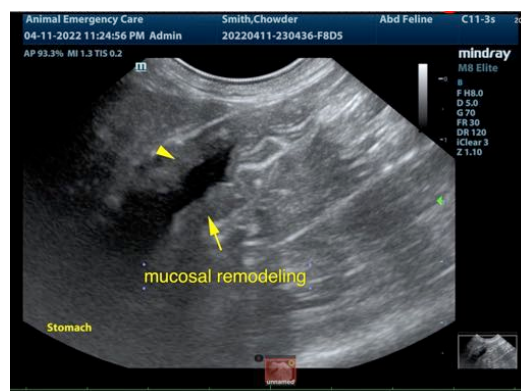
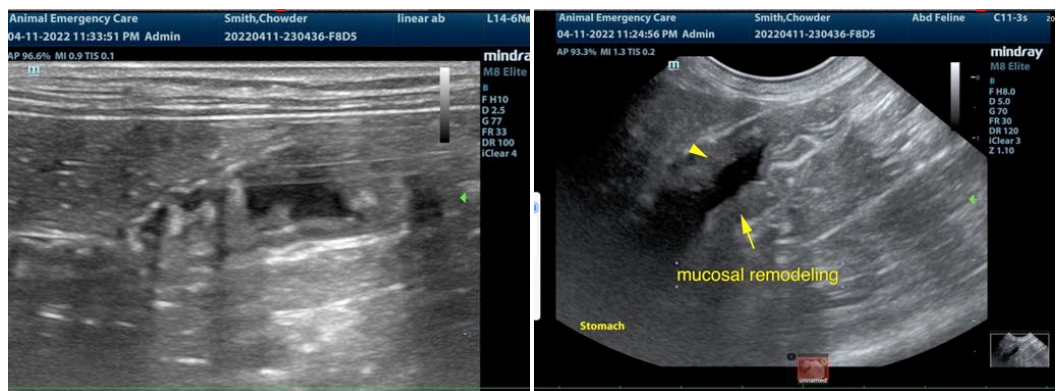
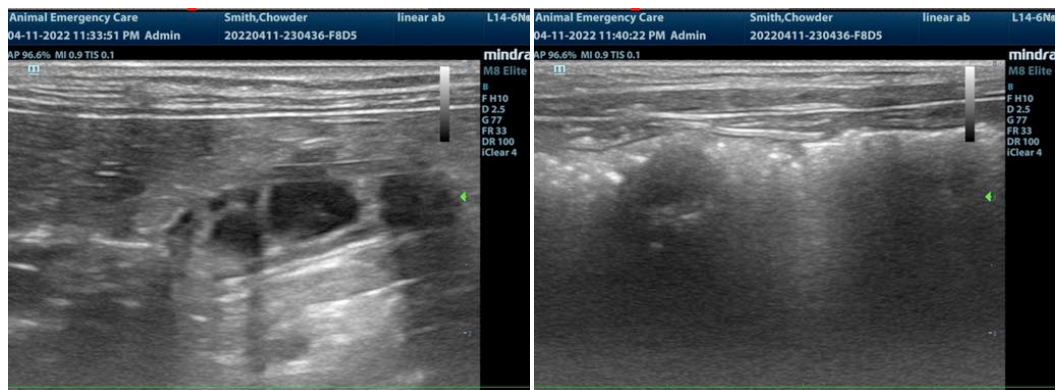
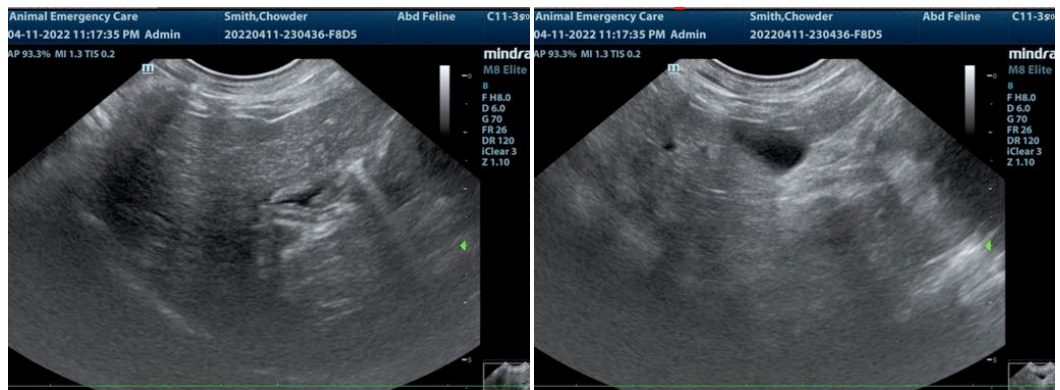
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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