



PATIENT

Danny King

SPECIES

Feline

BREED

Himalayan

SEX

Neutered Male

AGE

7 Years

WEIGHT

6.22 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Megan Odgers

HOSPITAL NAME

Pennsauken AH

REFERRING VET

Dr. Megan Odgers

INVOICE

43275

DATE

6/17/23

PRESENTING CLINICAL SIGNS

Lifelong history of vomiting, typically several hours after eating. Normal stools. Has recently increased in frequency. O has tried switching to meal feeding from free feeding and trialed GI diets, but not hypoallergenic diets yet. O reports that he has had normal radiographs and bloodwork at other hospitals.

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 3.0 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 right kidney measured 4.14 cm. The left kidney measured 4.14 cm.

Adrenal Glands

The **left adrenal gland** was 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. The left adrenal gland measured 0.28 cm.

The region of the **right adrenal gland** was unremarkable.

Spleen

The **spleen** was upper limits of normal at 1.0 cm with subtle micronodular changes 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

Examination of the **gastrointestinal tract** revealed minor areas of muscularis hypertrophy and areas of thickened submucosal layer, suggestive for chronic inflammatory bowel without overt neoplastic criteria. The gastrointestinal lumen was essentially empty at the time of the sonogram.

Reactive lymph nodes noted at 0.40 cm.



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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.

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ULTRASONOGRAPHIC FINDINGS

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- Mild chronic inflammatory bowel pattern, no overt neoplastic criteria
- Micronodular spleen
- Reactive lymph nodes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying dietary intolerance or inflammatory bowel likely. Hydrolyzed diet trial may be appropriate in this patient.

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I recommend a fresh fecal smear and fecal floatation analysis. No evidence of significant disease.

