



PATIENT PRESENTING CLINICAL SIGNS

Mochi Marks
The cat had a history of frequent vomiting. Multiple times per week. Sometimes food and sometimes only bile. Cat was placed on hydrolyzed diet for 1 day and then stopped eating after that. Had continued vomiting, but depressed and poor appetite.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

9.26 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Faithful Friends AC

REFERRING VET

Dr. Rideout

INVOICE

44642

DATE

8/3/23

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings CBC, Chem27, Total protein, albumin, cholesterol, T Bili, Sepc fPL, T4 all normal. UA not performed. Current Medications Maropitant and Mirtazapine. Radiographic Findings Normal detail to abdominal cavity. Subjectively the intestines appeared thickened.

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, corticomedullary 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 4.37 cm. The left kidney measured 4.01 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 left adrenal gland measured 0.37 cm. The right adrenal gland measured 0.41 cm.

Spleen

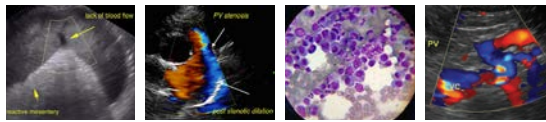
The **spleen** presented multifocal hyperechoic lipid nodules, not pathological. Uniform parenchyma otherwise.

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 wall was echogenic and mildly double layered. History of cholangitis likely.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



PATIENT *Pancreas*

Mochi Marks 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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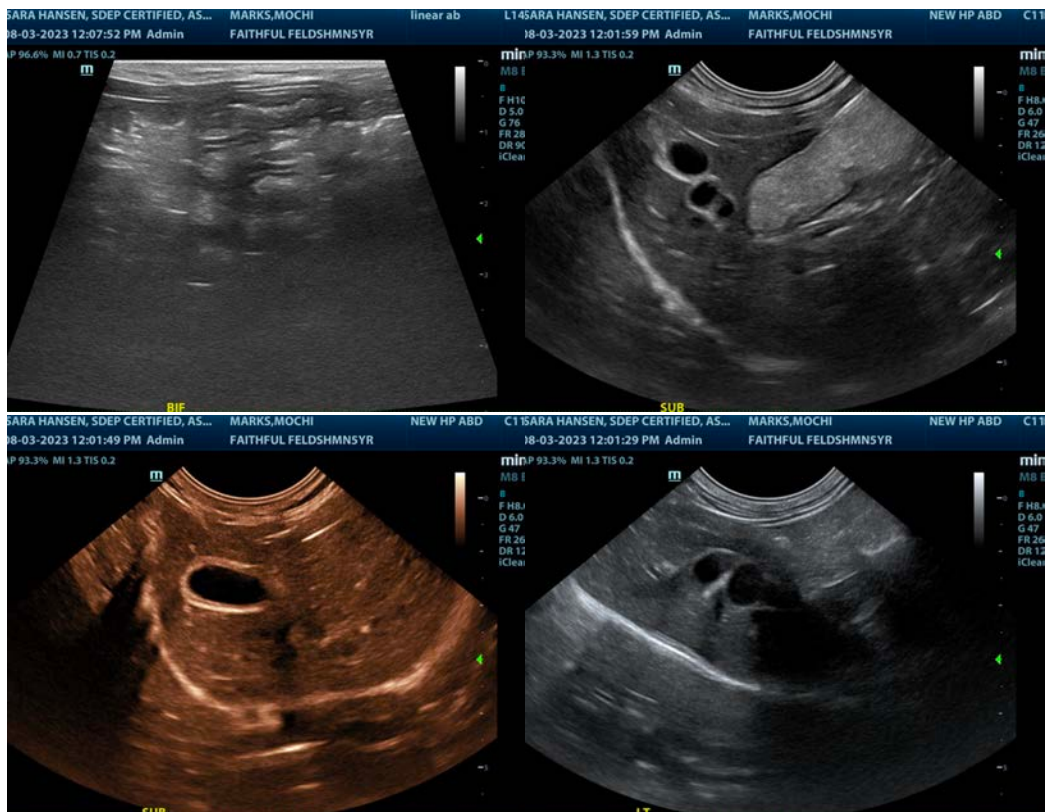
8/3/23

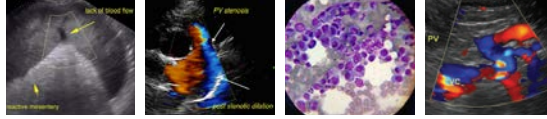
ULTRASONOGRAPHIC FINDINGS

- Minor retention of ingesta
- Splenic lipid plaques, not pathological

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease from a structural standpoint. Occult parasitism, food intolerance, structurally insignificant inflammatory bowel all possible.





