



**PATIENT PRESENTING CLINICAL SIGNS**

**Milo Dabir**  
History: Presented for lethargy, vomiting, anorexia and abdominal discomfort. Poss grade 1/6 systolic heart murmur, history of chronic vomiting. Has been on Methadone, Gabapentin, Metronidazole, B12  
**SPECIES** Abnormal PE/Chem/CBC/UA Results: Hemoconcentration. Rads : abdominal serosal detail normal, initially the stomach contains gas and heterogenous soft tissue opacity. Follow up images stomach contains normal appearing ingesta. Small intestine fluid and gas filled. Colon contains fecal material. No overt signs of mechanical obstruction. Recommend repeat rads+ - ultrasound.

Feline

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DLH 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 were noted. Ureteral papillae were normal.

**SEX**

Neutered Male

**AGE**

5 Years

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 4.02 cm. The right kidney measured 4.17 cm.

**WEIGHT**

5.3 kg

**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 left adrenal gland measured 0.38 cm. The right adrenal gland measured 0.34 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hamilton Regional VEC

**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.

**REFERRING VET**

Dr. Vercaigne

**INVOICE**

21823

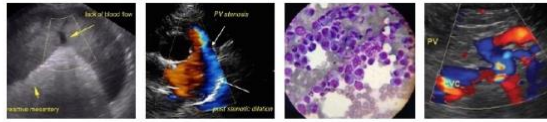
**Gastrointestinal**

The distal small intestine was mildly spastic yet the remainder of the **GI tract** was unremarkable.

**DATE**

4/3/23

**Pancreas**



**PATIENT**

Milo Dabir

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.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

- Mildly spastic distal small intestine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

DLH

Supportive GI care should prove effective. I recommend a fresh fecal smear and fecal floatation analysis. Broad spectrum antiparasitic protocol and consideration for enterotoxins yet structurally the viscera appears largely unremarkable with minor irritability pattern to the small intestine. Low grade or emerging pancreatitis cannot be completely ruled out yet appeared structurally normal sonographically at this time.

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**AGE**

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**WEIGHT**

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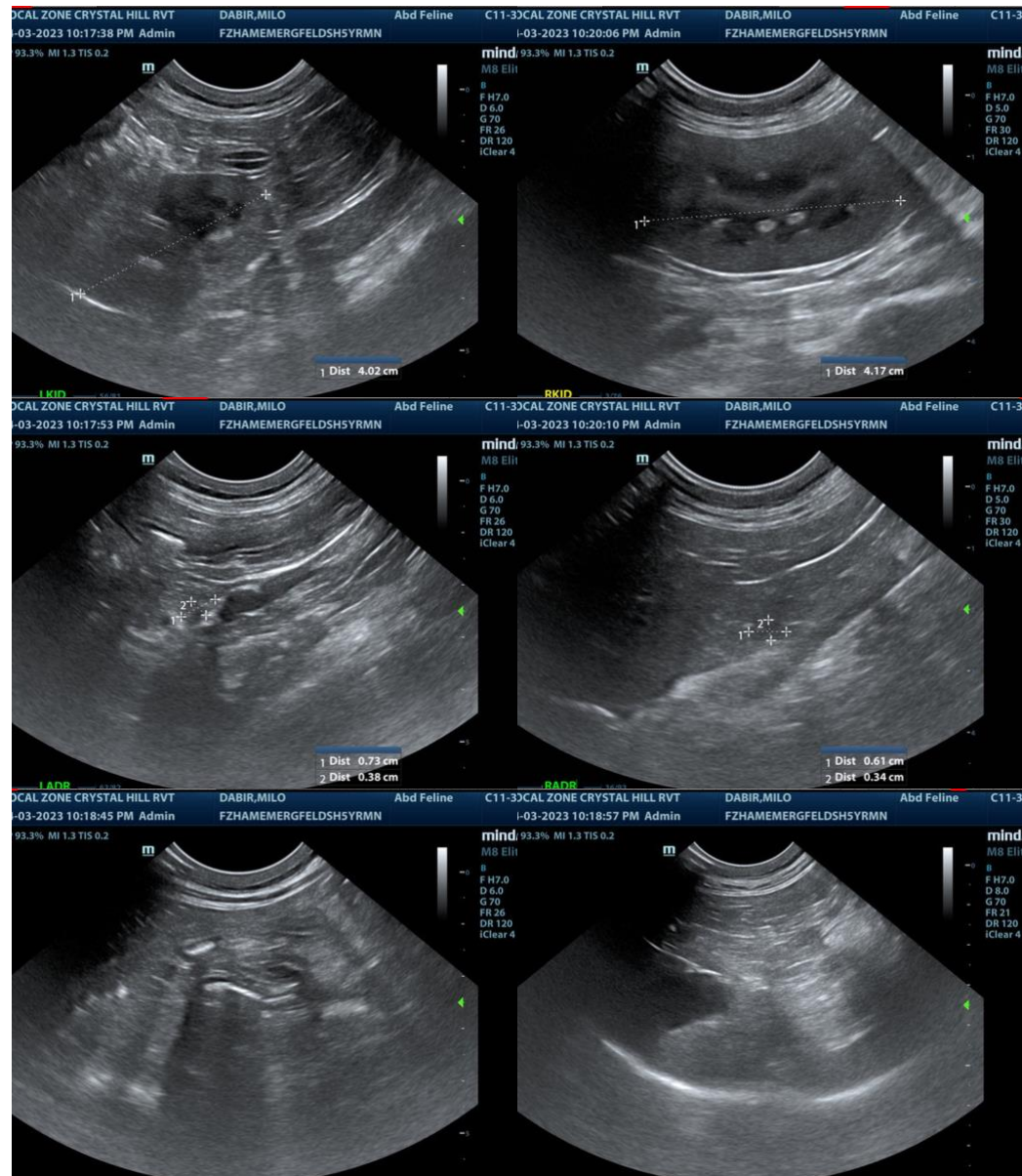
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**PATIENT**

