

**PATIENT**

Scout Caldwell

**PRESENTING CLINICAL SIGNS**

History: Previous ultrasound - March 10, 2022 This ultrasound was performed to recheck the GI System. Patient is currently on week 4 of the Gastritis Protocol. Patient is not experiencing any vomiting, however has intermittent episodes of hypersalivation.  
Abnormal PE/Chem/CBC/UA Results: Excess gas noted in GI tract on radiographs.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Mix

**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.

**SEX**

Female

**AGE**

11 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 kidneys both measured 5.0 cm.

**WEIGHT**

54 lbs

**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 0.4 cm. The right adrenal gland measured 0.6 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Mack

**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.

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Mack

**Liver**

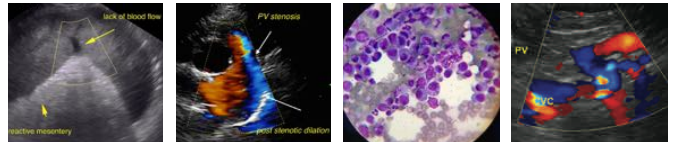
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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.

**INVOICE**

98081

**DATE**

4/6/22



**PATIENT**

**Gastrointestinal**

Scout Caldwell

The **stomach** revealed some soft, progressively shadowing luminal material. This is consistent with post prandial presentation. The gastric wall was unremarkable. The small intestine and colon were unremarkable.

**SPECIES**

Feline

**Pancreas**

**BREED**

Mix

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.

**SEX**

Female

**ULTRASONOGRAPHIC FINDINGS**

Normalized stomach.

**AGE**

11 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was some retention of ingesta or possible soft foreign matter depending on when the patient ate prior to the sonogram. There was no other evidence of pathology. Treatment is recommended based on clinical signs. If the patient was n.p.o. at the time of the sonogram then consider the potential of soft foreign matter. Underlying dietary intolerance or occult parasitism may be an issue in this patient. Strict dietary regimen is recommended. Treatment should be based on the clinical signs.

**WEIGHT**

54 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Mack

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Mack

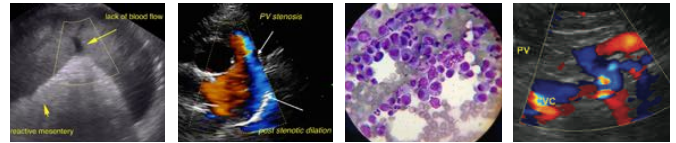
**INVOICE**

98081

**DATE**

4/6/22





**PATIENT**

Scout Caldwell

**SPECIES**

Feline

**BREED**

Mix

**SEX**

Female

**AGE**

11 years

**WEIGHT**

54 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Mack

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

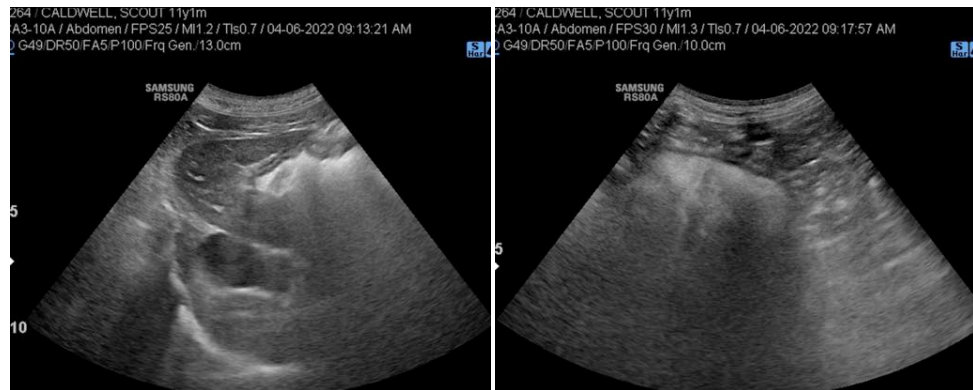
Dr. Mack

**INVOICE**

98081

**DATE**

4/6/22



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