



**PATIENT**

Murray Ross

**PRESENTING CLINICAL SIGNS**

History: Anorexia, 3days. Vomited first day. Current meds: glargine insulin  
Abnormal PE/Chem/CBC/UA Results: WNL. BG = 202 (no insulin) UASG: 1.018

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Longhair

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 and appeared normal. 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.

**SEX**

Neutered male

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 his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 4.45 cm with trace pyelectasia. The left kidney measured 4.41 cm.

**AGE**

15 years

**WEIGHT**

11.7 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. The left adrenal gland measured 0.43 cm. The right adrenal gland measured 0.41 cm.

**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**

Jessica Miller, RDMS

**HOSPITAL NAME**

Blairstown AH

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**REFERRING VET**

Dr. Clegg

**INVOICE**

40148

**DATE**

10/19/22



**PATIENT**

**Gastrointestinal**

Murray Ross

The upper **gastrointestinal tract** was empty. Some spastic small intestines and cecal stasis were noted. Fluid filled colon was noted in this patient.

**SPECIES**

**Pancreas**

Feline

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**BREED**

Domestic Longhair

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered male

Chronic pancreatic changes.

**AGE**

Empty upper gastrointestinal tract. Spastic small intestine.

15 years

Fluid filled colon.

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

11.7 lbs

Non-specific gastrointestinal insult. Subacute on chronic inflammatory bowel, occult parasitism and dietary intolerance are all possible. There was no evidence of neoplasia or foreign body. Some level of pancreatitis may be present in this patient. Subxiphoid palpation is recommended. History of pancreatitis is likely.

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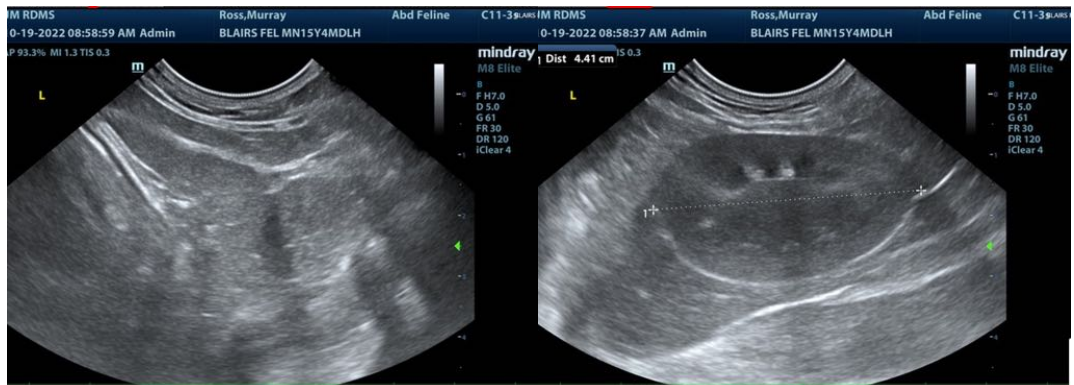
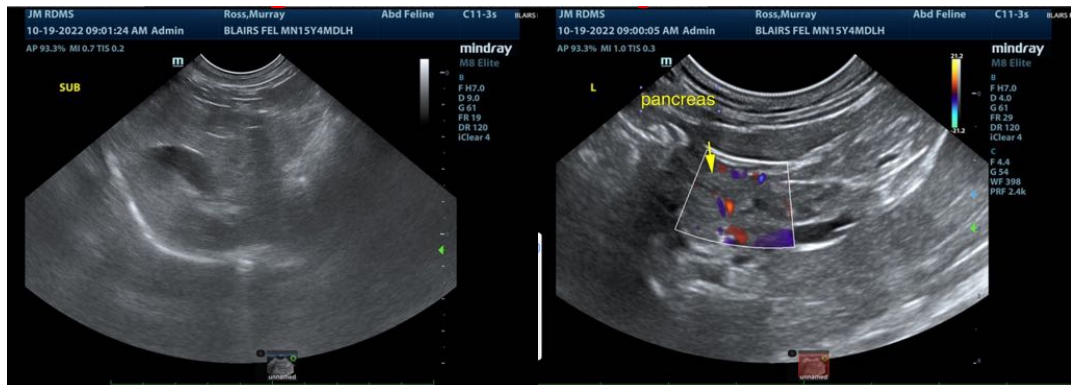
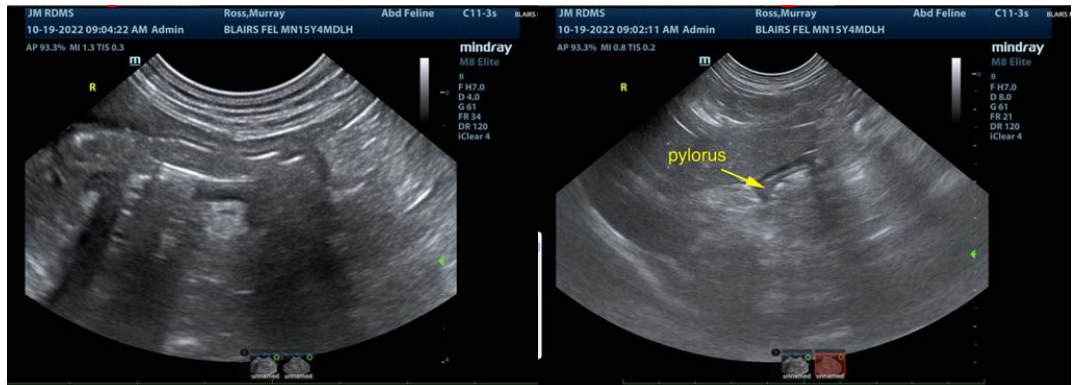
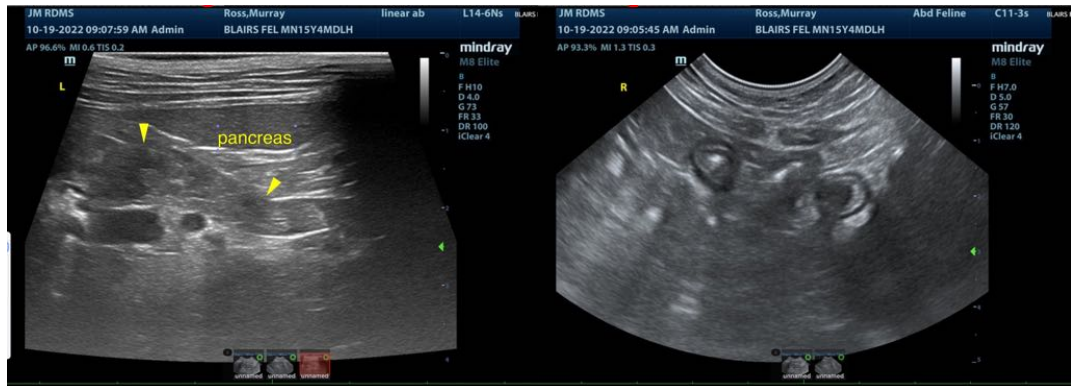
Dr. Clegg

