



**PATIENT**

Tig McAllister

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

7 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Callihan

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

Dr. Johnson

**INVOICE**

14991

**DATE**

5/1/22

**PRESENTING CLINICAL SIGNS**

History: Presented yesterday for recheck after seeing rDVM on Fri for unusual crouching behavior, not wanting to be touched. Has history of urinary issues so rDVM did UA (reportedly normal) and gave Onsior injection. No change in painful behavior, did not want to be touched. Yesterday on recheck in ER owner reported pt had been retching unproductively

Abnormal PE/Chem/CBC/UA Results: -CBC/chems pretty normal (sl elev albumin and amylase; -radiographs looked like something in stomach but overall nothing distended; -vitals normal -PE wnl other than painful abd palpation -supportive care through night with IVF, Cerenia, gapapentin, buprenorphine, quite a lot more comfortable and interactive today but still not eating

**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. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 4.4 cm. The right kidney measured 4.94 cm. Trace pyelectasia noted in both kidneys.

**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 0.4 cm.

**Spleen**

The **spleen** measured the upper limits of normal, measuring 1.04 cm. 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** was diffusely hyperechoic to falciform fat, likely early lipidosis. Minor increased portal markings noted. A history of cholangitis is likely in this patient.

**Gastrointestinal**

Some minor fluid filled **gastric lumen** present. The small intestine and colon were unremarkable.

**Pancreas**



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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.

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Feline

**ULTRASONOGRAPHIC FINDINGS**

- Nonspecific geriatric abdomen
- Minor hyperechoic liver, consistent with probable lipidosis, if liver enzymes are not elevated, this is not likely a clinical issue.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of visceral disease to be directly related to the clinical status. Orthopedic/referred back pain should be considered.

**SEX**

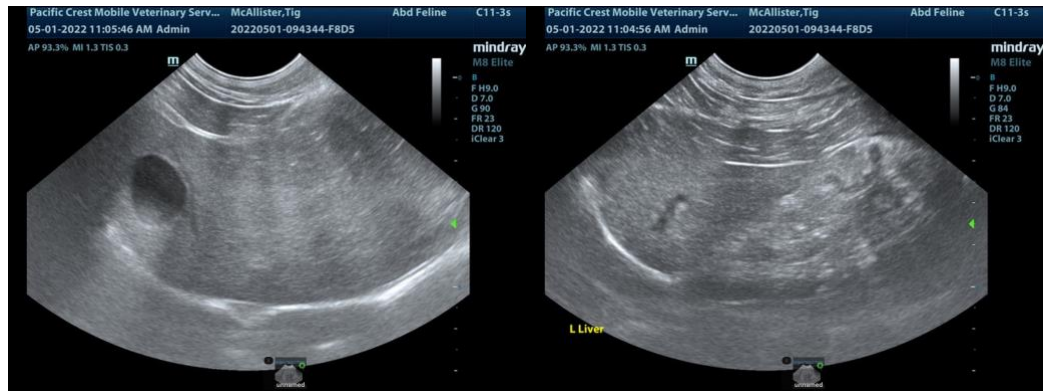
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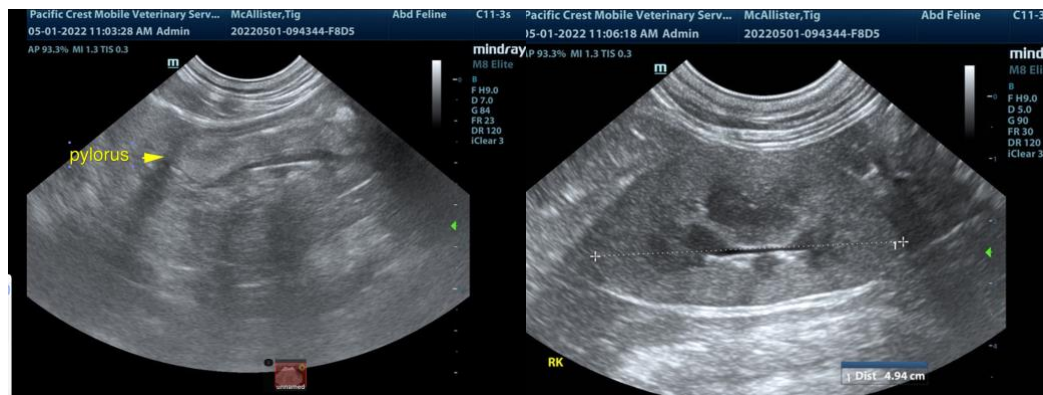
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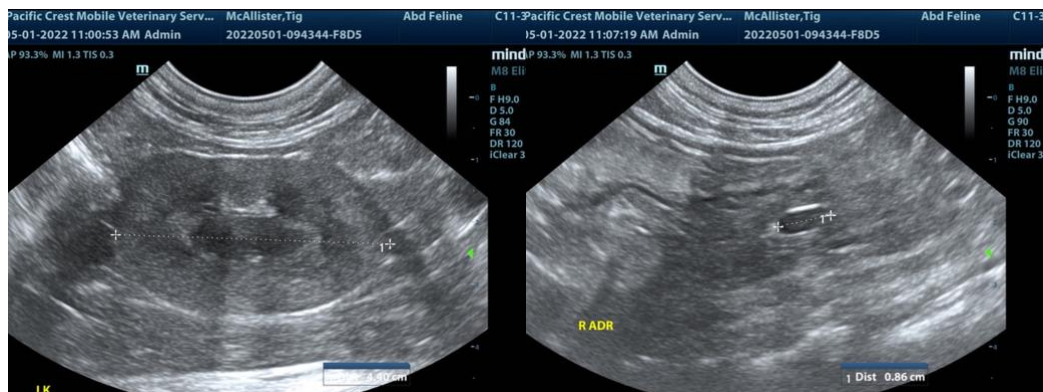
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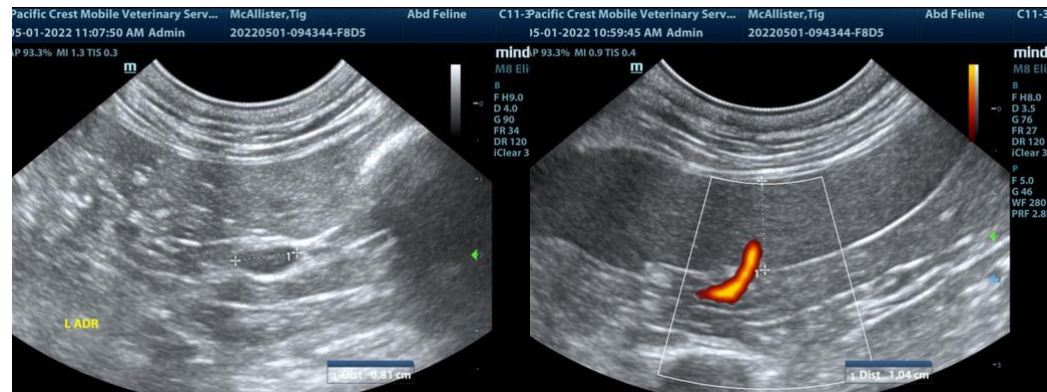
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com