



**PATIENT**

Smokey Rankin

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

10.1 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Heidi Putnam

**HOSPITAL NAME**

Banfield Pet Hospital  
of South Eugene

**REFERRING VET**

Dr. Garretson

**DATE**

8/17/21

**Invoice**

91293

**PRESENTING CLINICAL SIGNS**

History: 8/13 Initial presentation - constipation Distended colon with firm feces palpable 5% dehydration Aggressive - limited exam 8/17 7% dehydration few formed feces palpable in colon 1cm flat lobulated mass on right colonic wall - palpable on rectal exam  
Abnormal PE/Chem/CBC/UA Results: 8/7/21 CBC and Chem panel unremarkable Total t4- 10.5 (0.8-4.7) H - Started Methimazole

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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. A cortical infarct and mineralization was noted at the caudal pole of the left kidney. The infarct is likely owing to calculus movement. The left kidney measured 3.62 cm. The right kidney measured 3.49 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 0.41 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 presented acceptably thin walls with



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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. The colic lymph node was enlarged and reactive measuring 1.7 x 0.68 cm. The descending colon was unremarkable other than the colic lymphadenopathy. The colorectal region revealed a wall thickness of 0.5 cm with early loss of detail. This may be simple hypertrophy. However, this region should be monitored for any progression.

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**Pancreas**

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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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**ULTRASONOGRAPHIC FINDINGS**

Age related abdominal changes.

Minor colorectal thickening. Hard stool in the descending colon.

Colic lymphadenopathy.

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend a fresh fecal smear and fecal floatation analysis. Ultrasound-guided FNA of the colic lymph node with cytology and culture would be appropriate. The pattern is suggestive of reactive node; however, neoplasia cannot be ruled out. The visible colonic wall was unremarkable to the deep pelvic colon as well as colorectal region other than the minor thickening at the colorectum. Colonic scraping for cytology would be appropriate. The remainder of the abdomen was unremarkable.

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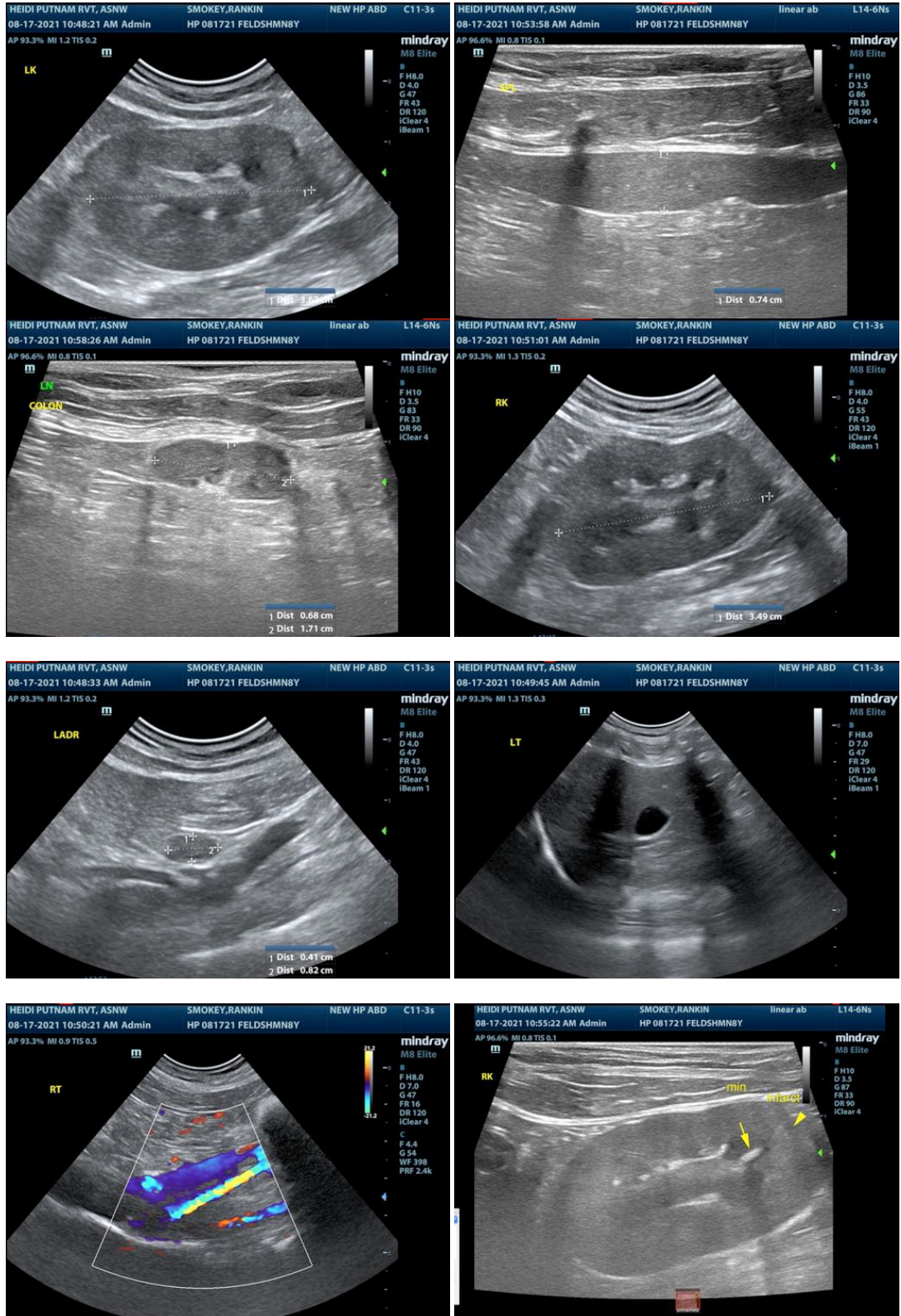
Dr. Garretson

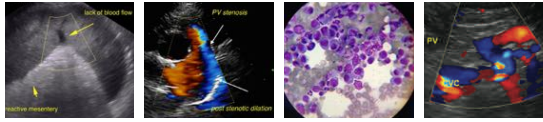
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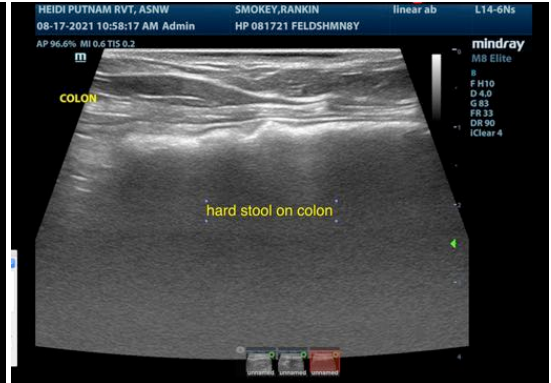
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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