

PATIENT

Brownie Nickerson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

12 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

VCA Hanson AH

REFERRING VET

Dr. Oscar

INVOICE

75954

DATE

7/6/23

PRESENTING CLINICAL SIGNS

History: Vomiting for last few years unless he takes Cerenia q 48 hours. O has had on Cerenia every other day for about 1 year. Cat would not eat the RCVD Hydrolyzed dry or canned diet nor the z/d canned. No signs of kidney disease, diabetes, or thyroid disease on VS/CBC/T4/UA. R/O inflammatory bowel disease vs. gastrointestinal lymphoma vs. protein losing enteropathy vs. small intestinal bacterial overgrowth vs. B12 deficiency vs pancreatitis.

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. Suspended debris was noted in the bladder. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.29 cm. The right kidney measured 4.44 cm.

Adrenal Glands

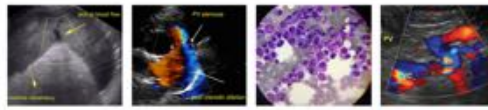
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.29 cm. The left adrenal gland measured 0.34 cm.

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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. A slight gallbladder polyp was noted. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

The **stomach** revealed progressively shadowing material. I suspect hairball accumulation or post prandial presentation or combination of both. Transit of chyme into the small intestine was noted and appeared to be normal. The small intestine and colon were unremarkable.

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.

ULTRASONOGRAPHIC FINDINGS

Age related renal changes.

Mild hepatic remodeling, gallbladder sludge and polyp.

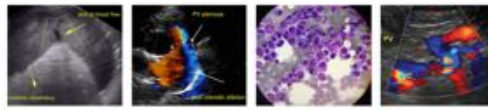
Bladder debris.

Hairball density in the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The vomiting may be owing to hairball and/or structurally insignificant inflammatory bowel or food intolerance. Occult parasitism should be considered.





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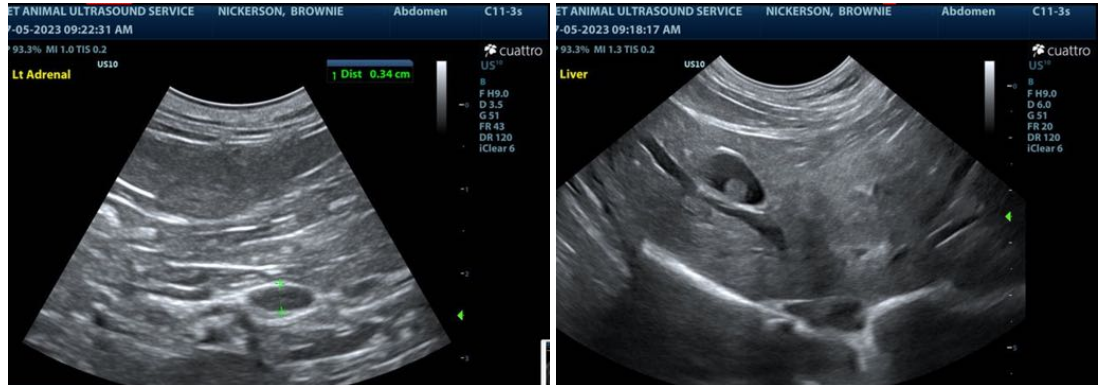
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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