



**PATIENT**

Montgomery Blackman

**SPECIES**

Feline

**BREED**

Domestic Medium Hair

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

5.7 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Zippay

**INVOICE**

32305

**DATE**

8/11/22

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for poor appetite, vomiting, and diarrhea. P being seen for recheck due to continued poor appetite. O gave ondansetron this am at 6 am. O then fed 15 ml BF, 2 hours later fed an additional 15 ml of BF. Following syringe feeding P vomited very large hairball (picture appeared to be ~12" long hairball with food mixed in) around 11:30am. After vomiting P ate another 15 ml of BF by syringe. At home P is drooling. O finding 3 bouts of D+ with hair present today. Diarrhea began Wednesday. At home O gave Vaseline PO to help P if constipated. Previous Health Concerns: constipation, respiratory sounds Current Medications: ondansetron  
Abnormal PE/Chem/CBC/UA Results: Abdominal: soft on palpation; gas and thickened intestine palpable Abd x-rays- areas of fluid filled and gas through SI, no foreign material noted but can't rule out obstruction, mostly empty stomach, no major feces in colon, bladder moderate; otherwise no major abnormalities EPOC- WNL CBC- WNL 8/8/22 diagnostics: 2V Abd Rads – distended bowel loop (appears to be colon but colon is displaced to right side of body), no obvious foreign material/obstruction but cannot completely rule out that this distended bowel is intestine  
CBC/Chem/EPOC – mild azotemia (likely prerenal from eating raw diet and decreased appetite)

**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 1.0 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 **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 4.25 cm. The right kidney measured 4.47 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.

**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.



**PATIENT**

**Liver**

Montgomery Blackman

The **liver** revealed slight coarse architecture and slight, patchy, hyperechoic parenchymal changes. The gallbladder and common bile duct were unremarkable. History of cholangitis is likely in this patient.

**SPECIES**

Feline

**Gastrointestinal**

**BREED**

Domestic Medium Hair

Examination of the **gastrointestinal tract** revealed a stomach and intestine 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. The mesenteric lymph nodes were mildly enlarged and measured up to 1.5 cm.

**SEX**

Neutered male

**Pancreas**

**AGE**

9 years

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.

**WEIGHT**

5.7 kg

**ULTRASONOGRAPHIC FINDINGS**

Minor mesenteric lymphadenopathy, likely reactive.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA, cytology and culture is indicated. Reactive lymph node or lymphadenitis is likely. There is a minor potential for underlying round cell neoplasia. Treatment for inflammatory bowel is otherwise warranted. Structurally unremarkable GI tract.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

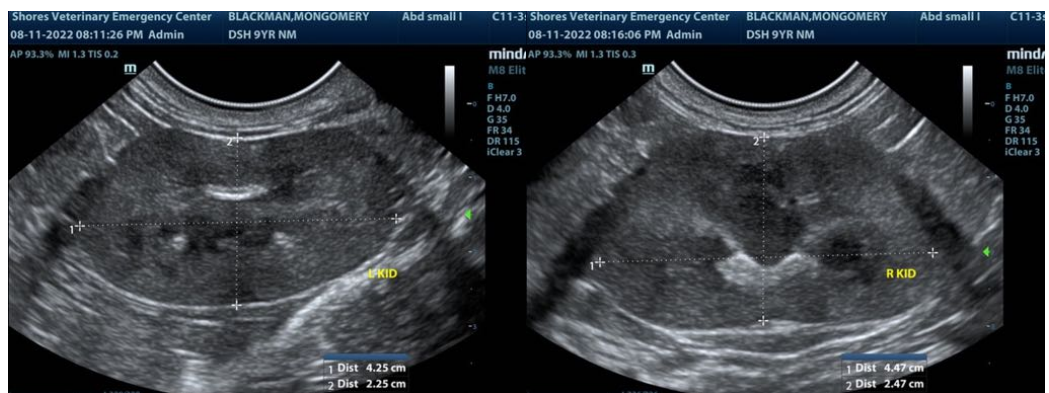
Dr. Zippay

**INVOICE**

32305

**DATE**

8/11/22





**PATIENT**

Montgomery Blackman

**SPECIES**

Feline

**BREED**

Domestic Medium Hair

**SEX**

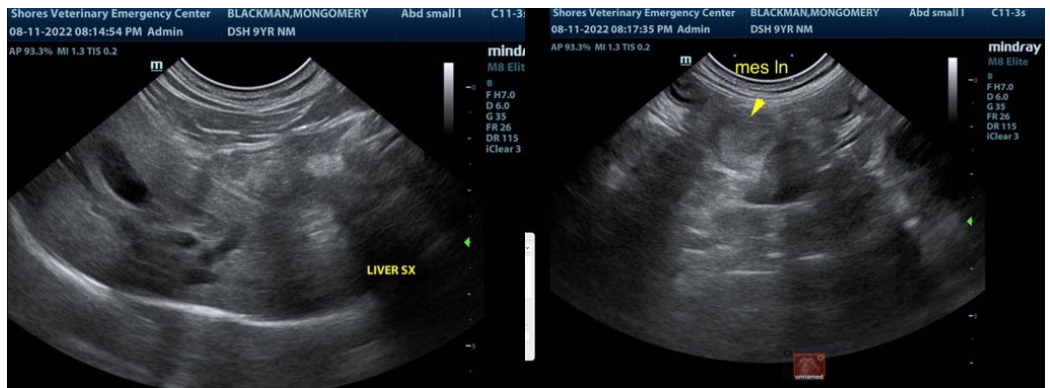
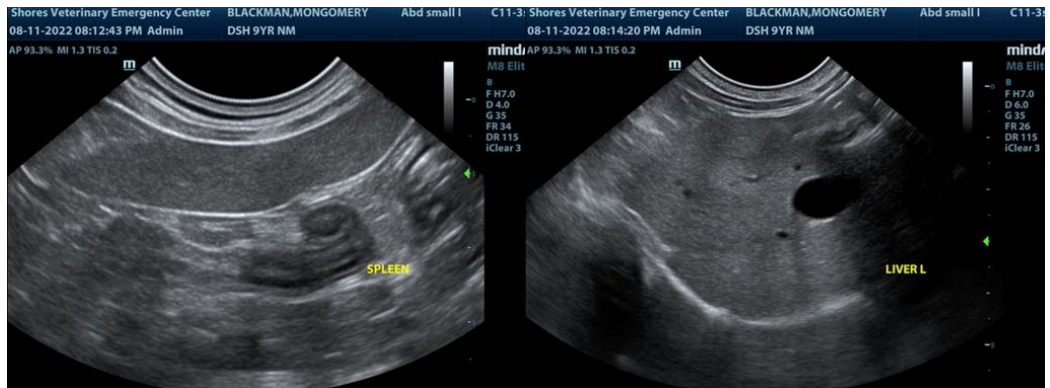
Neutered male

**AGE**

9 years

**WEIGHT**

5.7 kg



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Zippay

**INVOICE**

32305

**DATE**

8/11/22

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