

**PATIENT**

William Ford

**PRESENTING CLINICAL SIGNS**

History: severe atopic dermatitis- eosinophilic; HCT 28%. On atopica, apoquel, immunotherapy

**SPECIES**

Feline

**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 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.

**BREED**

Domestic Shorthair

**SEX**

Neutered male

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 right kidney measured 4.55 cm. The left kidney measured 4.26 cm.

**AGE**

4 years

**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 0.33 cm. The right adrenal gland measured 0.4 cm.

**WEIGHT**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was mildly enlarged and measured 1.15 cm with slight scalloping contour.

**IMAGING PERFORMED BY**

Diane McFadden, RVT

**Liver**

The **liver** was slightly hyperechoic to the falciform fat with minor granular appearance. The gallbladder was unremarkable. The cystic duct was tortuous with normal common bile duct measuring 0.2 cm.

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

Dr. Lovell

**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. 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.

**INVOICE**

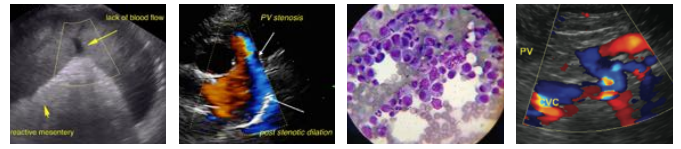
46556

**DATE**

8/10/23

**Pancreas**

The **pancreas** was hypoechoic and irregular in the right limb. The pancreas was edematous. This is consistent with pancreatitis.



**PATIENT                      ULTRASONOGRAPHIC FINDINGS**

William Ford                      Splenic enlargement.

Mild, hepatic remodeling.

**SPECIES**                      Low-grade pancreatitis pattern.

Feline

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Domestic Shorthair                      There was no evidence of neoplasia. The cause of anemia is unclear. Subxiphoid palpation is recommended. The cause of anemia is unclear. CBC path review +/- bone marrow aspirate may be appropriate. Underlying infectious agents such as Bartonella should be ruled out.

**SEX**

Neutered male

**AGE**

4 years

**WEIGHT**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden, RVT

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

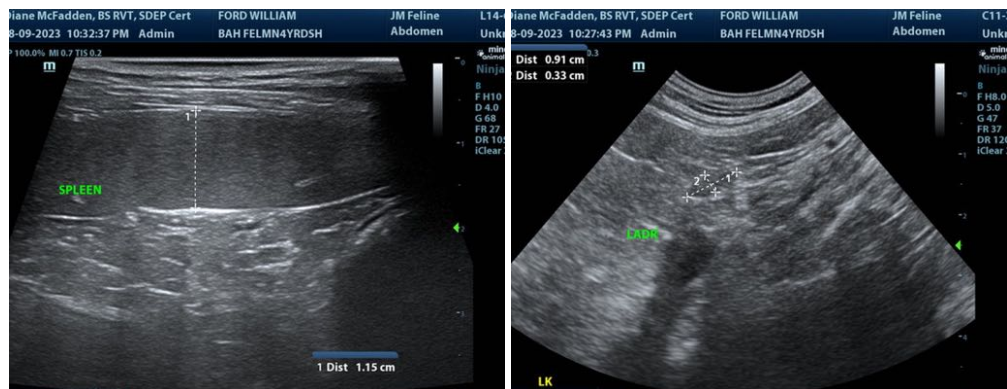
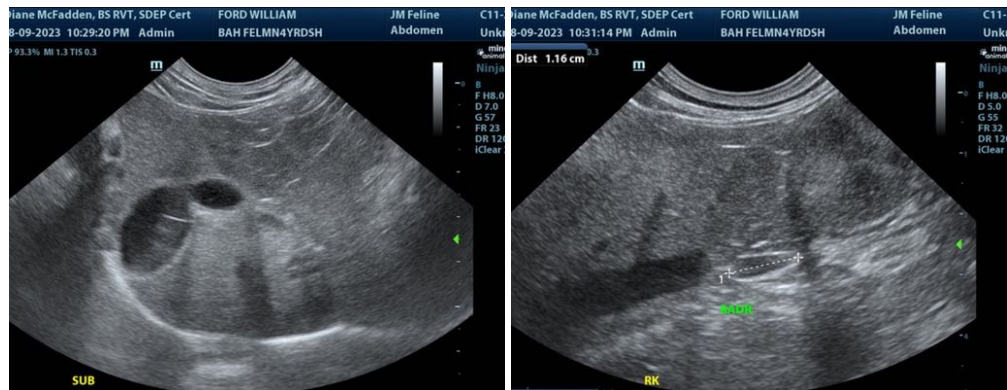
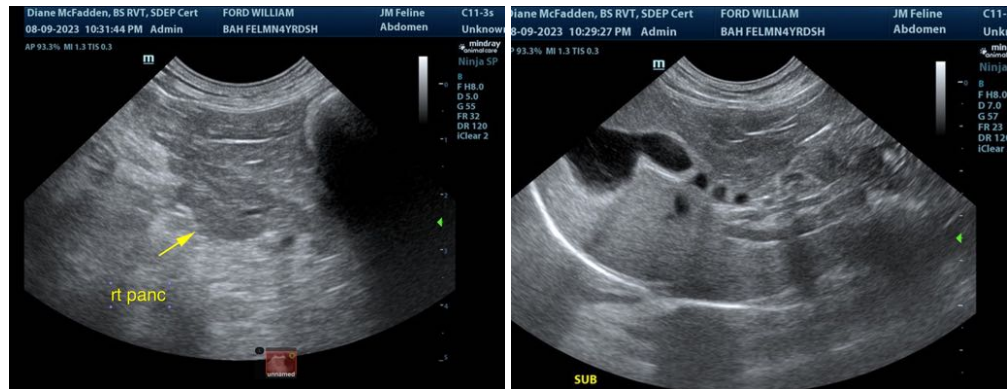
Dr. Lovell

