



PATIENT

Simon Onstott

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

17 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brady

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Onstott

INVOICE

DATE

5/4/22

PRESENTING CLINICAL SIGNS

Recent history of urinary blockage (4/27) without inflammation, uroliths, or mucus on UA or ultrasound of bladder. Also noted glycosuria and elevated BG. Hospitalized with urinary catheterization and treatment with simbadol, prazosin and starting BID lantus as well as placement of freestyle libre . Progressive signs of lethargy and ataxia despite treatment. Seen for consultation with internal medicine specialist who is concerned about agromegaly and recommended ultrasound.

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys.

Adrenal Glands

The region of the right adrenal gland is imaged with no evidence of pathology. The region of the left adrenal gland was imaged with no evidence of pathology.

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** was uniform and fairly normal to slightly enlarged in size. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Retention of ingesta and/or hair density is noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool



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consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

BREED

Domestic Shorthair

Free Abdomen

SEX

A large amount of abdominal fat was noted in this patient.

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

Unremarkable abdomen.

10 years

Slight renal mineralization.

WEIGHT

Full stomach.

17 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

The patient may be passing small calculi periodically; however, I cannot rule out deep urethral pathology. Further imaging of the pelvic urethra and/or catheterization would be indicated. If adrenal disease is suspected further imaging of the adrenal glands is warranted. However, the regions of the adrenal glands were imaged with no evidence of pathology. Therefore, they are unlikely to be enlarged. Environmental stressors should be considered as potential complicating factors in this case.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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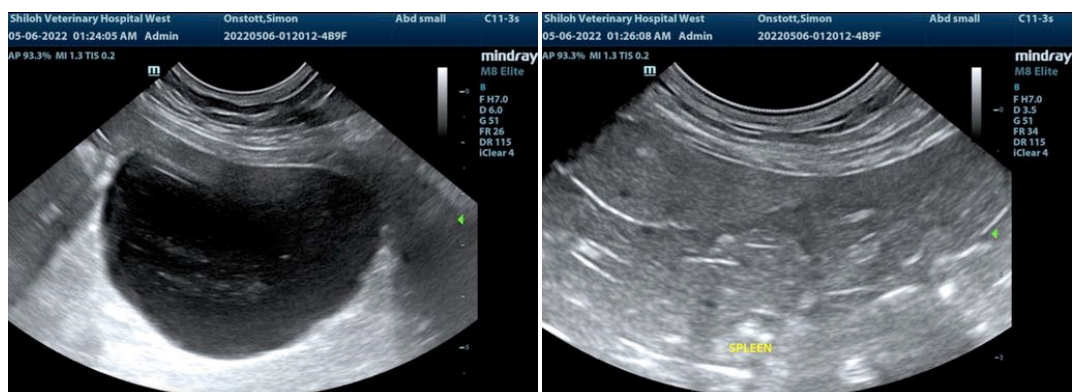
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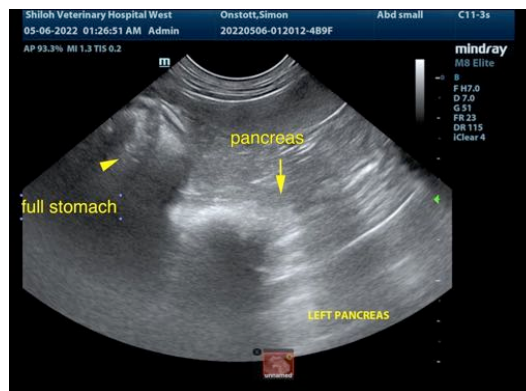
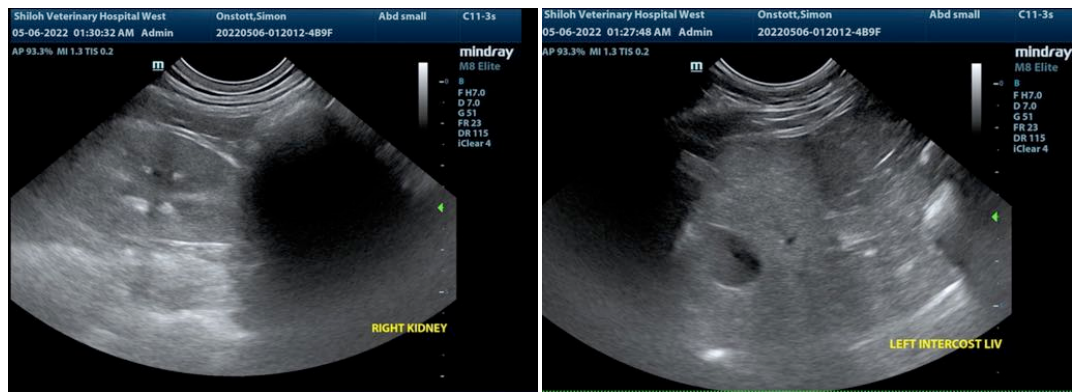
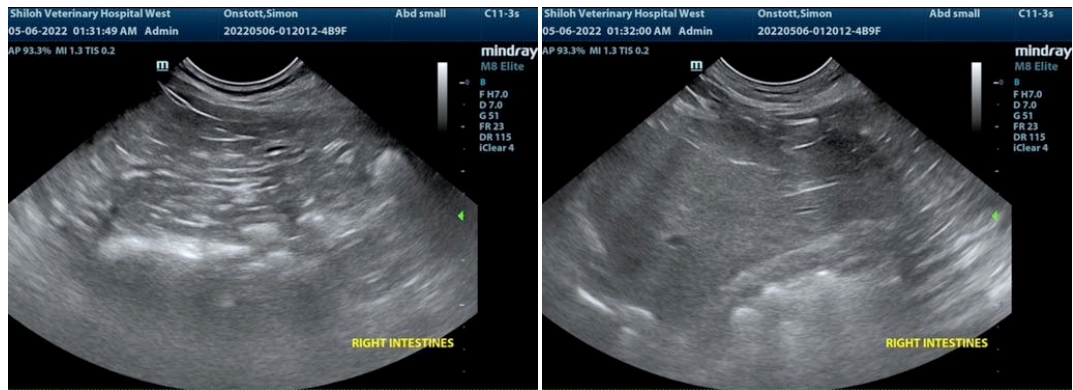
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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