



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Shadow Hollingsworth

History: Chronic vomiting. Prednisolone helps. Owner declined bloodwork

**SPECIES**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

**BREED**

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.

Domestic Shorthair

**SEX**

Female

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 kidneys each measured 3.5 cm.

**AGE**

14 years

**WEIGHT**

7.2 lbs

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Dr. Mack

**HOSPITAL NAME**

Northside VC

**Liver**

The **liver** in this patient is slightly swollen with coarse architecture. The common bile duct is mildly dilated and measured 0.6 cm. The common bile duct was obstructed by a focal hyperechoic calculus that measured approximately 0.4 cm. The calculus appeared to be embedded at the duodenal papilla. Minor lobar biliary duct dilation was noted.

**REFERRING VET**

Dr. Mack

**INVOICE**

91661

**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. Transit of chyme was unremarkable. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Soft stool was noted in the colon. The mesenteric lymph nodes were reactive.

**DATE**

9/4/21



**PATIENT**

**Pancreas**

Shadow Hollingsworth

Minor, heterogenous **pancreatic** changes were noted without significant disruption of architecture.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

Chronic biliary dilation owing to biliary calculus.

**BREED**

Minor, heterogenous pancreatic changes.

Domestic Shorthair

Minor mesenteric lymphadenopathy.

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Female

Prednisolone may be suppressing a more significant presentation. If ALKP and bilirubin elevations are an issue then surgical intervention with bile duct lavage or deviation procedure would be indicated. Otherwise, supportive care is warranted.

**AGE**

14 years

**WEIGHT**

7.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Mack

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

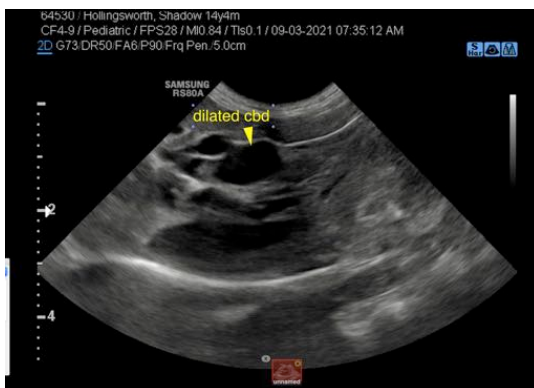
Dr. Mack

**INVOICE**

91661

**DATE**

9/4/21





**PATIENT**

Shadow Hollingsworth

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Female

**AGE**

14 years

**WEIGHT**

7.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Mack

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

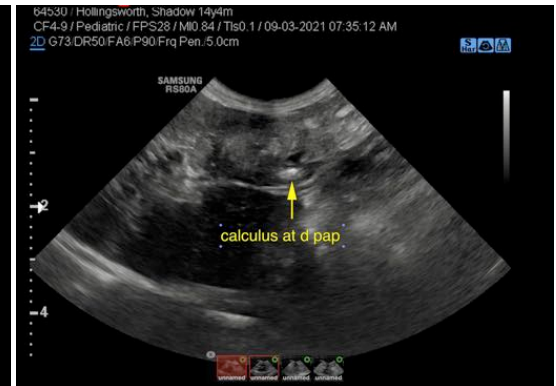
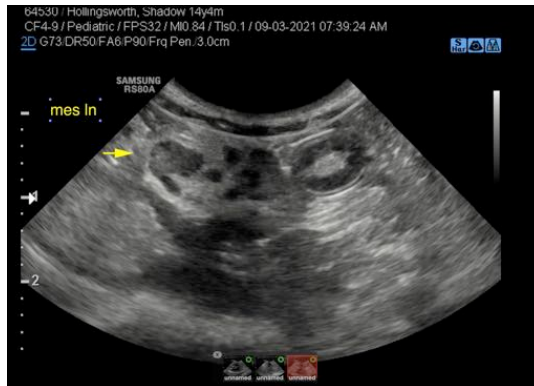
Dr. Mack

**INVOICE**

91661

**DATE**

9/4/21



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