



PATIENT **PRESENTING CLINICAL SIGNS**

Ryan Noll History: Presented at our hospital for history of constipation, unsure last time had a bowel movement, not eating, otherwise acting normal. Previous Health Concerns: constipation Current Medications: no Appetite/When did they eat last: appetite decreased, ate yesterday

SPECIES Abnormal PE/Chem/CBC/UA Results: Abdominal: doughy; left kidney plump? Rad- no obvious fb/obstruction/ effusions; radiopacity region of gall bladder- distended; Pre-surg- TP 8.3(H) glucose 149(H) ALT 107(H) EPOC- K+ 3.5(H) lact 3.33(H) glucose 169(H) Liver panel: Tbili- (0.60) (H) GGT 12 (H)

Feline

BREED **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Domestic Shorthair

Urinary System

SEX 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 was noted. Ureteral papillae were normal.

Neutered male

AGE 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.

12 years

WEIGHT The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.12 cm. The right kidney measured 4.35 cm.

3.9 kg

INTERPRETED BY **Adrenal Glands**

Eric Lindquist, DMV DABVP, Cert. IVUSS 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.

IMAGING PERFORMED BY **Spleen**

Erin Wicks 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.

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Slenbaker

INVOICE The **liver** revealed increased portal markings. Lobar and gallbladder sand was noted without overt obstruction. The common bile duct was mildly tortuous and measured 0.4 cm.

39692

DATE

9/29/22



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Gastrointestinal

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

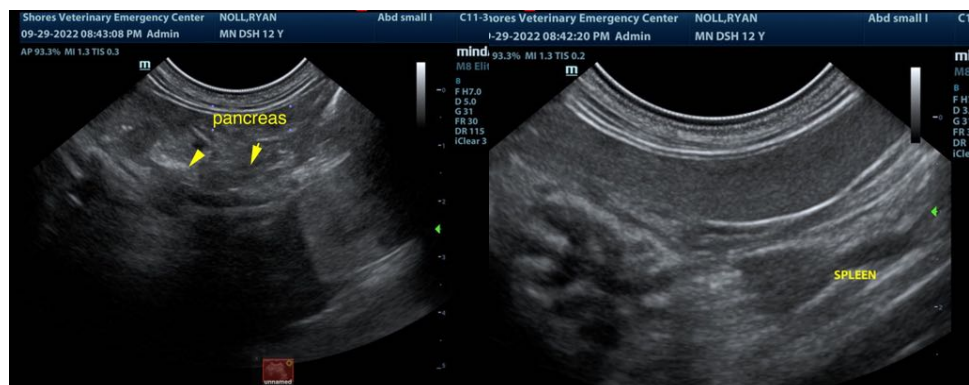
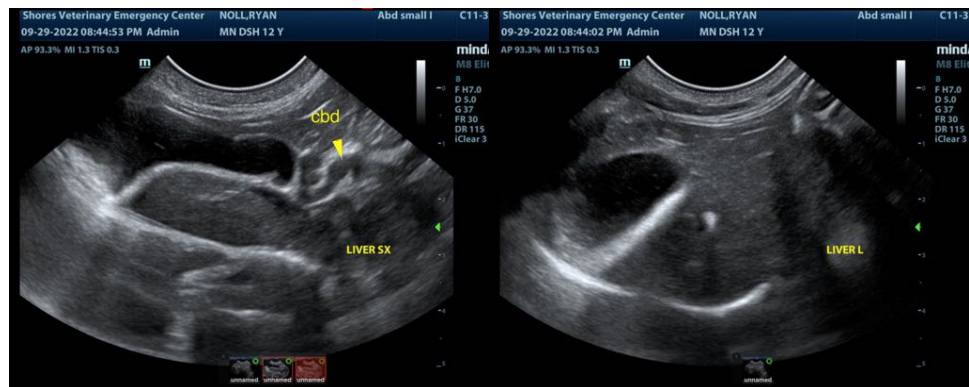
The **pancreas** was hypoechoic and irregular in parenchyma.

ULTRASONOGRAPHIC FINDINGS

Chronic cholangitis pattern with lobar biliary mineralization and non-obstructive gallbladder sand.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic infectious agents such as Toxoplasmosis and Bartonella should be ruled out. FNA or core biopsy of the liver would be optimal. There was no evidence or suspicion of neoplasia. History pancreatitis is likely, yet there is a potential for active inflammation.





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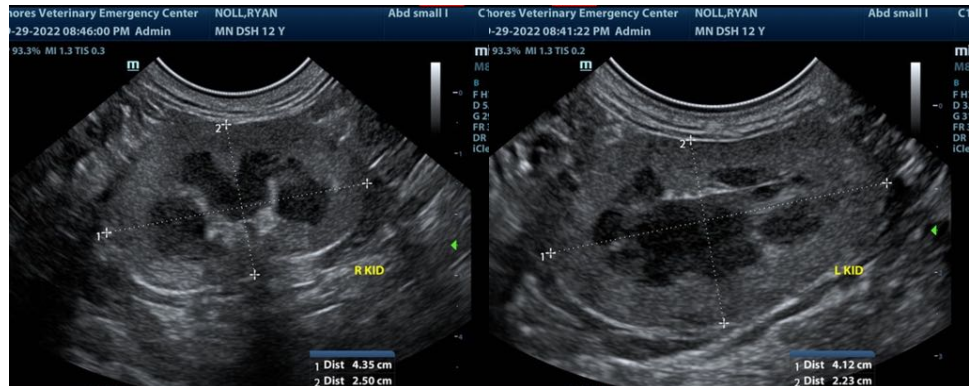
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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