



**PATIENT**

Ernie Stalter

**PRESENTING CLINICAL SIGNS**

History: Chronic GI issues for years, chronic diarrhea; suspect IBD.  
Abnormal PE/Chem/CBC/UA Results: Low Ca, low Na/K, mildly elevated FT4, decreased lymphs.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Shorthair

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.

**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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.92 cm.

**AGE**

10 years

**Adrenal Glands**

**WEIGHT**

5.5 lbs

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 0.48 cm.

**INTERPRETED BY**

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

**Spleen**

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

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.

**HOSPITAL NAME**

Westwood Regional  
VH

**Liver**

**REFERRING VET**

Dr. Silver

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**

30039

**DATE**

4/29/22



**PATIENT**

**Gastrointestinal**

Ernie Stalter

The upper **gastrointestinal tract** was largely unremarkable; however, there is a portion of intestinal stasis in the mid caudal abdomen with a hyperechoic linear structure measuring 1.0 cm. A stricturing portion of bowel appears to be present in this region with a partial obstructive pattern. This may be temporary if the patient is dehydrated.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**Pancreas**

The **pancreas** was hypoechoic with undulating contour and measured 0.52 cm on the left limb with a dilated duct. Pancreatic duct dilation was noted and measured up to 0.2 cm. Enhanced surrounding mesentery was noted.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Age related abdominal changes with prominent, irregular pancreas particularly in the right limb.

**AGE**

10 years

Intestinal stasis pattern in mid caudal abdomen with possible linear structure and stricturing pattern, may be secondary to chronicity.

**WEIGHT**

5.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The intestinal pattern to be partially obstructive; however, it should be reexamined after IV fluid support and hydration of the GI tract. Digital subxiphoid palpation is recommended to assess for any discomfort. I recommend IV fluid support, if the patient is stable then continuation of medical management is recommended. A recheck sonogram is recommended in 24-48 hours to assess if the stasis pattern is persistent.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Westwood Regional  
VH

**REFERRING VET**

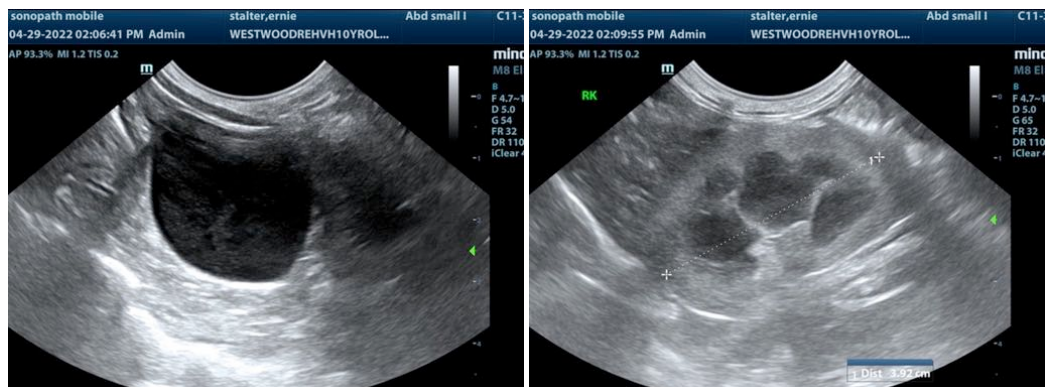
Dr. Silver

**INVOICE**

30039

**DATE**

4/29/22





**PATIENT**

Ernie Stalter

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

5.5 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Westwood Regional  
VH

**REFERRING VET**

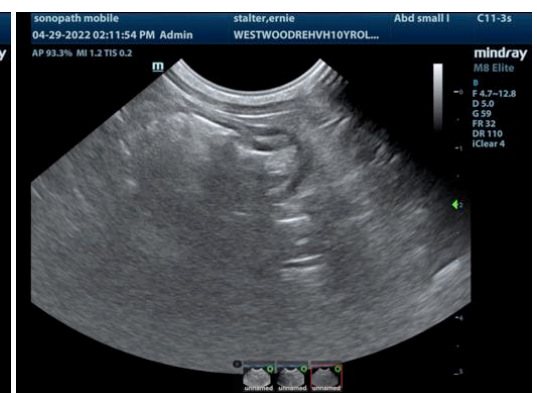
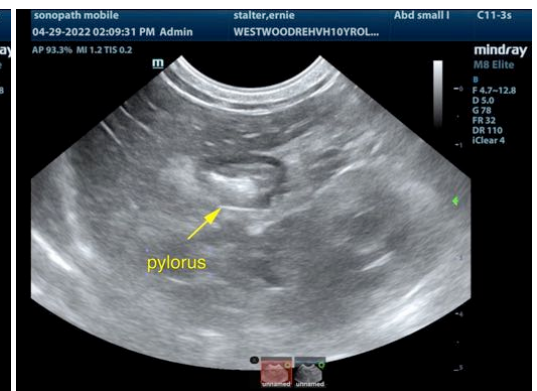
Dr. Silver

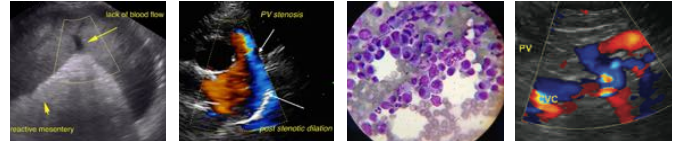
**INVOICE**

30039

**DATE**

4/29/22





**PATIENT**

Ernie Stalter

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

5.5 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Westwood Regional  
VH

**REFERRING VET**

Dr. Silver

**INVOICE**

30039

**DATE**

4/29/22



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