



**PATIENT PRESENTING CLINICAL SIGNS**

Gus Doyle Vomiting and diarrhea. ALT 686, AST 157, ALP 70

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN *Urinary System***

Feline

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 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 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 and no evidence of pelvic dilation was present. The left kidney measured 4.05 cm. The right kidney measured 3.97 cm.

**AGE**

14 years

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

***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. Both adrenal glands measured 0.5 cm.

**IMAGING PERFORMED BY**

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***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.

**HOSPITAL NAME**

Franklin Lakes AH

**REFERRING VET**

Dr. Onesios

***Liver***

The **liver** revealed persistent echogenic remodeling with occasional hypoechoic nodule without significant change from the prior sonogram. The gallbladder and common bile duct were unremarkable.

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***Gastrointestinal***

**DATE**

9/22/22

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.



**PATIENT** *Pancreas*

Gus Doyle

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.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC FINDINGS**

Persistent chronic inflammatory hepatopathy with occasional, non-disruptive nodule.

Stable geriatric abdomen.

**SEX**

Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

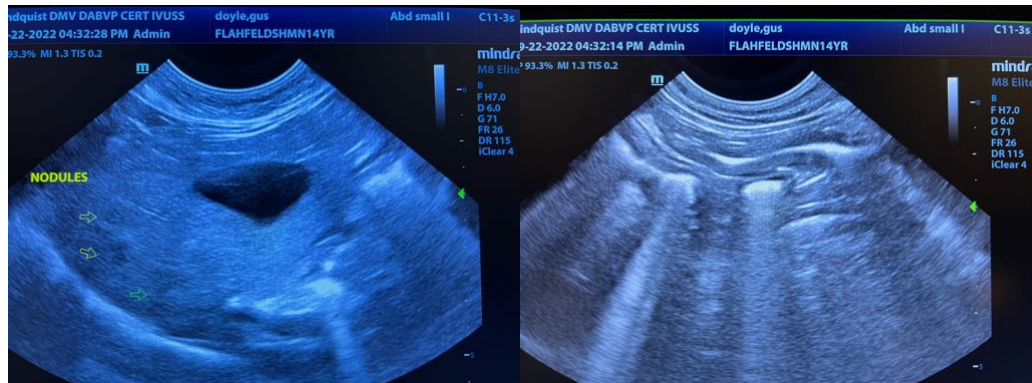
**AGE**

No specific therapy is recommended.

14 years

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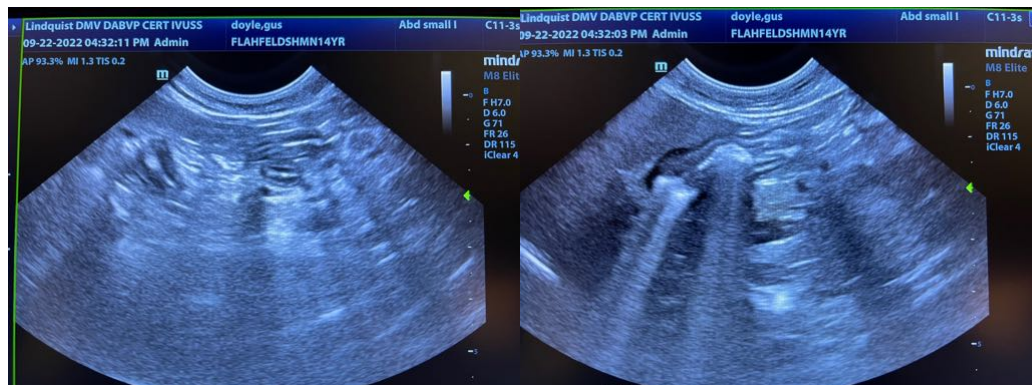
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**PATIENT**

Gus Doyle

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

14 years

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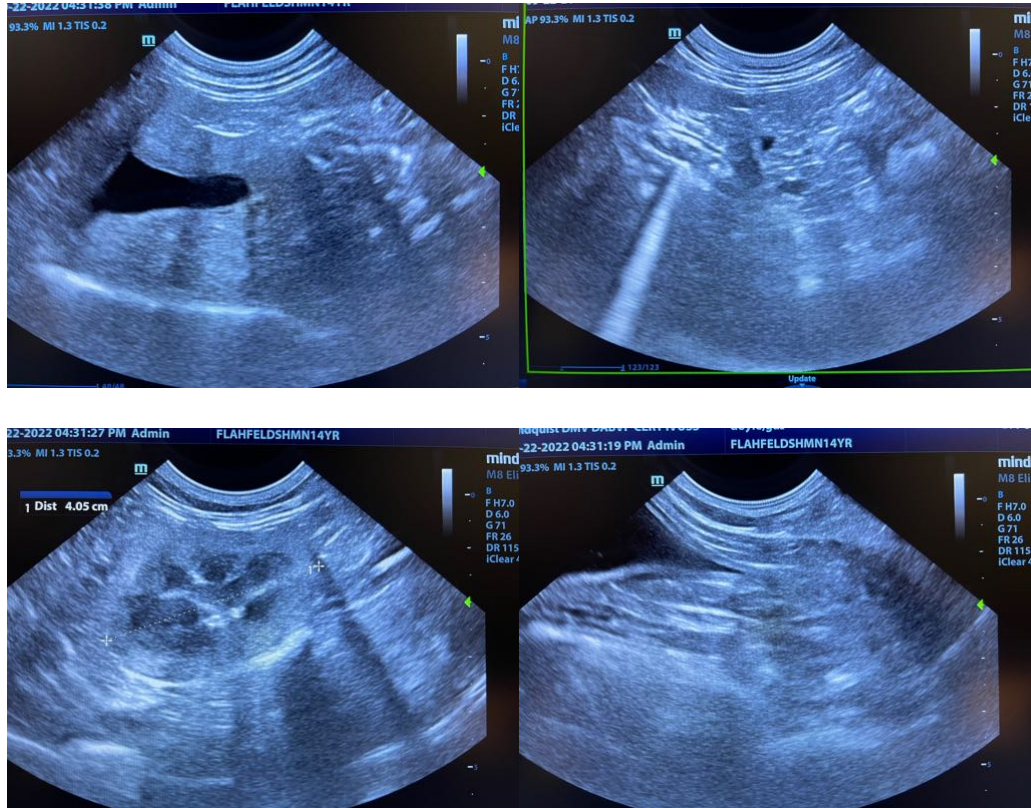
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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