



**PATIENT**

Blackjack Wavrek

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

2 years

**WEIGHT**

9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Bartus

**HOSPITAL NAME**

Valley VS

**REFERRING VET**

Dr. Bartus

**INVOICE**

30075

**DATE**

5/2/22

**PRESENTING CLINICAL SIGNS**

**History:** Vomited large hairball about 3 weeks ago. Mild fever, treated with antibiotics, fluids. After that, every few days, the cat will vomit a few times, become lethargic several days, then bounce back to normal. Last week, he was vomiting and not eating. The past few days, he has been fine (taking oral Maropitant).

**Abnormal PE/Chem/CBC/UA Results:** FeLV/FIV neg. At first examination 3 weeks ago, he was mildly febrile with a WBC of 20,000 (neutrophilia w/left shift). Not febrile now, WBC 11,000. Chemistries normal 3 wk ago and now.

**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. A minor amount of debris was noted. 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 3.0 cm. The right kidney measured 3.0 cm.

**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. Both adrenal gland measured 0.4 cm.

**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.

**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.



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**Gastrointestinal**

Blackjack Wavrek

A minor amount of fluid filled gastric lumen was noted. The gastric wall was slightly edematous. There was no loss of mural detail. The intestines were free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The epigastric lymph nodes were slightly enlarged and reactive measuring 0.5 x 0.3 cm.

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**Pancreas**

Domestic Longhair

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**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

Structurally unremarkable abdomen.

2 years

Minor gastric wall thickening and luminal fluid.

**WEIGHT**

9 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Low-grade gastritis or resolving gastritis is suspected. If clinical signs persist endoscopy is indicated or recheck sonogram. No evidence of hairballs.

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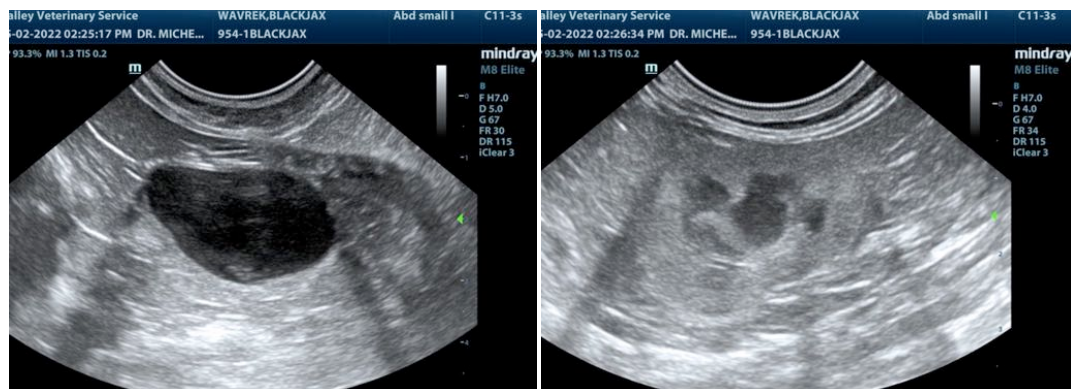
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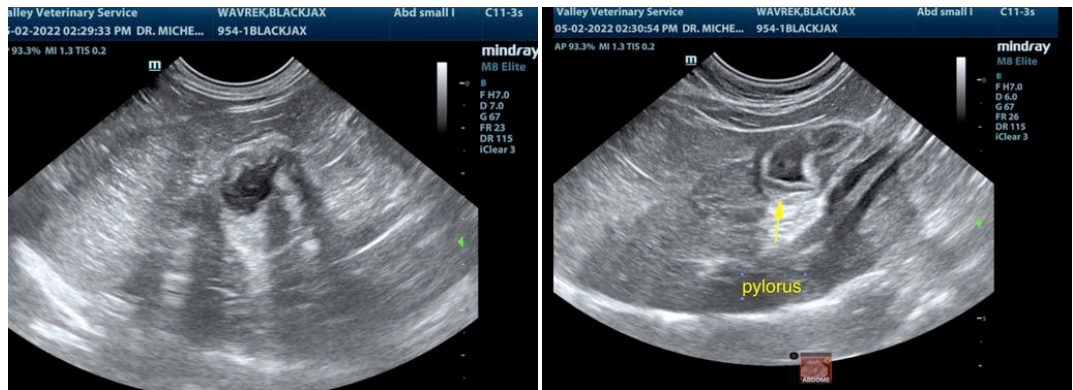
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**SEX**

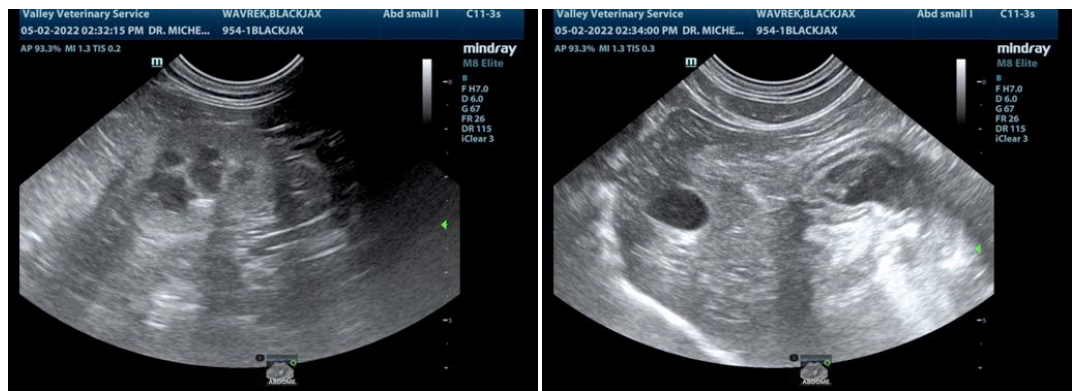
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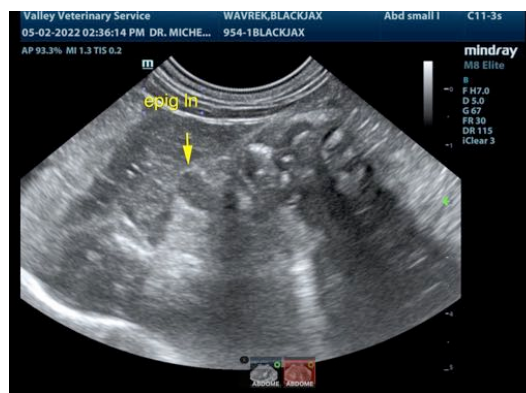
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com