



PATIENT PRESENTING CLINICAL SIGNS

Maeve Pantry 4 Paws

SPECIES

Feline

BREED

DSH

SEX

Intact Female

AGE

5 Years

WEIGHT

4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Stoney Ridge AH

REFERRING VET

Dr Brooks

INVOICE

34136

DATE

1/11/22

Rescue Cat acquired Oct 4, litter 2 months prior- Initially presented in Oct /21 for vomiting on and off for 1 week and liquidy stool 3.03 kg PE in Oct/21- ropy GI tract. Radiographs- gas and mottled ingesta pattern only. Bloodwork attached- mild neutrophilia, mild anemia Felv/FIV Neg/Neg Treatment in Oct/21- Cerenia, Metronidazole, veraflox (due to neutrophilia) Nov /21 - had responded well but intermittent vomiting since stopping cerenia and continued loose stools - recommended further workup includig GI pathogen profile- attached- and GI panel - declined. Recommended transition to Purina HA in case of food sensitivity/allergy, and b12 injections weekly. Dec 2 /21 - 3.72 kg - PE unremarkable other than slightly fluidy intestines on palpation- no discomfort. B12 injections demo'd to owner- was to give 250mcg sq weekly for 6 weeks - unknown if they completed this. Vomiting improved/resolved on HA but loose stool continued. Trial GI Biome diet Dec 14/21- recommended to trial tylosin as loose stool continues. Return to Purina HA as vomiting recurred when transitioned to Biome. Owners did not pickup tylosin from us as directed. Jan 5-6/22 - foster picked up tylosin from rescue organizer and was instructed to begin 1/32 of teaspoonful twice daily. Unsure if they are giving this appropriately Jan 8/22 diarrhea continues, no vomiting. Will keep U/S appointment to evaluate GI health, look for pancreatitis, IBD, determine if steroids are indicated, fecal transplant etc. Jan 11/22- 4.12 kg good bcs and well muscled. Abdomen slightly tense.
Abnormal PE/Chem/CBC/UA Results: please see attached BW

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 were 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. The left kidney measured 3.66 cm. The right kidney measured 4.16 cm.

Adrenal Glands

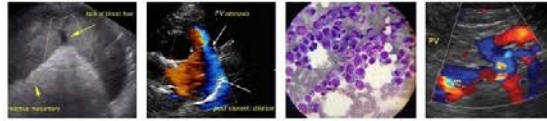
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.24 cm. The left adrenal gland measured 0.21 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 were 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 primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

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

- Structurally unremarkable abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. Structurally insignificant inflammatory bowel or food intolerance suspected. Hydrolyzed diet may be in this patient's best interest. Broad-spectrum anti-parasitic protocol recommended if not already performed. Low-dose Prednisolone trial could also be considered.

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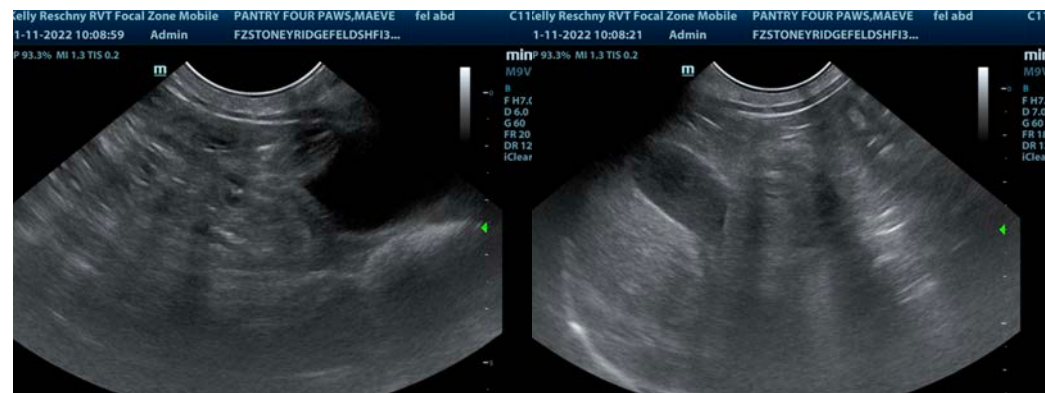
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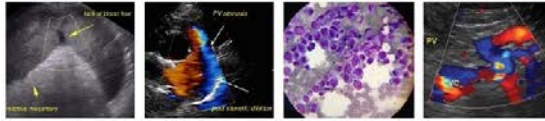
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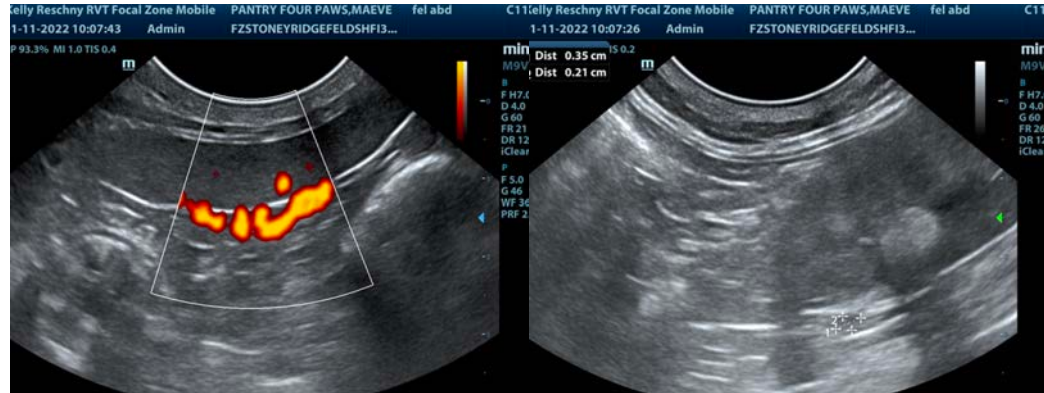
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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