



PATIENT	PRESENTING CLINICAL SIGNS
Melman Fetch	Patient presents for intermittent vomiting and now complete loss of appetite. Some history of dietary indiscretion.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	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 3.0 cm beyond the cystourethral junction.
DSH	
SEX	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 3.75 cm. The right kidney measured 4.23 cm.
Neutered Male	
AGE	Adrenal Glands
6 Years	The regions of the adrenal glands were unremarkable.
WEIGHT	Spleen
N/A	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.
INTERPRETED BY	Liver
Eric Lindquist, DMV	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.
DABVP, Cert. IVUSS	Gastrointestinal
IMAGING PERFORMED BY	The stomach revealed progressively shadowing material of hair type density. The distal small intestine revealed minor fluid dilation and hyperperistalsis. Curvilinear patterns were maintained. Some echogenic material is seen in the small intestine that appears to be transiting. The colon was fluid filled. Reactive mesenteric lymph node noted at 2.66 cm x 0.85 cm.
Kelly Vazquez	Pancreas
HOSPITAL NAME	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.
Bergen County VC	
REFERRING VET	
Dr. Halloran	
INVOICE	
37477	
DATE	
5/6/22	



PATIENT

Melman Fetch

ULTRASONOGRAPHIC FINDINGS

SPECIES

Feline

- Progressively shadowing, soft hairball density noted in the stomach – non-obstructive.
- Hyperperistaltic areas of small intestine with minor fluid filled lumen – no overt obstruction.
- Fluid filled colon
- Reactive lymph nodes

BREED

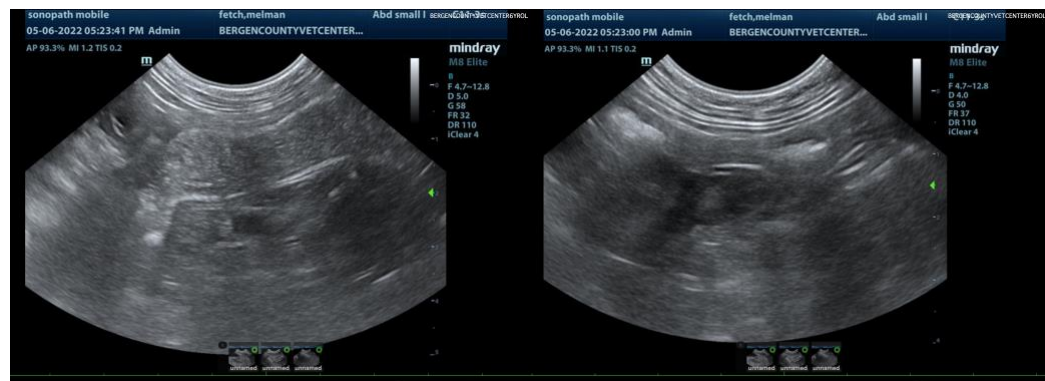
DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is most consistent with gastroenteritis with soft shadowing gastric material. Recommend medical management. IV fluid support, hairball therapy, antiparasitic protocol, treatment for enterotoxins all indicated. If the patient is still clinical in 48 hours, then recheck sonogram warranted.