Milo Dabir

**SPECIES**

Feline

**BREED**

DLH

**SEX**

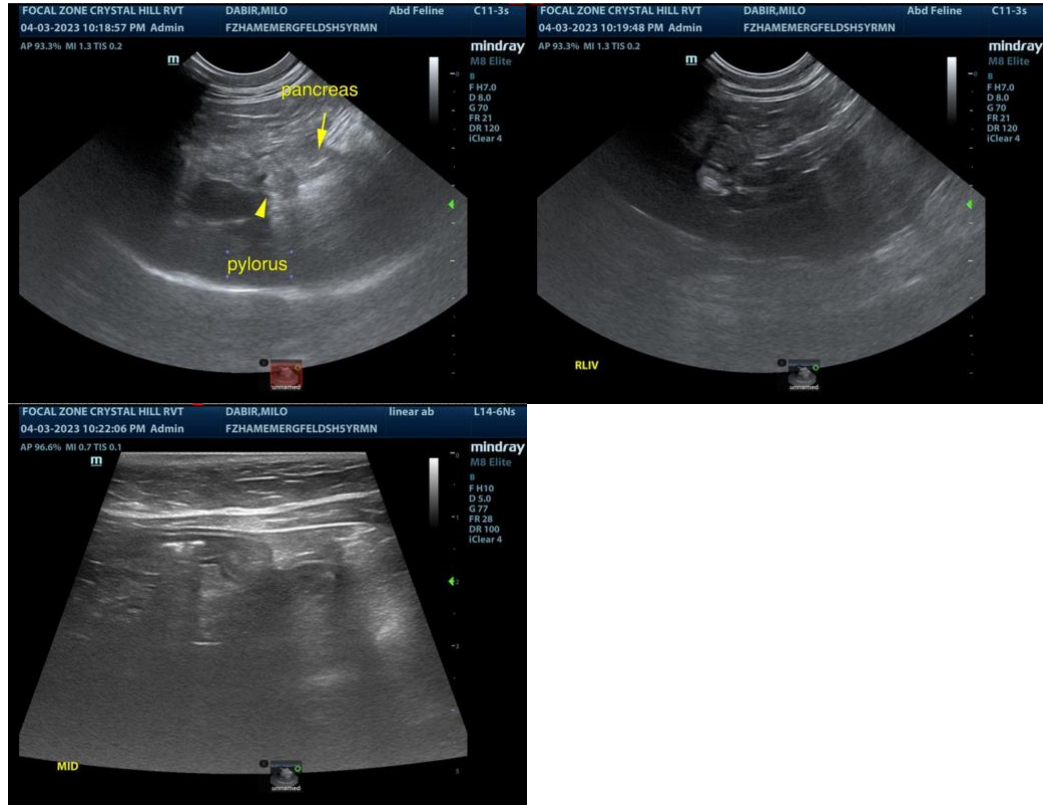
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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