

**DATE PRESENTING CLINICAL SIGNS**

5/10/23

History: P presented for evaluation of chronic intermittent vomiting. Vomitus may contain food, bile or hair.
P

PATIENT

Jeffrey Seher

is otherwise well - good appetite, no diarrhea, not lethargic, normal urination. No known dietary indiscretion.

SPECIES

Feline

Current Medications: Cat Lax qd x 1 week, then two to three times per week; p's diet is Hills Metabolic + Urinary

Lab Results: 1/20/23: CBC/Superchem/T4 WNL. 1/20/23 and 4/21/23: negative fecals

Date of Previous IntraPet Ultrasound: No previous.

BREED

DSH

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

3/9/15

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.

WEIGHT

21 Pounds

The **kidneys** were normal in size and contour with minor increased cortical echogenicity, consistent with minor degenerative changes. The left kidney measured 4.3 cm. The right kidney measured 3.9 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 0.69 cm.

The region of the **left adrenal gland** revealed no evident pathology.

HOSPITAL NAME

Charm City VH

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.

REFERRING VET

Dr. Eavers

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

22455

Gastrointestinal

The **stomach** revealed slight soft shadowing hair type density, nonobstructive. The gastric wall was unremarkable with curvilinear pattern maintained. The small intestine and colon were unremarkable, curvilinear patterns were maintained.

Pancreas

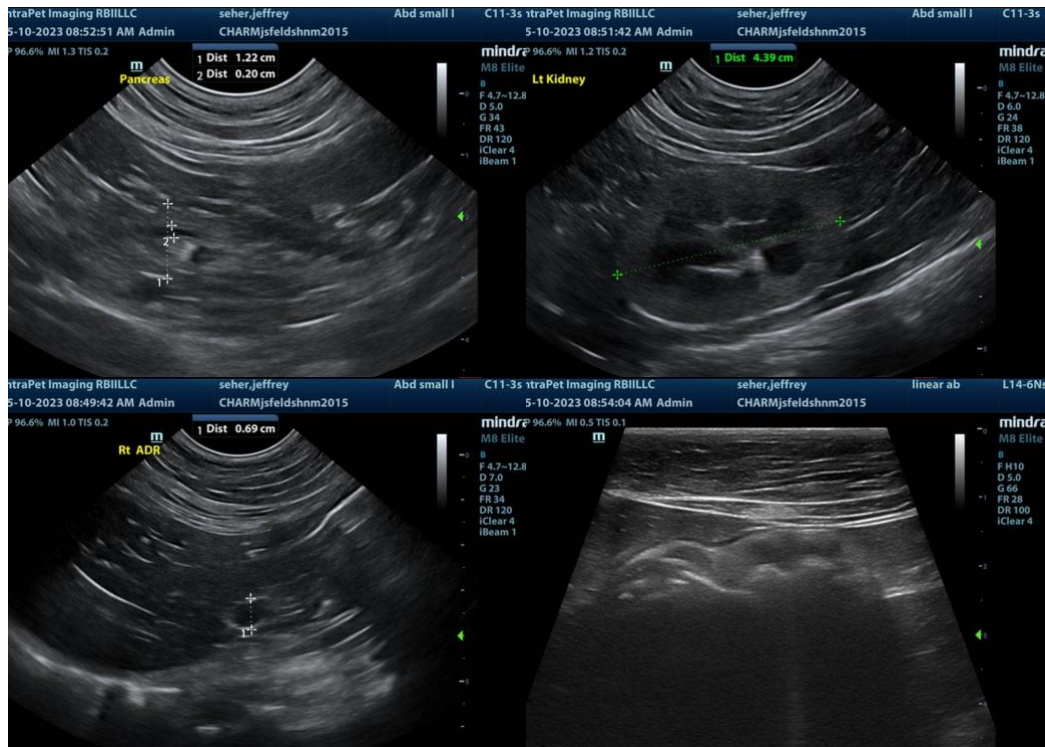
The **pancreas** revealed slight coarse architecture and minor duct dilation (0.2 cm). The left limb measured 1.22 cm.

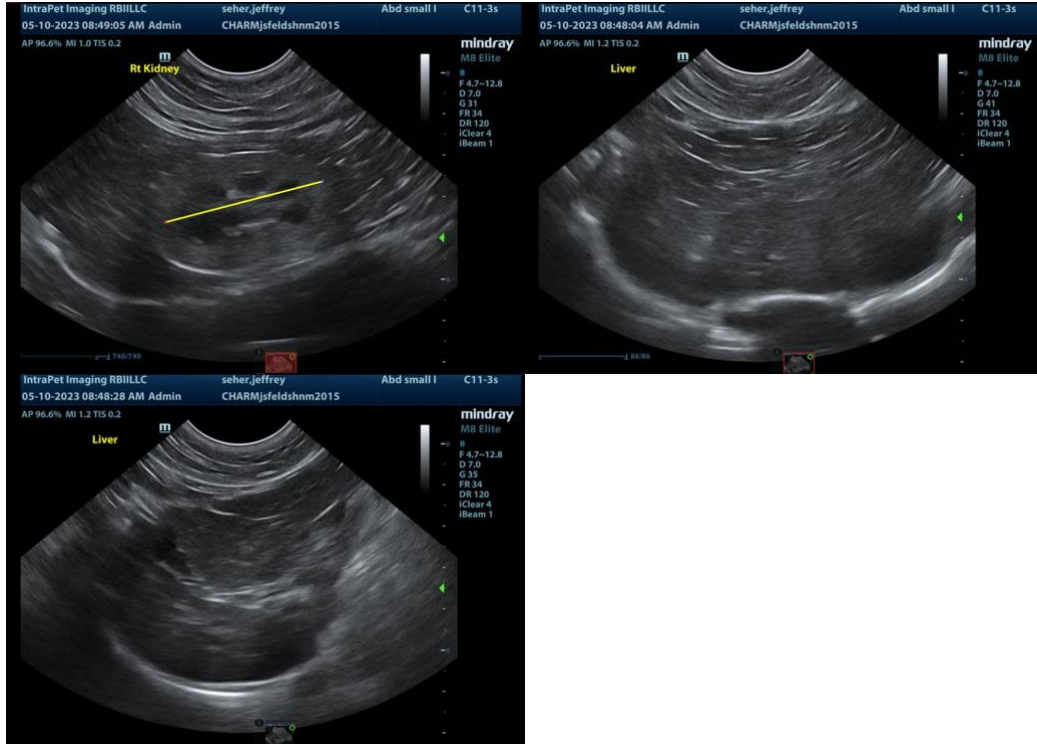
ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with slight possible hair density in the stomach
- Minor increased cortical echogenicity in the kidneys
- Possible low-grade pancreatitis, however, the changes in the pancreas were very subtle.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hairball therapy, diet change and treatment for gastritis are warranted. No evidence of obstruction or significant visceral disease. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism are all possible.





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.

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