



PATIENT PRESENTING CLINICAL SIGNS

Jackson McCarniston

History: ADR, hyporexia for past few days but last night ate extremely well. Last meal was 7pm and has been fasted since, so over 8 hours. No vomiting.

Abnormal PE/Chem/CBC/UA Results: Unremarkable.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic Medium Hair

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of suspended debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Neutered male

The left **kidney** measured 3.95 cm with mild, irregular contour and multi-focal, hyperechoic infarcts. Minor, active inflammation was noted around the left renal infarcts. The right kidney was normal in size and contour with slight, early pinpoint mineralization. The right kidney measured 4.35 cm.

AGE

9 years

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 0.41 cm.

WEIGHT

6.6 kg

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 was noted. The spleen measured 0.87 cm.

IMAGING PERFORMED BY

Sarah Barthelemy

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. 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.

HOSPITAL NAME

Acadia Drive Animal
Clinic

REFERRING VET

Dr. Phillips

INVOICE

75984

Gastrointestinal

The **stomach** revealed hairball density, yet normal gastrointestinal structure. The small intestines and colon were unremarkable.

DATE

7/7/23



PATIENT

Pancreas

Jackson McCarniston

The left limbs of the **pancreas** revealed hypoechoic, irregular, heterogenous parenchyma that is suggestive for hyperplasia or low-grade inflammation. FNA is indicated.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

Hairball density in the stomach.

BREED

Domestic Medium Hair

Left renal infarcts with low-grade active inflammation.

Heterogenous pancreatic changes.

SEX

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Palpation is recommended in the region of the left kidney to assess for discomfort. Hairball therapy and supportive care for potential low-grade pancreatitis and nephritis is indicated. Hairball therapy is likely the primary issue; however, pain related anorexia may also be playing a role from the left limb of the pancreas and left kidney. Full urinalysis work-up is warranted to assess for inflammatory sediment.

AGE

9 years

WEIGHT

6.6 kg

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IMAGING PERFORMED BY

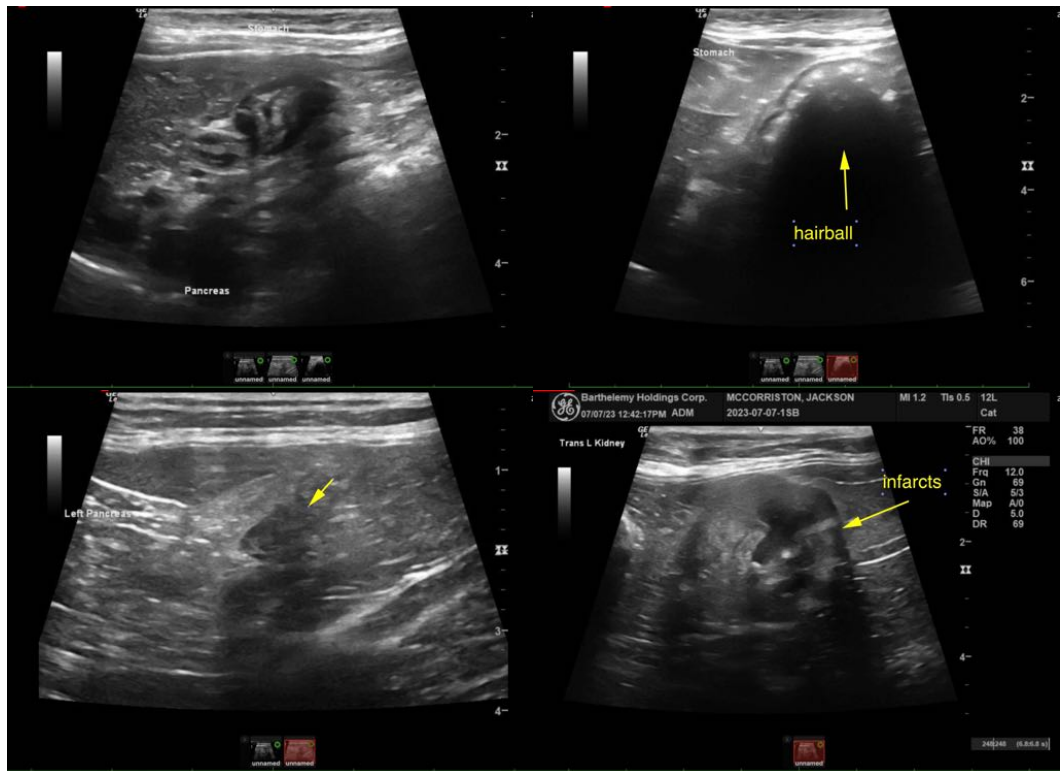
Sarah Barthelemy

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PATIENT

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SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