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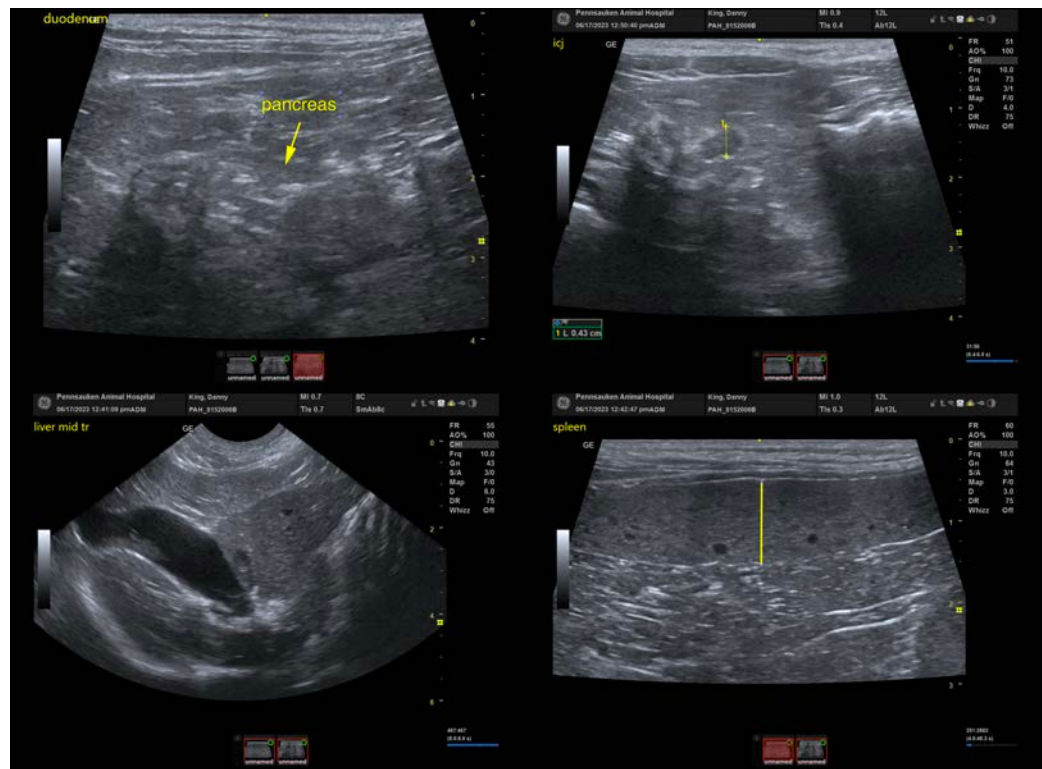
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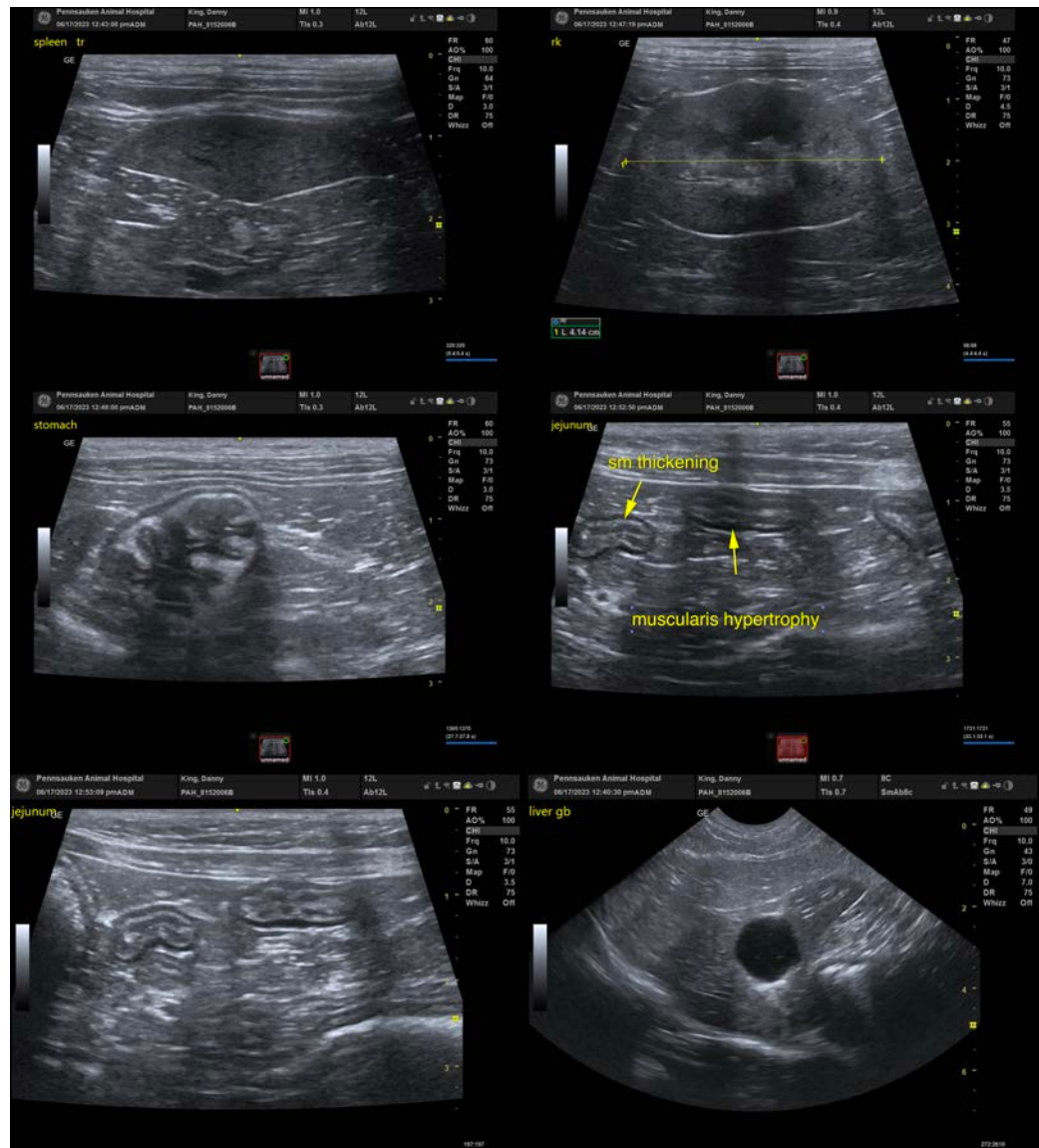
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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