



**PATIENT** **PRESENTING CLINICAL SIGNS**

Jersey Glouner

History: Presented to our hospital for v/d starting Monday. V is only 1-2 times a day with it being mostly bile or phlegm and D is roughly every 4 hours and P is being more vocal. P does play with string toys but they are put away when not in use. Previous Health Concerns: born with one kidney  
Abnormal PE/Chem/CBC/UA Results: ABD: Tense and uncomfortable Radiographs: Caudal thorax: Normal cardiac silhouette to microcardia. Clear lungs Abdomen: Good detail. Small amount gas in the stomach, Some bunching of the small intestines with angular air bubbles. Left kidney is absent. Concern for linear foreign body.

**SPECIES**

Feline

**BREED**

Ragdoll

**SEX**

Spayed female

**AGE**

5 years

**WEIGHT**

5.1 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Welte

**INVOICE**

46529

**DATE**

8/10/23

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 was noted. Ureteral papillae were normal.

The **right kidney** was mildly enlarged, yet structurally unremarkable. This is likely compensatory as there is no left kidney. The right kidney measured 5.35 cm. The left kidney was not visualized.

**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.

**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 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.



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**Gastrointestinal**

The **stomach** in this patient revealed soft-shadowing material in the pyloric outflow as well as the gastric fundus. The material was progressively shadowing. This is strongly consistent with hairball accumulation. The small intestines and colon were unremarkable.

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**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.

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**ULTRASONOGRAPHIC FINDINGS**

Right renal enlargement, likely compensatory.

Shadowing gastric material, consistent with likely hairballs.

**AGE**

5 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Supportive care and GI lubricants/hairball therapy is warranted or direct gastrotomy with gastric evacuation with GI biopsies. However, structurally the GI tract appeared unremarkable and should be able to be managed medically.

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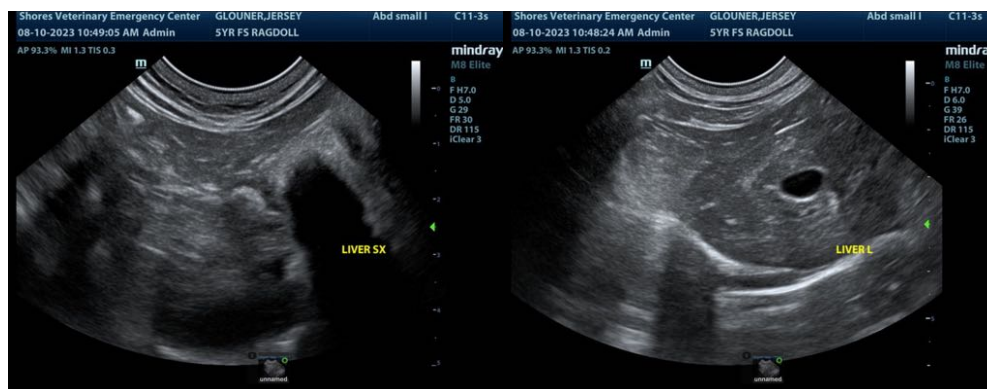
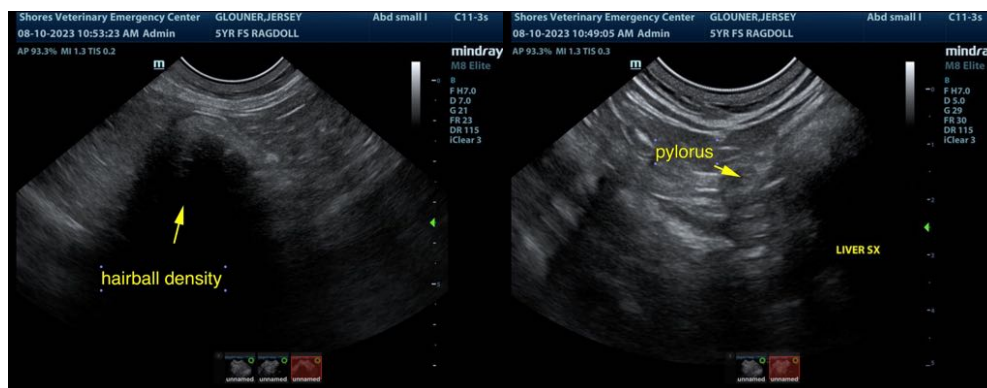
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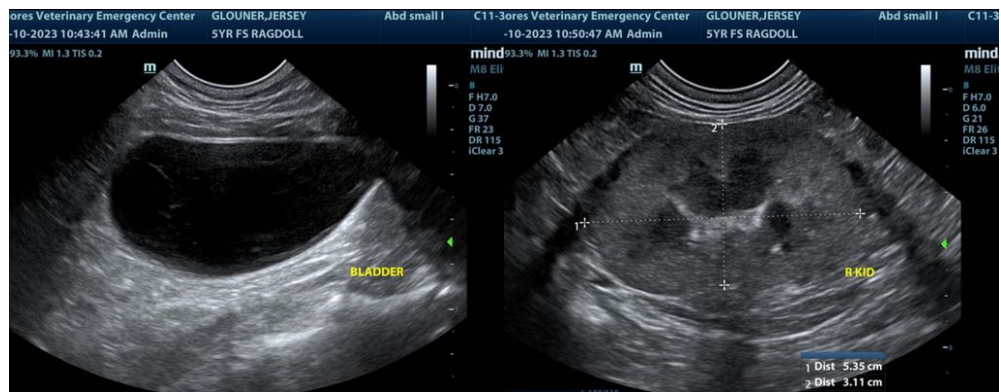
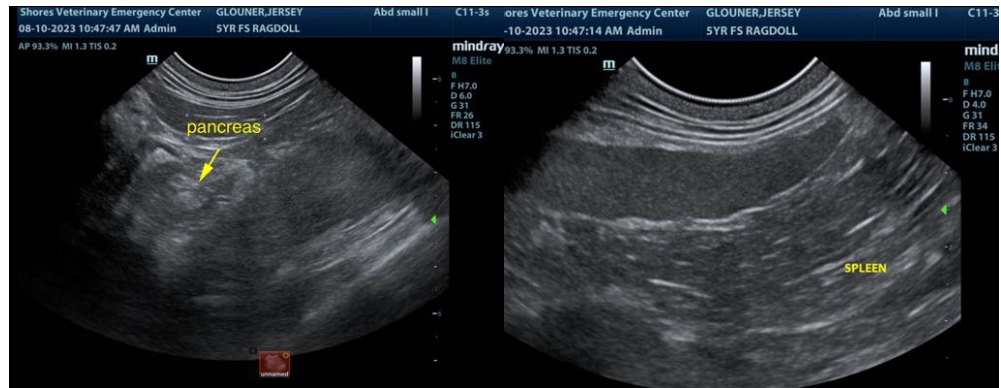
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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