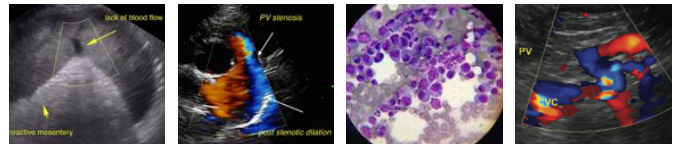
**INVOICE**

46556

**DATE**

8/10/23





**PATIENT**

William Ford

**SPECIES**

Feline

**BREED**

Domestic Shorthair

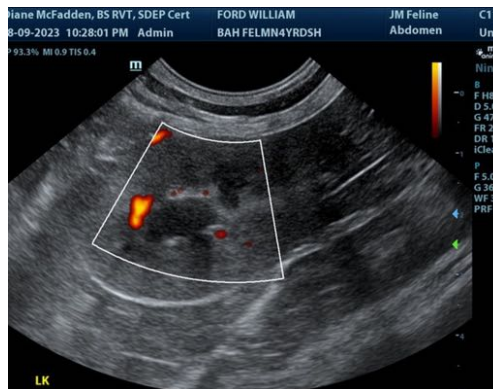
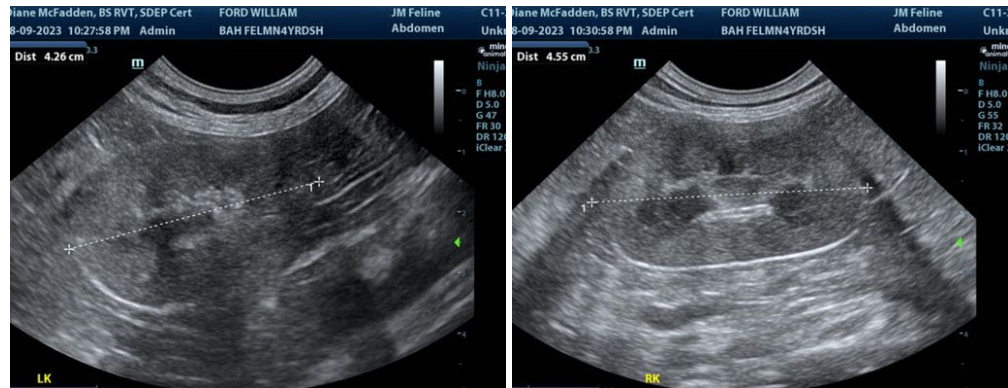
**SEX**

Neutered male

**AGE**

4 years

**WEIGHT**



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden, RVT

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

Dr. Lovell

**INVOICE**

46556

**DATE**

8/10/23

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