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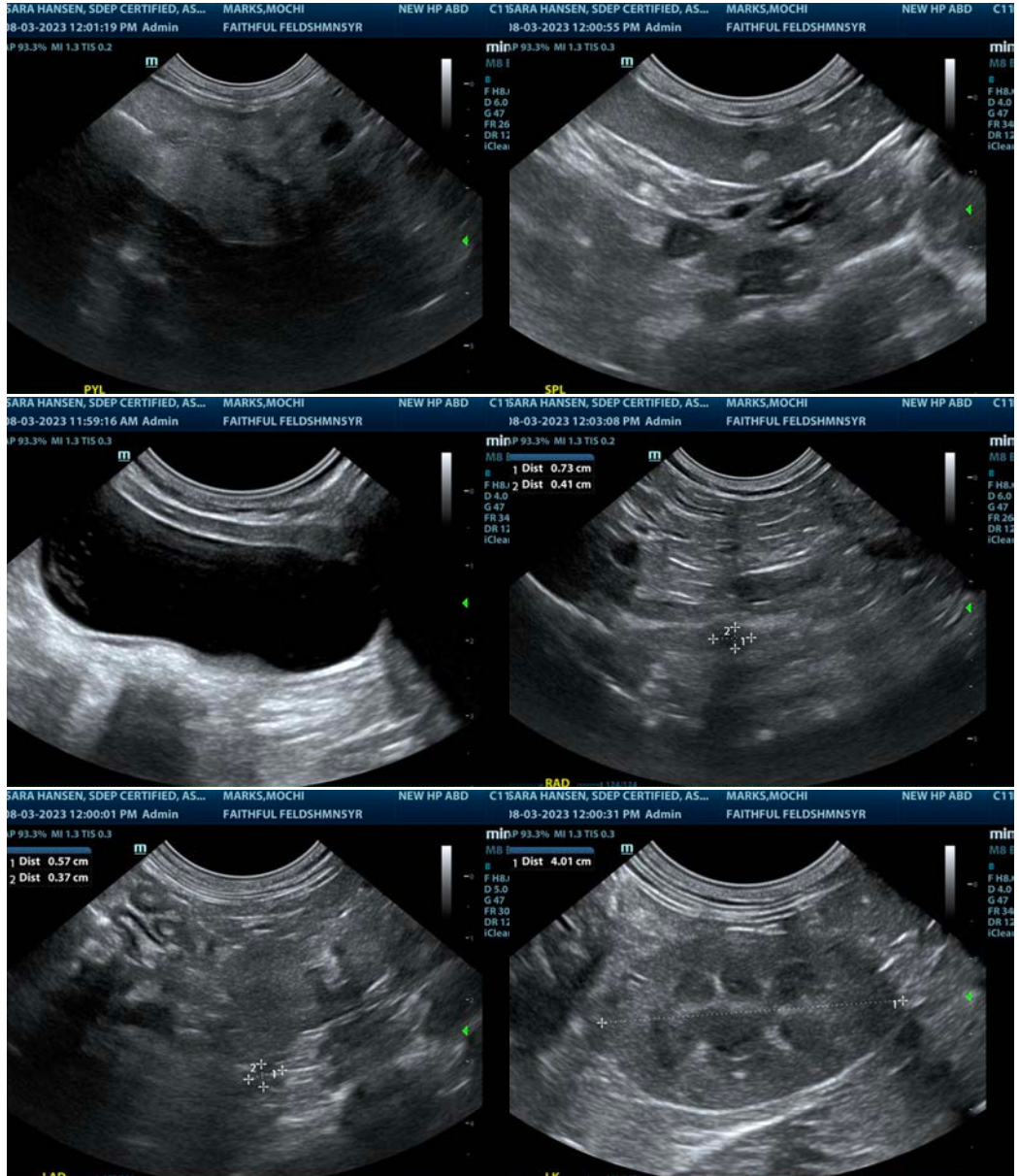
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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