



PATIENT

Clark Jollimore

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

5.7 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Alejandro Vargas
Lumbreras, RVT

HOSPITAL NAME

Central Island Vet
Emergency Hospital

REFERRING VET

Dr. Nikolas Bell

INVOICE

38816

DATE

6/16/22

PRESENTING CLINICAL SIGNS

Annual Exam + Vaccines 3/8/2022: has been doing well but has noticed increased appetite and activity since other cats have moved into the house (partner's cats). only vomits occasionally when eats too fast. no change in urination or drinking habits. fed c/d calm. no d/c/s. Normal PE. Bloodwork showed increased ALT. Re-check Bloodwork 6/14/2022

Abnormal PE/Chem/CBC/UA Results: 3/8/2022: CBC WNL. CHEM WNL except ALT = 498 U/L (12-130). TT4 WNL. FELV/FIV Negative. 6/14/2022: CBC WNL. CHEM WNL except ALT = 694 U/L (12-130), ALP = 160 U/L (14-111), GGT = 8 U/L (0-4).

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 **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 unremarkable.

Spleen

The **spleen** was mildly enlarged with irregular contour. If the patient was sedated at the time of the sonogram, this may be influencing splenic size.

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

Examination of the **gastrointestinal tract** revealed a stomach and intestine 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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.



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ULTRASONOGRAPHIC FINDINGS

- Mild splenomegaly, unremarkable abdomen otherwise
- Structurally normal GI tract and liver

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen warranted if any weight loss is an issue. Structurally insignificant inflammatory bowel with non-specific inflammatory hepatopathy or reactive hepatopathy likely, given the patient history. FNA of the liver could be considered for further definition.

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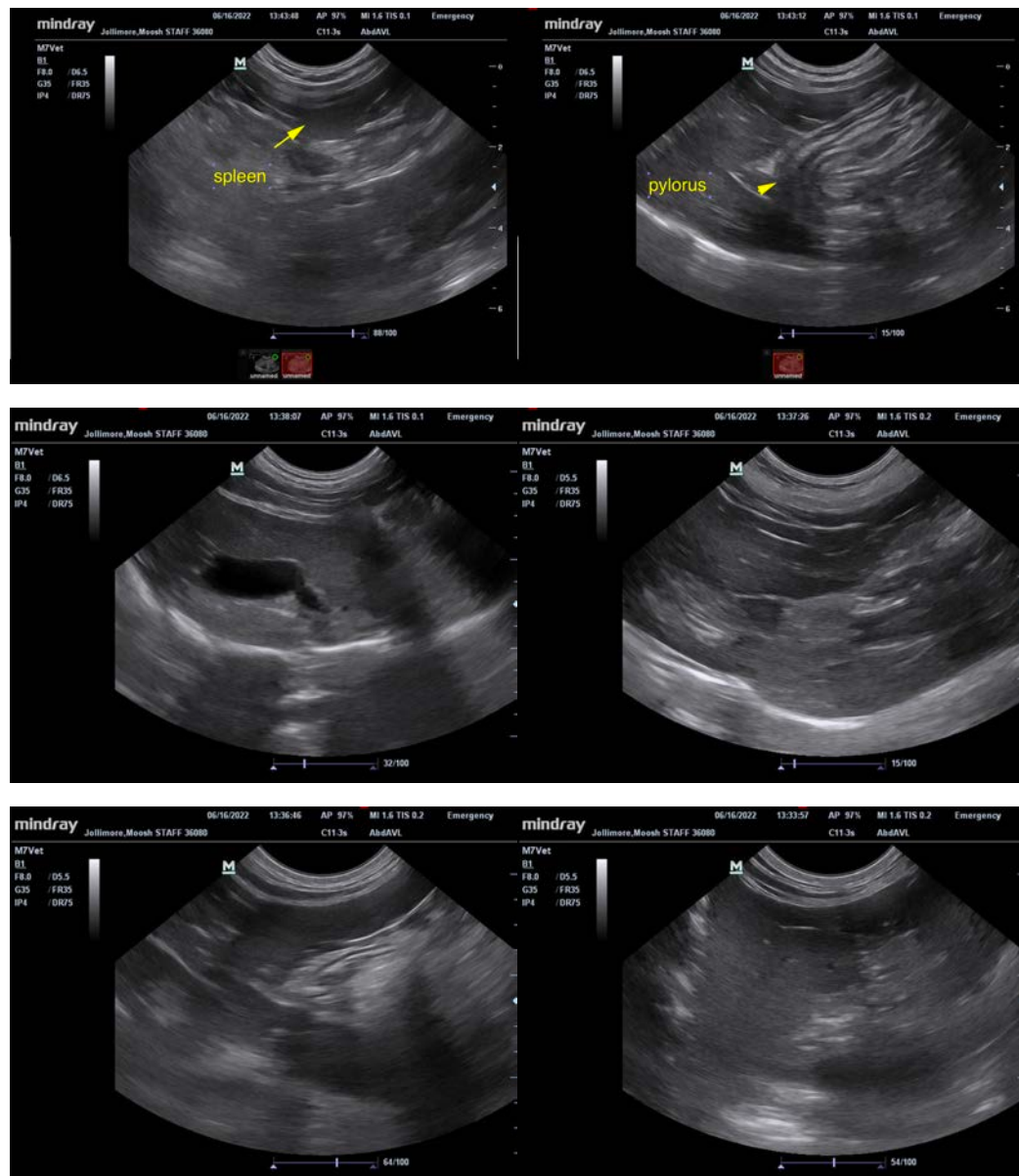
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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