



PATIENT

Stache Hoover

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

12.68 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jocelyn Smith, CVT

HOSPITAL NAME

Annvilve Cleona VA

REFERRING VET

Dr. Pinamonti

INVOICE

74959

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Bladder stones from previous hospital - referred to us for cystotomy - chemistry performed 4/28/26 (see below)

Immediately referred to ER for overnight care with fluid therapy to monitor values. Some improvement overnight but values increased again this morning. Patient was on IV fluids of NaCl with dextrose. ER administered Novolin last dose at 3:30a

Renal values are improving but not at a comparable rate with the potassium

Abnormal PE/Chem/CBC/UA Results: 4/28/26 (12:00pm) BUN 50 Ca 8.0 Sodium 114 K+ 6.8 Chloride 88 4/29/26 (4:29am) Sodium 120 Potassium 5.4 BUN 70 4/29/26 (6:00) Sodium 119 Potassium 6.0 BUN 62 4/29/26 (8:05a) Sodium 117 Potassium 6.3 BUN 56

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. Grouping of bladder calculi measuring up to 2.5 cm was noted. These were non-obstructive at the time of the sonogram. Minor polypoid changes were noted in the bladder and measured up to 0.4 cm at the apical ventral wall. 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 4.3 cm. The right kidney measured 3.5 cm.

Adrenal Glands

The **right adrenal gland** was 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. The region of the left adrenal gland was imaged with no evidence of pathology.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The visible **liver** was unremarkable.



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Gastrointestinal

The **stomach** revealed luminal over distension. This is consistent with ileus. A large amount of upper GI gas was noted in this patient obscuring some visibility.

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

Progressively shadowing pyloric density noted measuring 1.5 cm in width.

Volume contracted spleen.

Mild to moderate degenerative renal changes, yet not end stage.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The shadowing density may be partially obstructive and is most consistent with hairball/Trichobezoar. I recommend assessment of the feeding history in this patient if any history of vomiting or anorexia is present. I recommend aggressive fluid therapy, endoscopy and eventual cystotomy or direct cystotomy and examination of the gastric lumen at the time of the surgery would be appropriate.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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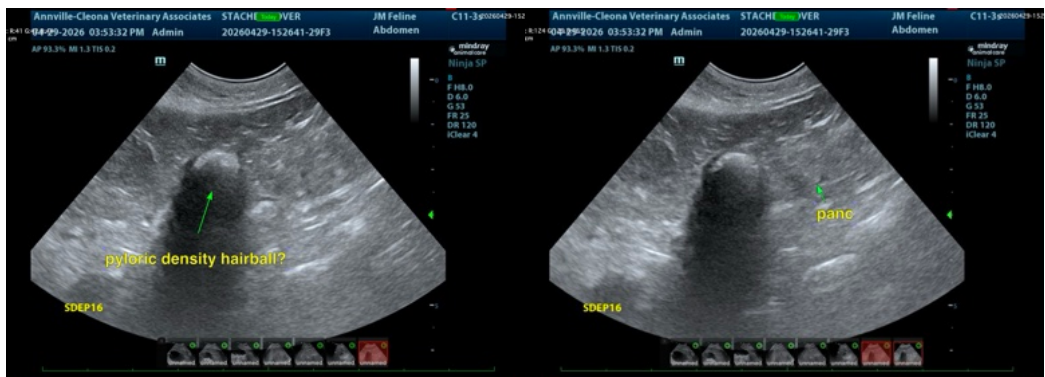
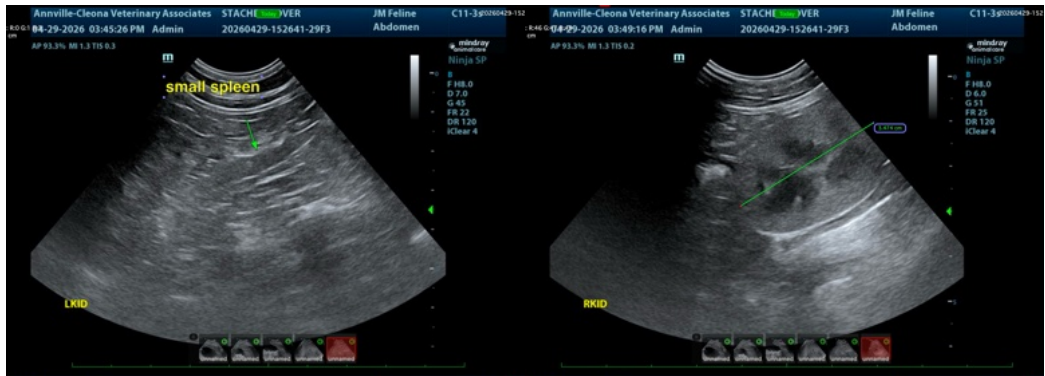
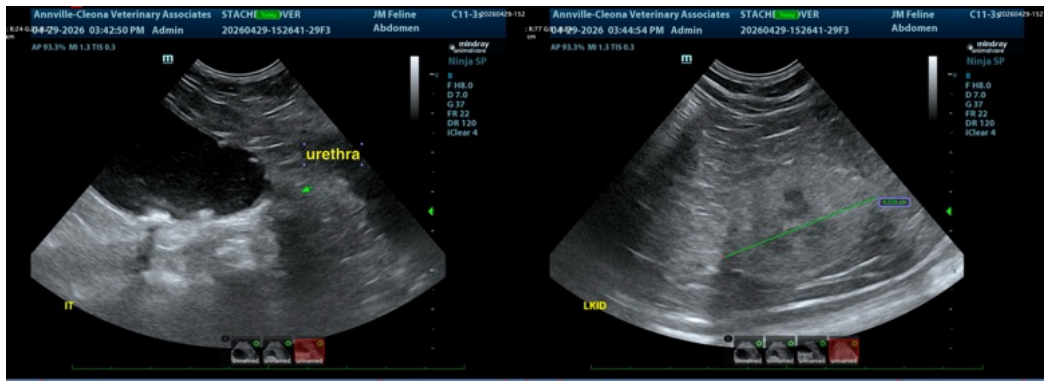
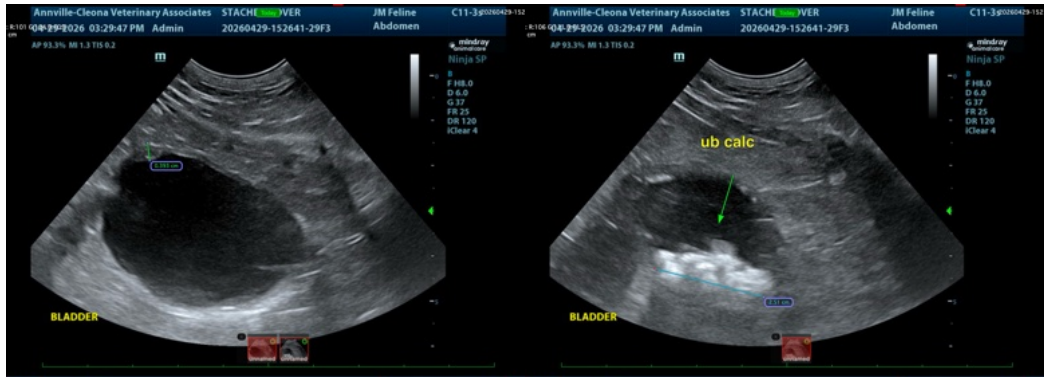
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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