



**PATIENT PRESENTING CLINICAL SIGNS**

**WILFRED CUFF** presented for history of vomiting since Monday. Stopped eating Wednesday, went to rDVM where bloodwork and radiographs were taken. Given mirtazapine and antibiotics, inappetence still has not resolved. Maropitant was given on Wednesday which seemed to resolve vomiting. Methadone, dexmedetomidine, (maropitant/famotidine/metronidazole - regDVM)

**SPECIES** Abnormal PE/Chem/CBC/UA Results: reactive on abdominal palpation, will allow good palpation but only briefly no obvious FB, intestinal dilation or masses noted. Blood showed hemoconcentration and borderline azotemia consistent with dehydration. Rads unremarkable per rad report.

**Feline**

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH**

**Urinary System**

**SEX** 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.

**Neutered Male**

**AGE**

**2 Years**

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 3.43 cm. The right kidney measured 4.04 cm.

**WEIGHT**

**4.55 kg**

**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 right adrenal gland measured 0.41 cm. The left adrenal gland measured 0.37 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

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.

**IMAGING PERFORMED BY**

Crystal Hill

**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.

**HOSPITAL NAME**

Hamilton Region  
Emergency Clinic

**REFERRING VET**

Dr. Omar

**INVOICE**

39568

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. Some linear material was noted in the intestinal tract and may represent parasites. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to

**DATE**

7/15/22



**PATIENT**

irritation. Soft stool noted in the colon. Some reactive mesentery appears to be tethering portions of the small intestine, creating a partial obstructive pattern.

Wilfred Cuff

**Pancreas**

**SPECIES**

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.

Feline

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

DSH

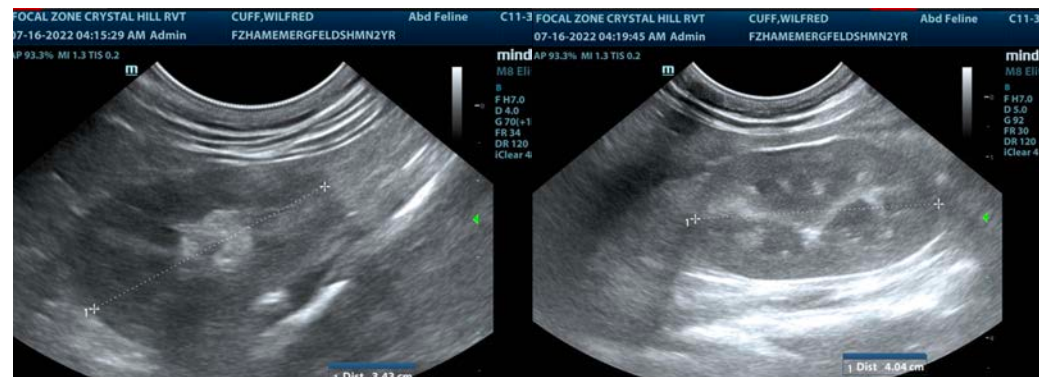
- Gastroenteritis

**SEX**

Enterotoxin, parasitic disease, dietary indiscretion all possible. Recommend medical management over the next 24-48 hours and recheck sonogram, as focal dysfunctional bowel appears to be present, yet no overt foreign body noted. Reactive mesentery may be tethering the intestine.

Neutered Male

**AGE**



2 Years

**WEIGHT**

4.55 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hamilton Region  
Emergency Clinic

**REFERRING VET**

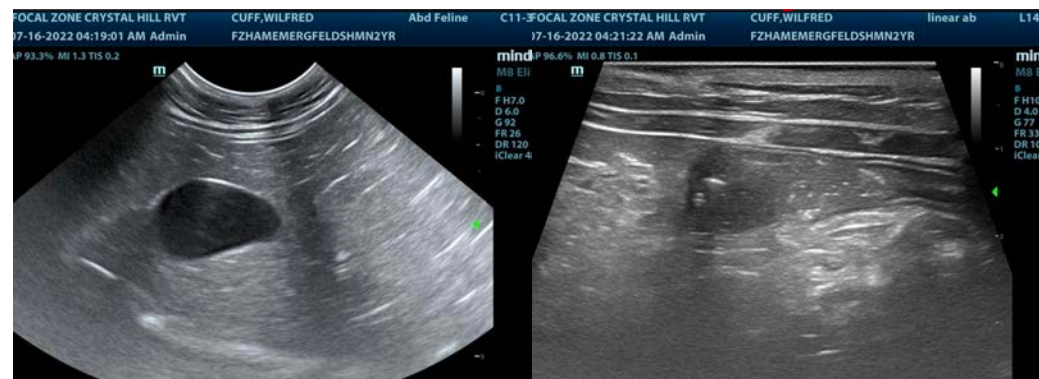
Dr. Omar

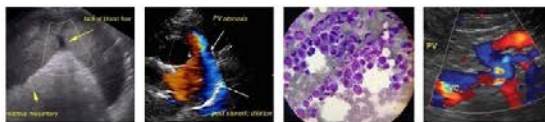
**INVOICE**

39568

**DATE**

7/15/22





**PATIENT**

Wilfred Cuff

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

4.55 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hamilton Region  
Emergency Clinic

**REFERRING VET**

Dr. Omar

**INVOICE**

39568

**DATE**

7/15/22



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

[info@SonoPath.com](mailto:info@SonoPath.com)