

**PATIENT**

Shane Rickles

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

13 years

**WEIGHT**

10.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS,  
CEO of SonoPath.com

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

Norfolk County VS

**REFERRING VET**

Dr. Ilovich

**INVOICE**

92119

**DATE**

9/30/21

**PRESENTING CLINICAL SIGNS**

History: 1BD with GI biopsy in 2018. Recent weight loss, diarrhea, soft stool. Prior AUS- structurally unremarkable abdomen (1/16/18, Eric Lindquist, DVM)  
Budesonide 1mg SID, tylan 100mg BID, Visbiome, vit b12 0.25mg q7 days.

**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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.9 cm. The left kidney measured 3.73 cm.

**Adrenal Glands**

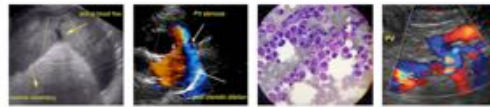
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.21 cm. The right adrenal gland measured 0.18 cm.

**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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.



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**Gastrointestinal**

Shane Rickles

The **stomach** presented minor mural thickening and empty lumen. There was no loss of curvilinear patterns noted. The intestines were normal. Soft stool was noted in the colon. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SPECIES**

Feline

**Pancreas**

**BREED**

The **pancreas** was hypoechoic to the surrounding mesentery and normal in width up to 0.6 cm.

Domestic Shorthair

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Prominent pancreas. Suppressed low-grade pancreatitis is possible; however, the abdomen structurally stable.

Neutered Male

Minor gastric fluid and slight thickening.

**AGE**

13 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected.

**WEIGHT**

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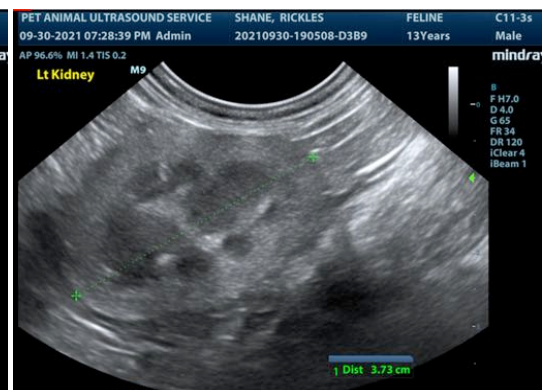
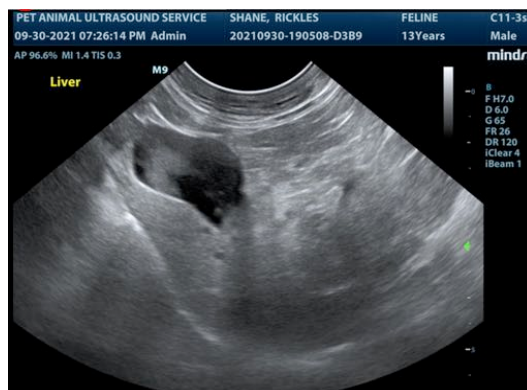
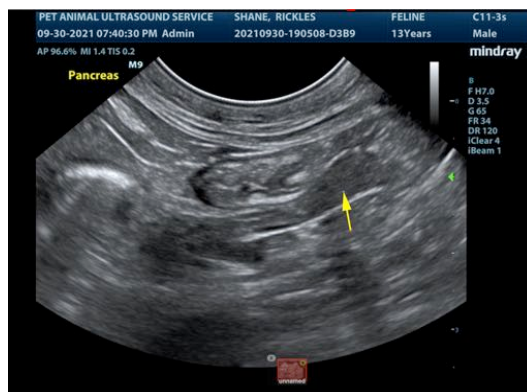
Dr. Ilovich

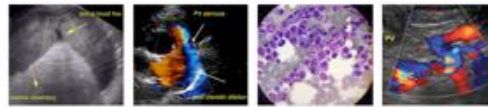
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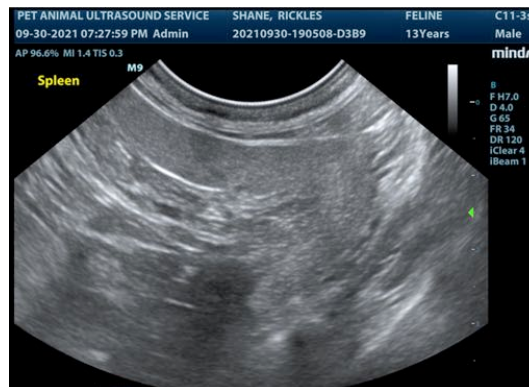
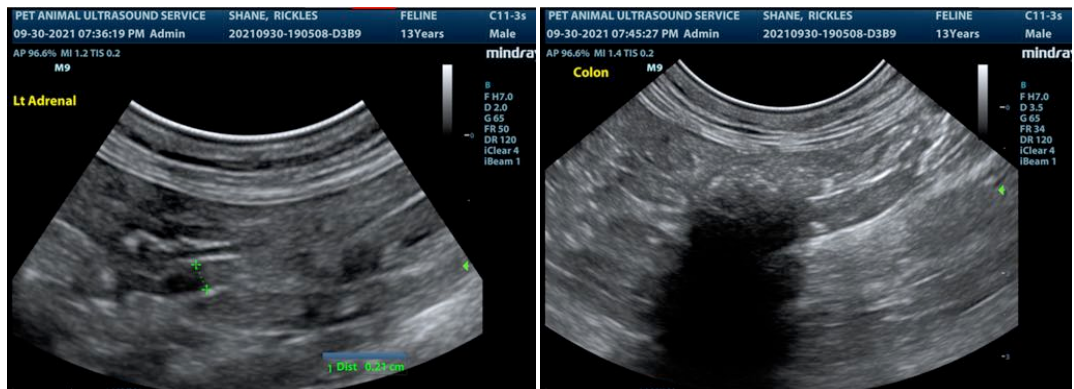
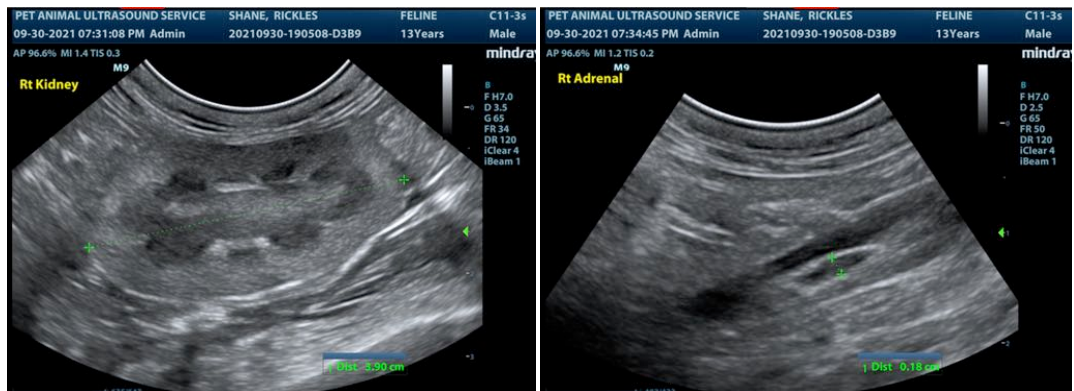
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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