



**PATIENT**

Moose Zweig

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

10 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Rachel Wiley

**HOSPITAL NAME**

Pet Vacx AH

**REFERRING VET**

Dr. Rachel Wiley

**INVOICE**

36837

**DATE**

4/12/22

**PRESENTING CLINICAL SIGNS**

New patient with 4 year history of regurgitation immediately after eating. Happens about every other day. Normal PE. CBC/Chem/T4/ fpL/UA / fecal pending  
Abnormal PE/Chem/CBC/UA Results: Pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented a minor amount of sand accumulation, of grouping of which measured 3.0 mm. Suspended debris also noted.

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 kidneys measured 3.5 cm each.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**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 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**

The **stomach** revealed progressively shadowing material, consistent with hairball accumulation, likely a primary cause of the clinical signs. The small intestine and colon were unremarkable.

**Pancreas**

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.

**ULTRASONOGRAPHIC FINDINGS**

- Hairball density in the stomach
- Minor bladder sand, non-obstructive
- Unremarkable presentation otherwise



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Moose Zweig

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hairball therapy warranted and possible diet change to hydrolyzed diet. Full urinary workup warranted +/- cystostomy with sand analysis and culture, especially if any straining to urinate is an issue.

**SPECIES**

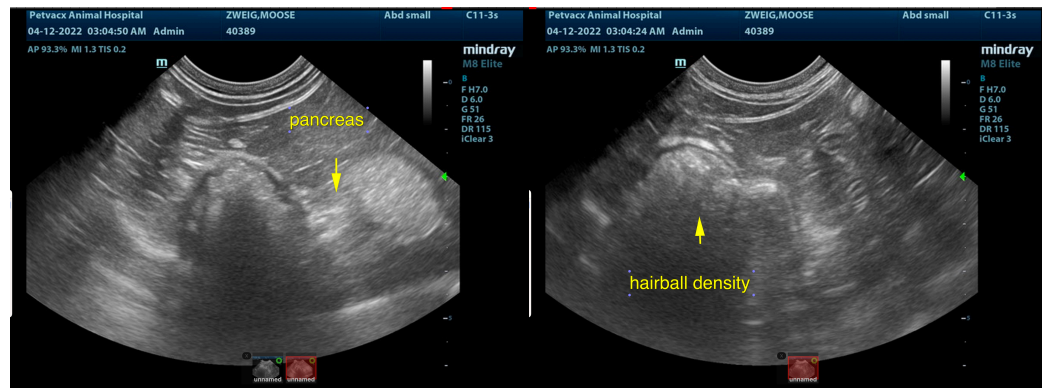
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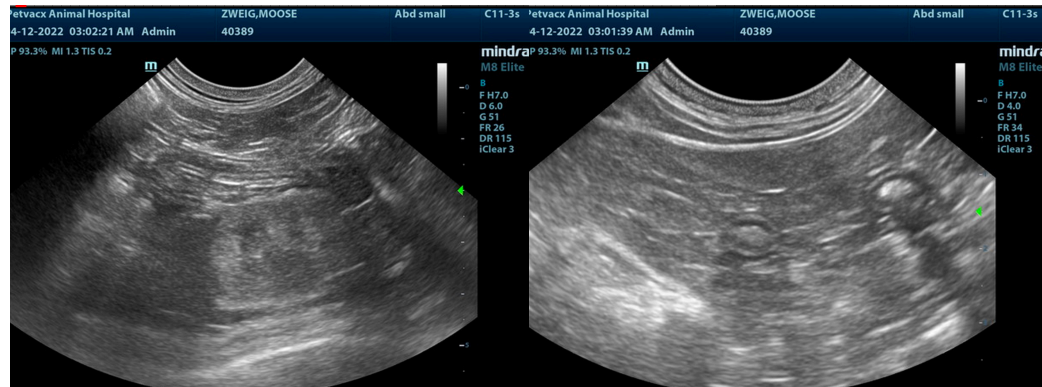


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**INVOICE**

36837

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

**DATE**

4/12/22

[info@SonoPath.com](mailto:info@SonoPath.com)