



**PATIENT**

Chloe Swayze

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

8 years

**WEIGHT**

13.3 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Carlos Abdul-Chani

**HOSPITAL NAME**

Byram Animal Hospital

**REFERRING VET**

Dr. Carlos Abdul-Chani

**INVOICE**

10756ag

**DATE**

06/08/2022

**PRESENTING CLINICAL SIGNS**

History: Vomits every morning per owner. Patient is obese and normal otherwise.  
Abnormal PE/Chem/CBC/UA Results: Current Meds: None CBC/Chem Findings: Pending Urinalysis: Pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 2 cm. 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 3.94 cm in length. The right kidney measured 3.96 cm in length.

**Adrenal Glands**

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. Slight bilateral areas of mineralization were noted, this is not a pathological finding. The left adrenal gland measured 0.35 cm. The right adrenal gland measured 0.27 cm.

**Spleen**

The spleen presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen measured 1.0 cm, within the upper limits of normal. 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.

**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 an empty stomach with minor mucosal hypertrophy. The small intestine was 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**



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The base of the pancreas exhibited a hypoechoic and irregular pattern measuring 2.0 cm x 2.0 cm of parenchyma.

**Free Abdomen**

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A large amount of abdominal fat noted in this patient.

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

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- Minor gastritis/pancreatitis pattern
- Unremarkable abdomen otherwise

**SEX**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of neoplasia or foreign body was noted in today's study.

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A hydrolyzed diet is likely in this patient's best interest. Zithromax/metronidazole combination and GI protectants are indicated.

