



**PATIENT**

Henry Svoltk

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

3 Years 2 Months

**WEIGHT**

14.76 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Rivera

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. Rivera

**INVOICE**

14995

**DATE**

5/2/22

**PRESENTING CLINICAL SIGNS**

History: P IS A 3Y2M OLD M/N DSH PRESENTING TODAY FOR VOMITING. 3 WEEKS AGO P WAS VOMITING FOOD FOR 2 DAYS WAS TOLD TO FAST P FOR FEW HOURS AND SLOWLY INTRODUCED WATER THEN FOOD P WAS BETTER WITHIN 48 HOURS. THEN COUPLE DAYS AGO STARTED VOMITING AGAIN NOT HOLDING ANYTHING DOWN INCLUDING WATER. APPETITE STILL GOOD BUT VOMITS WITHIN 10 MINUTES OF EATING OR DRINKING WILL HOLD DOWN ICE CUBES. ACTING NORMAL. HAS NOT HAD BM IN 48 HOURS. P GROOMS OTHER CAT IN HOUSE MAY HAVE INGESTED HAIR P HAS BEEN KNOWN TO EAT FOREIGN OBJECTS. RIGHT BEFORE FIRST EPISODE OF VOMITING O SWITCHED DIET THEN SWITCHED BACK. NO OTHER PROBLEMS/CONCERNS.

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)  
CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: N, no FB under tongue Musculoskeletal: BCS = 6/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. Thickened intestines. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Thinning hair coat on LS area. Otherwise, good hair coat. No ectoparasites seen Mentation: BAR Hydration: N Fecal: Not performed today RADS CONSULT A 3 view abdomen dated 5-1-22 is present. The liver, spleen, kidneys and urinary bladder are unremarkable. Feces of normal appearance is noted within the colon. On the right lateral there a few years is a short length of bunched jejunal segments in the mid ventral abdomen. This is however not clearly discerned on the additional two orthogonal views. Small intestine are of mild to moderate distention measuring up to approximate 1 cm in diameter. No radiopaque foreign body of the upper gastrointestinal tract is seen. There is a small amount of gas within the stomach. Serosal detail is within normal limits. Conclusion No upper gastrointestinal tract dilation. The questionable bunching of segments of small intestine could be incidental due to positional overlap. Transit of linear foreign material resulting in this is also possible but is not definitively confirmed from the additional images. Otherwise the distention of the upper gastrointestinal tract warrants consideration of gastroenteritis. Follow up radiographs to reassess the small intestine for persistence or resolution of the bunched appearance is recommended. For more immediate evaluation abdominal ultrasound is recommended.

**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 1.0 cm beyond the cystourethral junction.

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 3.5 cm. The right kidney measured 3.5 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were visualized. No evidence of pathology.



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## 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.

## 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.

## Gastrointestinal

A minor amount of **gastric** fluid was noted. The small intestine and colon were unremarkable. Curvilinear patterns were normal.

## Pancreas

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.

## ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or obstructive GI disease. Supportive care should prove effective.





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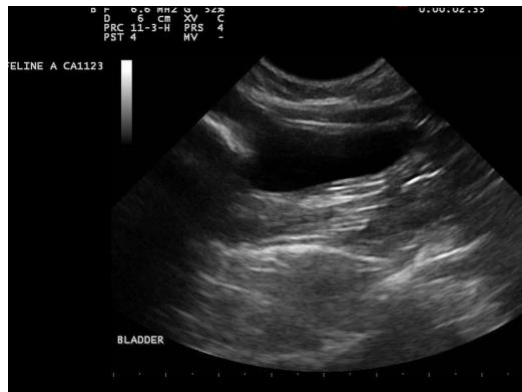
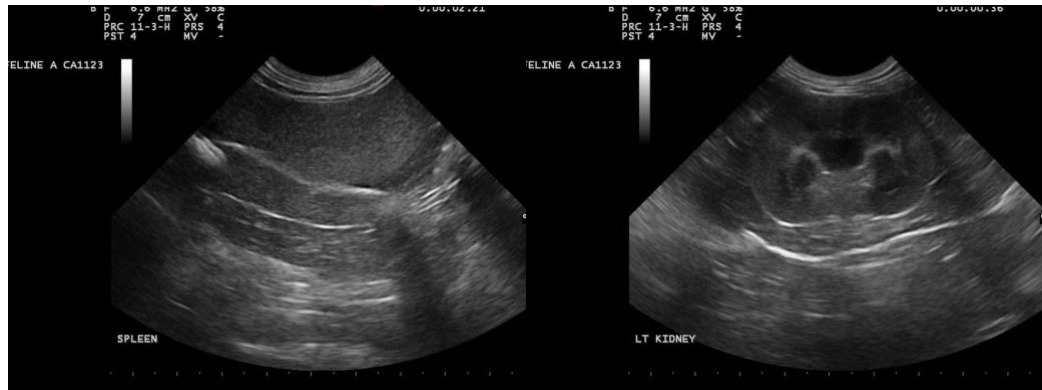
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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