9 years

WEIGHT

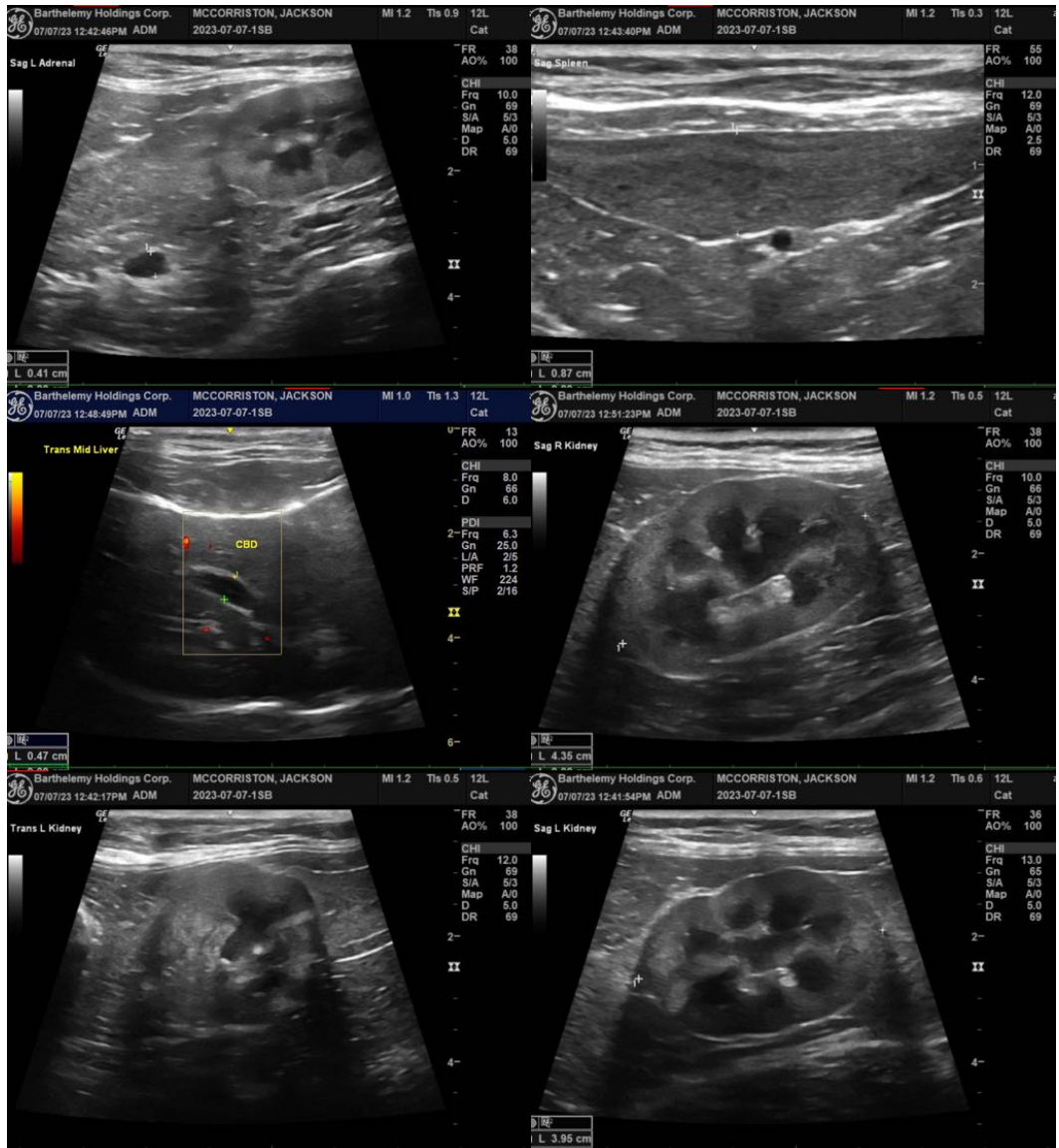
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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