



PATIENT

Jalapeno Rupley

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years 2 Months

WEIGHT

11 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Agnes Rupley

HOSPITAL NAME

All Pets Medical Center

REFERRING VET

Dr. Agnes Rupley

INVOICE

40424

DATE

8/12/22

PRESENTING CLINICAL SIGNS

Vomiting and foul smelling feces. REPORTED SYMPTOMS: Jalapeno (Binx Rupley) had a single loose stool that I'm aware of on 8/11 in the evening around 8pm. He vomited once on 8/11 that consisted of dry and undigested dog food, and a second time on 8/12 containing blades of grass. VITALS: 11 POUNDS Temperature: 101.9 Heart Rate: 160 bpm Respiratory Rate: 68 bpm Mucous Membrane Color: pink Capillary Refill Time: <2 seconds CURRENT MEDICATIONS: Revolt EXAM FINDINGS: Appears well hydrated. No apparent pain on abdominal palpation. B/S is 6/9. LAB RESULTS: CBC reveals evidence of dehydration. Fecal gram's stain reveals possible Shigella. Chemistry results are normal. The fPLI is normal. Fecal float and direct-NPS. I PERFORMED AN AFAST, which appeared normal to me, except the brightness of the gallbladder wall. ASSESSMENT AND PLAN: Provable, cerenia, and subcutaneous fluids.

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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomodullary 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 right kidney measured 4.1 cm. The left kidney measured 3.35 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen measured 8.0 mm. 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.

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 was empty and mildly echogenic. The wall was thickened due to its empty status.

Gastrointestinal

The **stomach** was repleted, the density could be consistent with hairball accumulation. Transit of chyme present in the small intestine.



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Pancreas

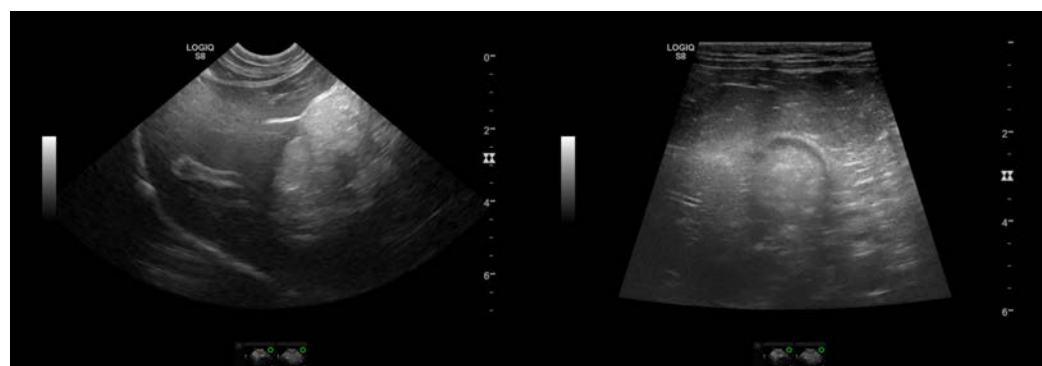
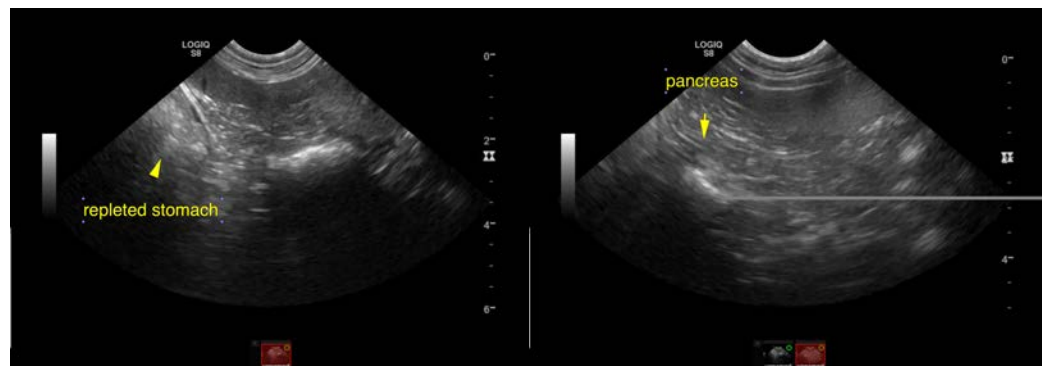
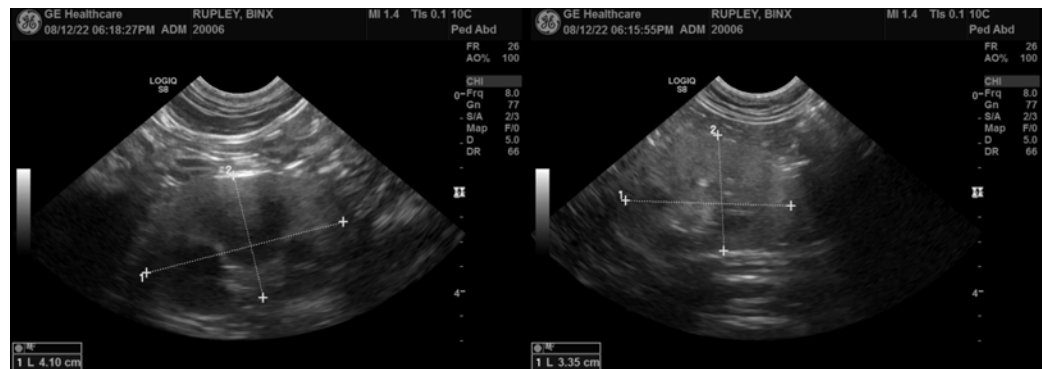
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Hair type density in the stomach, or possible post-prandial presentation
- Structurally unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was NPO at the time of the sonogram, then hairball therapy would be indicated. No other evidence of pathology.





PATIENT

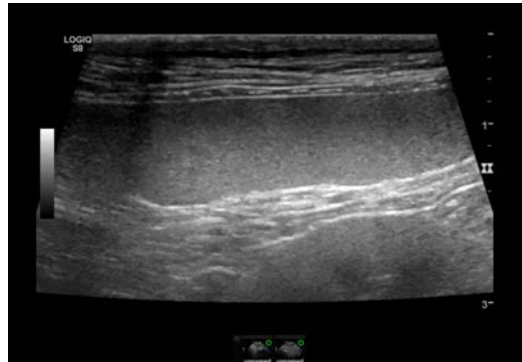
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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