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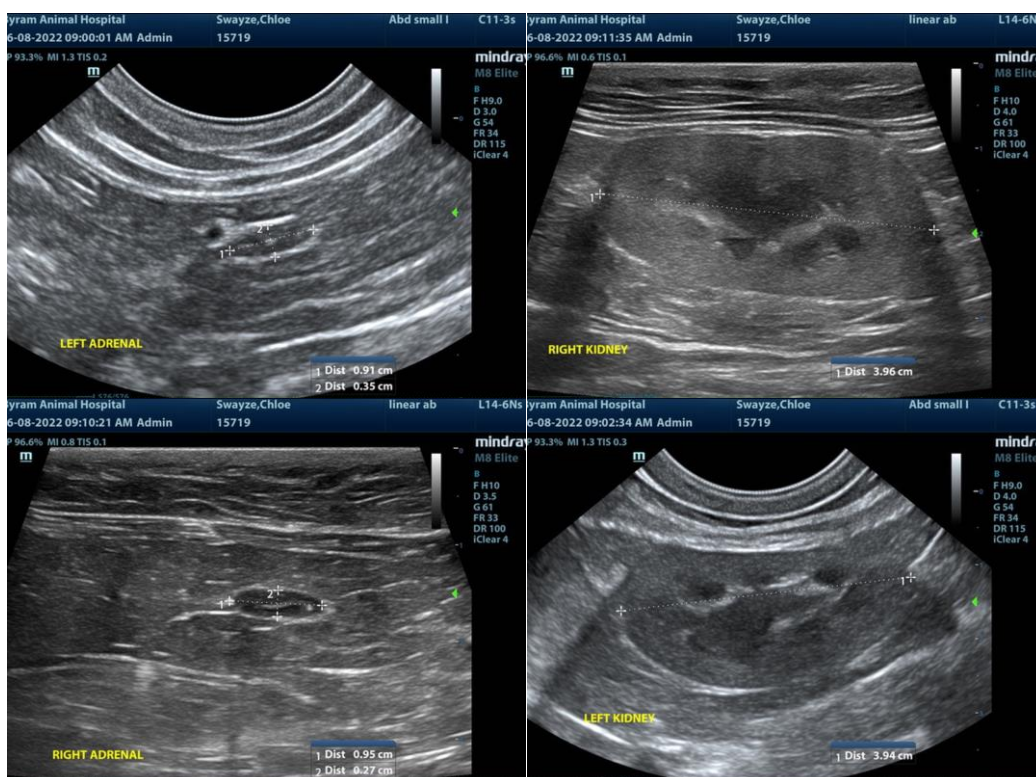
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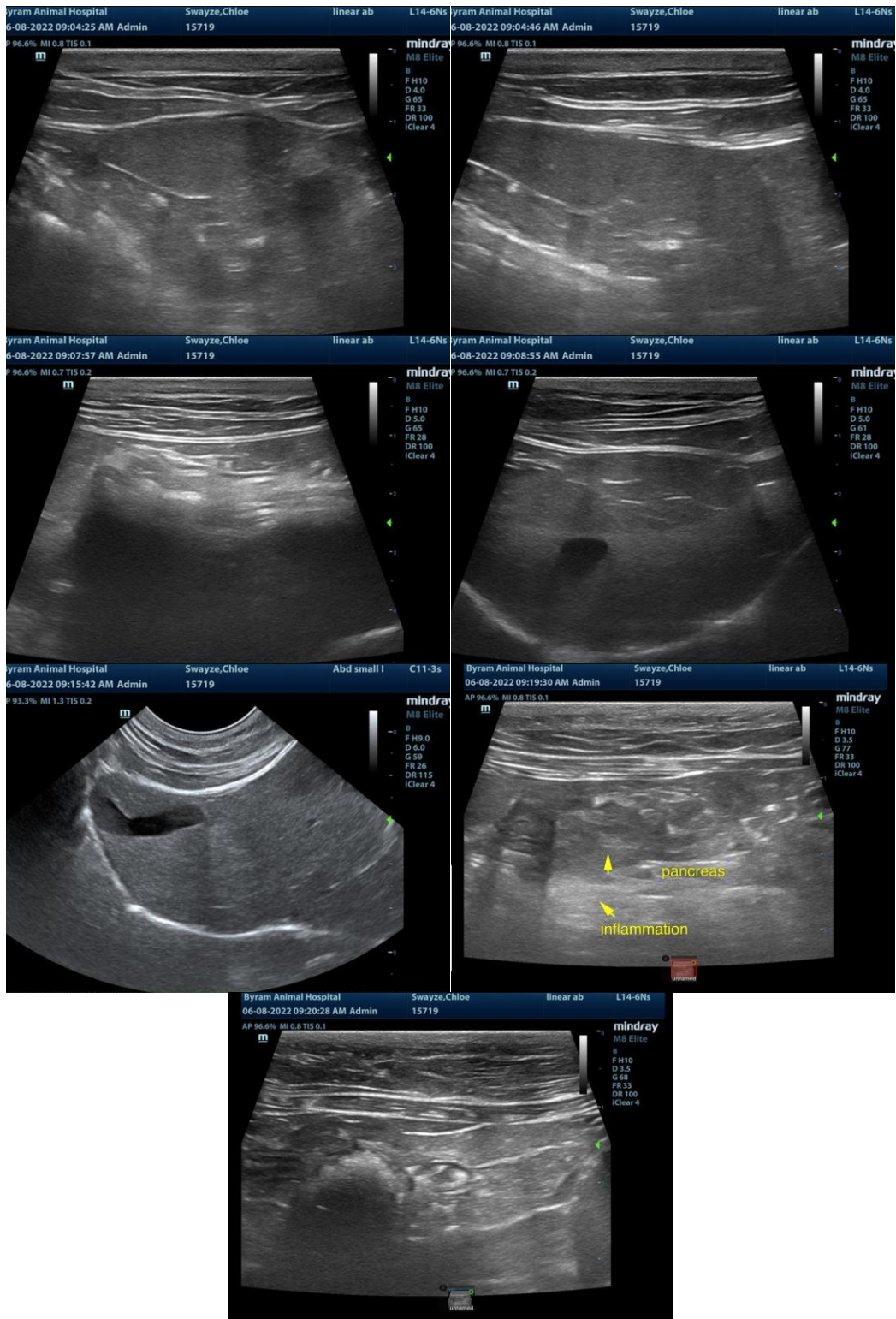
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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Eric.Lindquist@SonoPath.com

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