



PATIENT

Rosie Chavez

SPECIES

Feline

BREED

Russian Blue

SEX

Spayed Female

AGE

1 ½ years

WEIGHT

22 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Pawsitive Wellness VC

REFERRING VET

Dr. Hardy

DATE

5/5/22

Invoice
30171

PRESENTING CLINICAL SIGNS

Very bloated, unable to palpate any internal structures. P is needy and upsets easily at home
Abnormal PE/Chem/CBC/UA Results: lymphs 8.4. Emailed results Current Medications none
Radiographic Findings Regions of unknown pocketing. Unable to see specific structures due to possible fluid? Primary Question/Differential to Be Answered in This Exam Reason for bloating

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 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 left kidney measured 3.94 cm. The right kidney measured 5.44 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.

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. The spleen measured 0.9 cm.

Liver

The **liver** was uniform and isoechoic to the falciform. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

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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.

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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.

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Free Abdomen

A large amount of abdominal fat was noted in this patient. Approximately 5.0 cm of falciform fat was noted in this patient.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

22 lbs

Excessive abdominal fat.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Examination of the patient's dietary regimen and body score is recommended. Otherwise, unremarkable abdomen.

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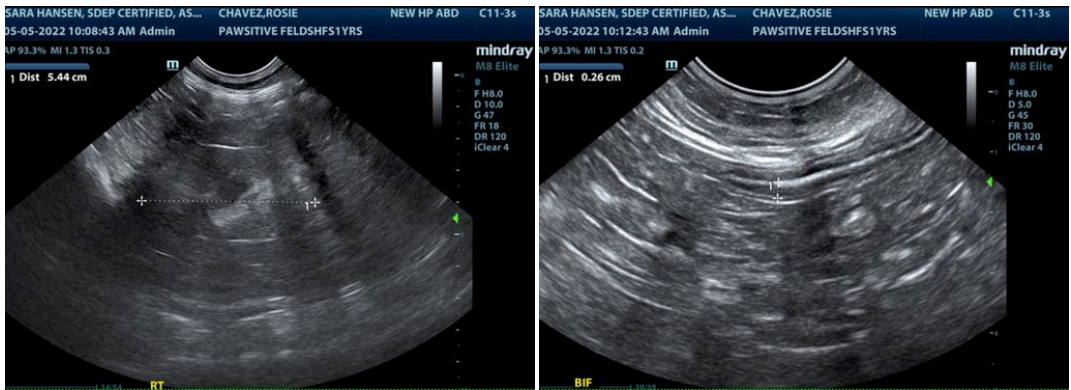
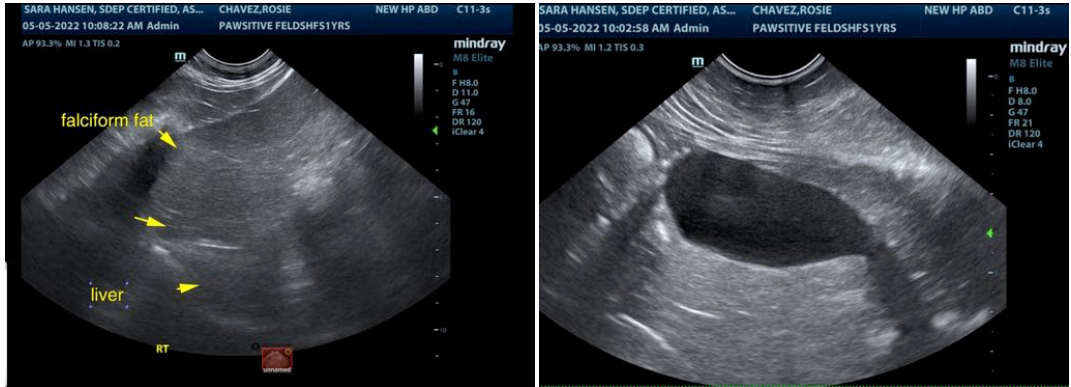
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Eric.Lindquist@SonoPath.com

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