



**PATIENT**

Shantay Rountree

**SPECIES**

Feline

**BREED**

Exotic Shorthair

**SEX**

Spayed female

**AGE**

15 years

**WEIGHT**

10 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Torch River Veterinary  
Mobile Services

**HOSPITAL NAME**

East Bay Pet Hospital

**REFERRING VET**

Dr. Henninger

**INVOICE**

46580

**DATE**

8/14/23

**PRESENTING CLINICAL SIGNS**

History: 3 day duration of anorexia; 36 hours vomiting; hiding for 2 weeks History of depo medrol Q 3 months PE unremarkable  
Abnormal PE/Chem/CBC/UA Results: BUN 104 ALT - 906

**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 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 3.85 cm and the right kidney measured 3.81 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 right adrenal gland measured 0.41 cm. The left adrenal gland measured 0.36 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 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. Solitary parenchymal cyst was noted in the right lateral liver measuring 1.0 cm and was non-pathological. 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.



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**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.

**Pancreas**

Focal, hypoechoic **pancreatic** changes were noted with enhanced, surrounding mesentery. The region of approximately 1.0 cm at the pancreatic base may represent low-grade inflammation.

**ULTRASONOGRAPHIC FINDINGS**

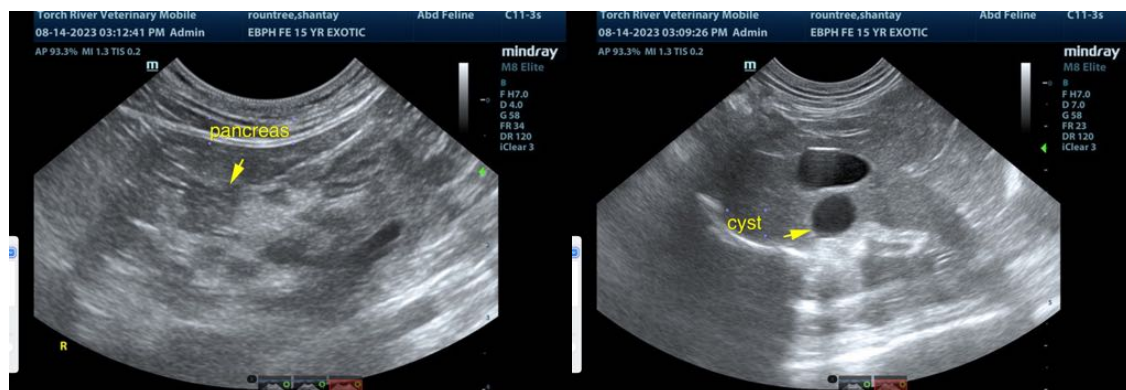
Age related abdominal changes, subjectively benign.

Low-grade pancreatitis suspected.

Non-specific inflammatory hepatopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of significant disease. The cortisone therapy may be suppressing a more significant presentation. I recommend IV fluid support, pain management, broad spectrum antibiotics and reassessment of the clinical signs.





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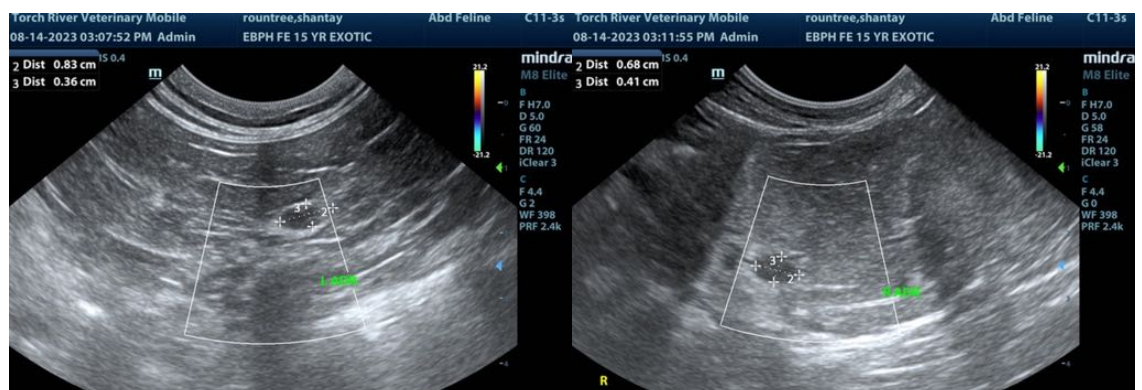
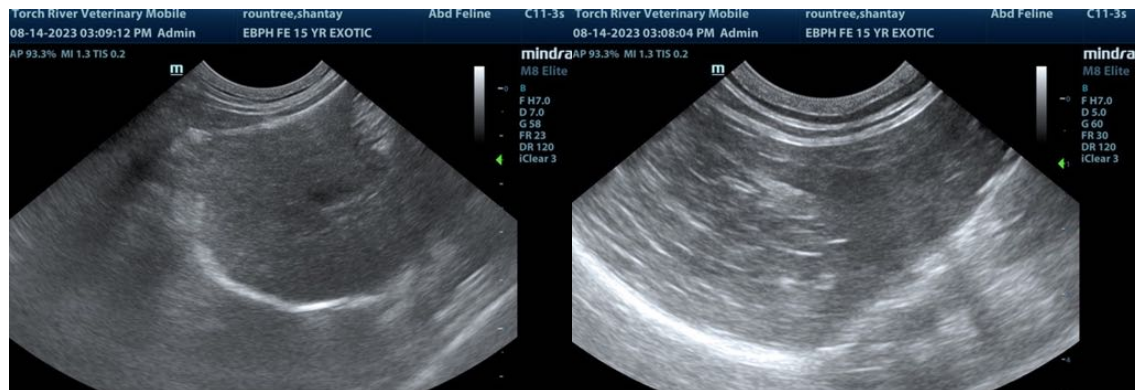
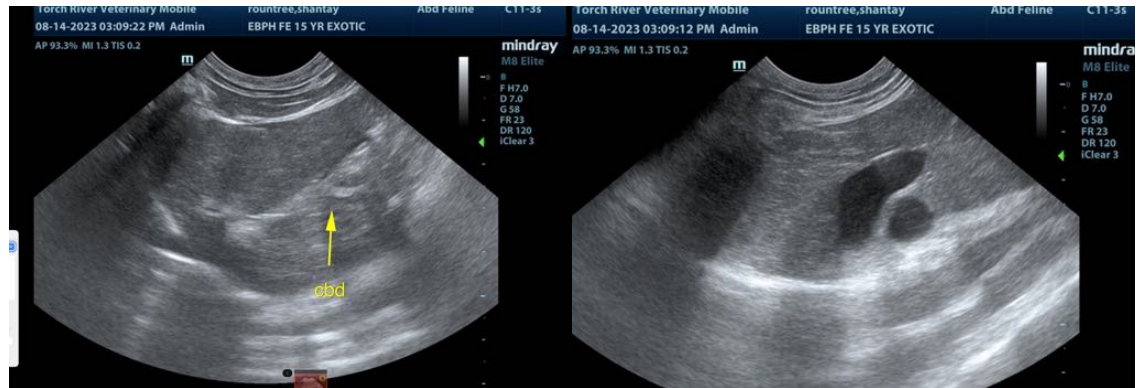
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Feline

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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**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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