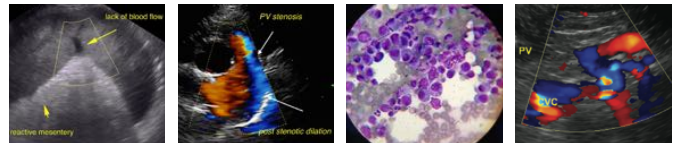
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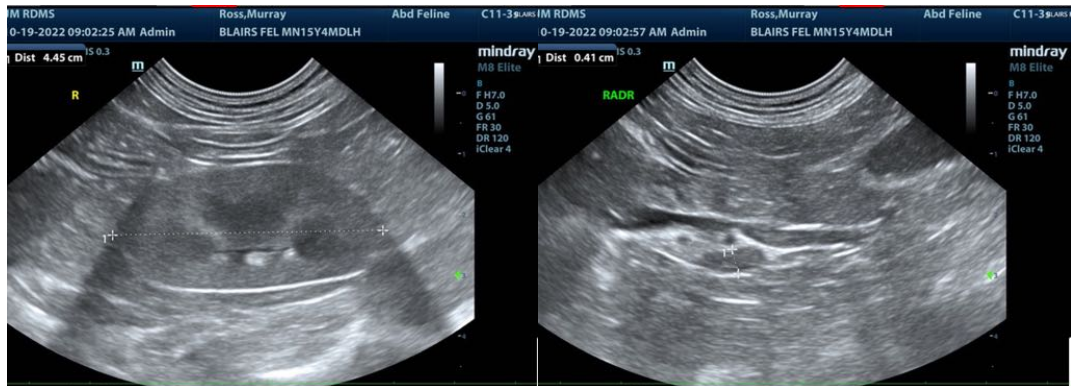
Neutered male

**AGE**

15 years

**WEIGHT**

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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  
info@SonoPath.com

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