SEX

Neutered Male



AGE

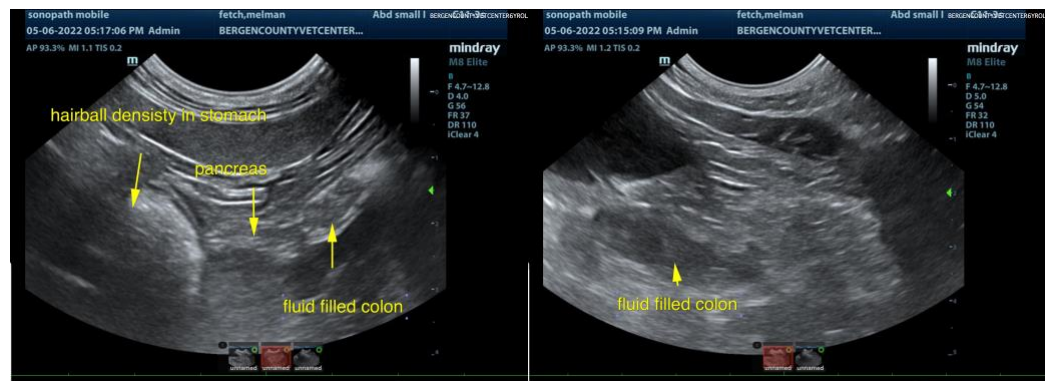
6 Years

WEIGHT

N/A

INTERPRETED BY

Eric Lindquist, DMV



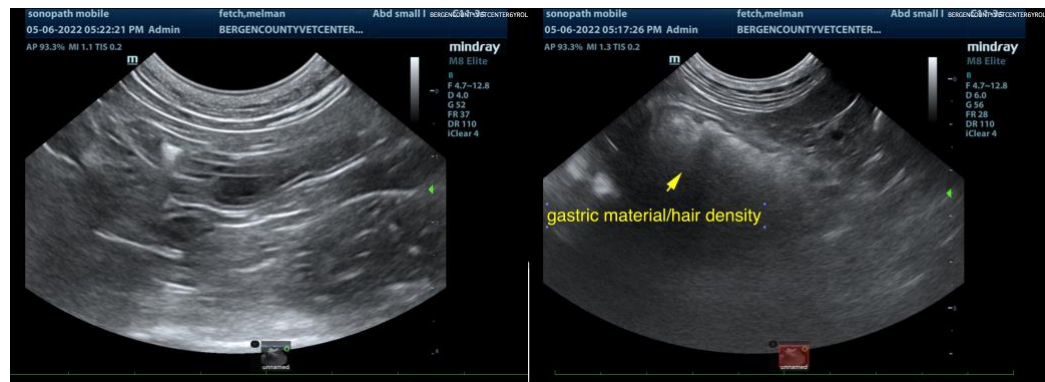
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

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PATIENT

Melman Fetch

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

N/A

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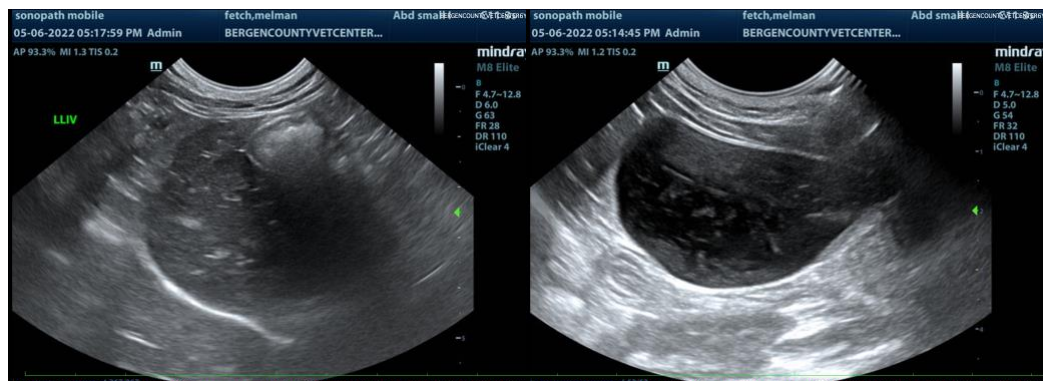
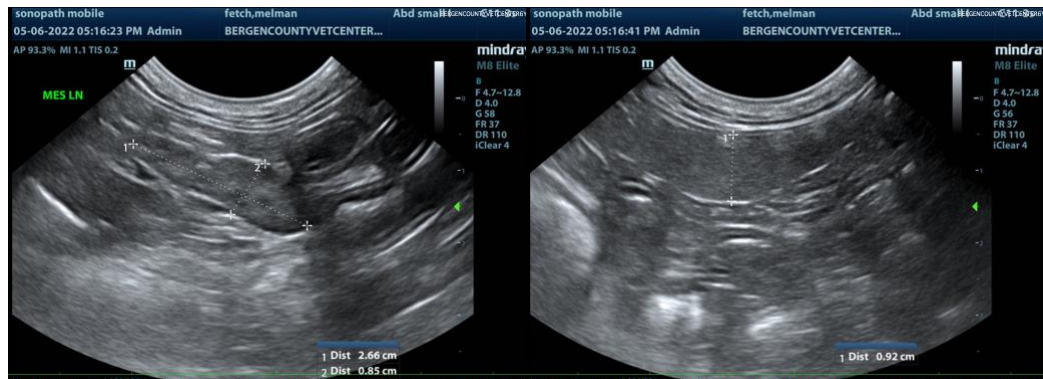
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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