

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Beau Jobin
SPECIES Feline
BREED DLH
SEX Neutered Male
AGE 8 Years

History of vomiting up hairball on June 1 with repeated, intractable episodes of vomiting with persistent anorexia afterwards. Patient was seen at our facility on May 21 for the same issue. Blood on May 21 revealed non-regenerative anemia (hct 23.9) and normal pancreatic lipase. Patient was given outpatient care: SCF, maropitant, omeprazole, gabapentin. Patient had 4 days of medications, did well until today, where he vomited up another large hairball mixed with food. Patient has a history of chronic intermittent vomiting, O needs to feed small volume & frequent meals or else he will vomit more frequently. Sedated physical exam due to fractious demeanor. Abdominal discomfort despite being given methadone. No other clinically significant exam findings. Current Medications: maropitant 1mg/kg SC, dexmedetomidine, methadone, ketamine IM

Abnormal PE/Chem/CBC/UA Results: hct 26.6, eosinopenia, thrombocytopenia (likely due to sample collection error, plt count on microscope adequate 12-15plt/hpf), mild hyperglycemia (BG 13.8), mild hyponatremia (Na 145), mild hypochloremia (Cl 107), normal pancreatic lipase, USG >1050

Radiographic Findings none Primary Question to Be Answered in This Exam does patient have chronic pancreatitis? does patient have changes to small intestine consistent with chronic inflammatory enteropathy or GI lymphoma? does patient have concurrent intestinal obstruction from hairball or other foreign object?

WEIGHT ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

4.77 kg

Urinary System

INTERPRETED BY Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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.

IMAGING PERFORMED BY

Amanda Stewart

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 4.3 cm in length. The right kidney measured 4.06 cm in length.

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Adrenal Glands

Both **adrenal glands** were 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 0.27 cm width. The right adrenal gland measured 0.27 cm width.

REFERRING VET

Dr. Ho

Spleen

INVOICE

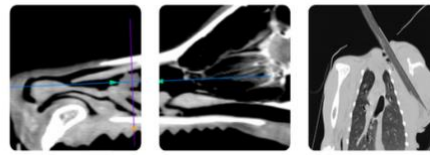
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The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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Liver



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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 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. The gallbladder wall was slightly thickened in this patient, cholecystitis is likely.

Gastrointestinal

A minor amount of fluid filled **gastric** lumen was noted. The small intestine and colon were unremarkable with maintained curvilinear patterns.

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.

Free Abdomen

The mesenteric **lymph nodes** were slightly enlarged measuring 1.0 cm x 0.7 cm.

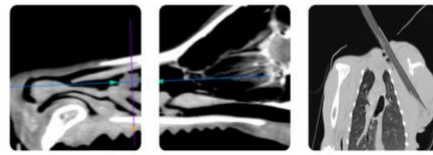
ULTRASONOGRAPHIC FINDINGS

- Mild gastritis pattern.
- Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gross pathology. Supportive care should prove effective. Recheck sonogram in one week if clinical signs are not improving on supportive management.





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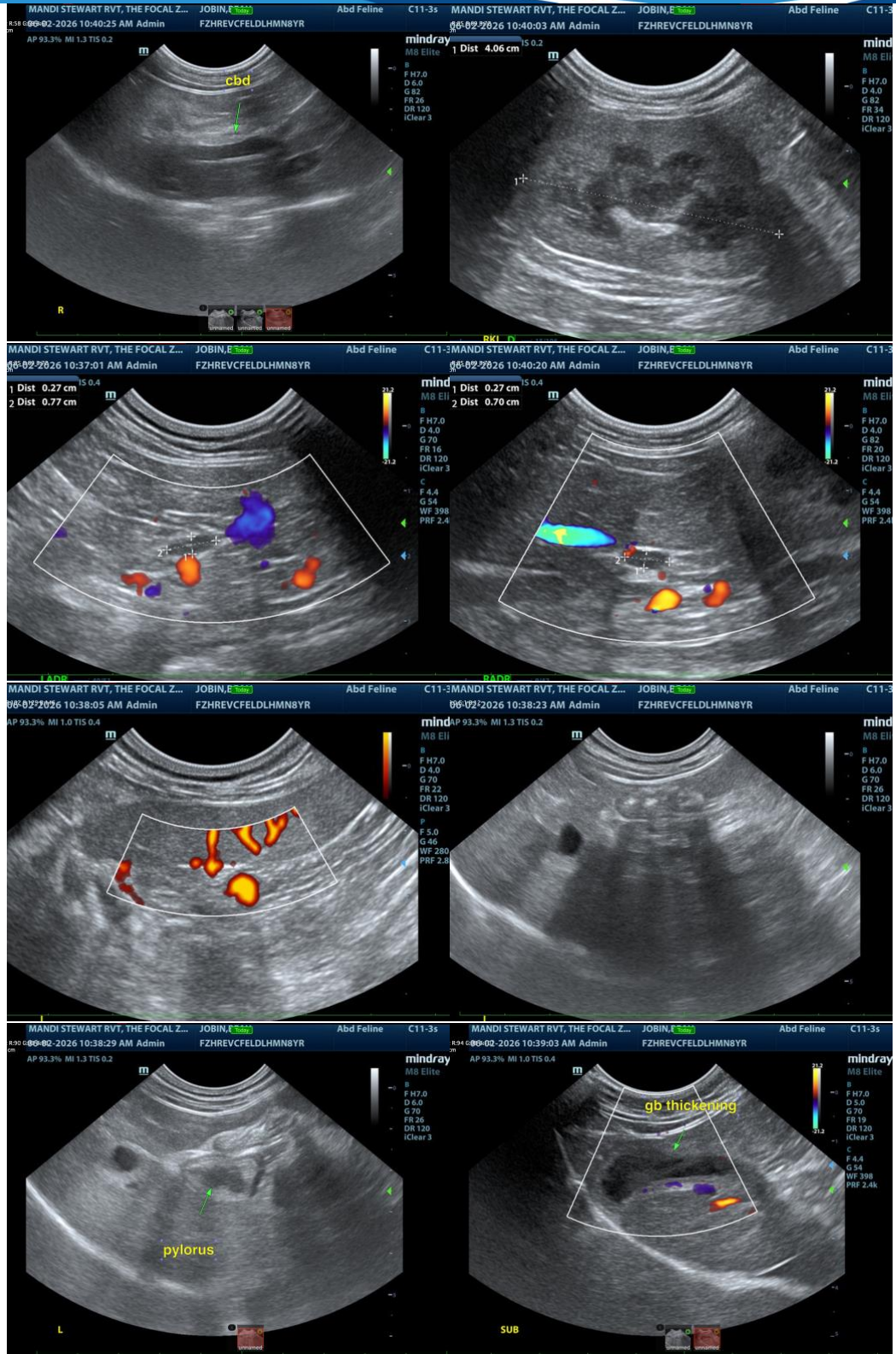
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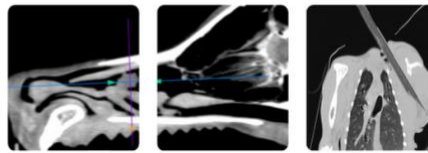
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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(CFM), Cert. IVUSS,

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