



PATIENT

Gayle Cowichan Cat
Rescue

SPECIES

Feline

BREED

DLH

SEX

Female

AGE

4 Months

WEIGHT

1.96 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Donna Markland, DVM

HOSPITAL NAME

Island Mobile VH

REFERRING VET

Mill Bay VH

INVOICE

13551

DATE

1/21/22

PRESENTING CLINICAL SIGNS

History: Projectile vomiting kibble 1-3 hours post meals since end of December. Keeping canned food down. Normal stools. Gayle and her male littermate were found on a farm at the beginning of November. They have been in the care of a local cat rescue. Both kittens were seen for vomiting and diarrhea as well as ringworm soon after they was found (November 13). Initial treatment included metronidazole, cerenia, and itraconazole. Gayle improved somewhat, but still had soft stools. She then had episodes of projectile vomiting following milbemax administration (December 14) and Interceptor administration (December 16). She improved with cerenia, but still had some diarrhea. A fecal ova and parasite test was positive for giardia. She and her littermate were both treated with fenbendazole 50 mg/kg q 24 hr for 7 days beginning December 27th. It was around this time that the projectile vomiting with kibble was noted. Gayle is reportedly smaller than her male littermate. She is "about 80%" as active as he is. The attached abdominal radiographs were taken earlier this week. The first was taken right after Gayle was fed, and the second was taken 8 hours later. Gayle was fasted for about 13 hours prior to this ultrasound study.

Abnormal PE/Chem/CBC/UA Results: 1/20/22 CBC: HCT=29.2 (30-52) WBC=23.17 (2.87-17.02) Neutrophils=13.64 (2.3-10.29) *suspected bands Lymphocytes: 7.73 (0.92-6.88) Monocytes: 1.13 (0.05-0.67) Chem: SDMA=18 (0-14) Creat=66 (53-141) Urea=6.6 (5.7-11.8) UA: usg=1.028 pH=5.0 quiet sediment

Minor hepatomegaly noted on radiographs.

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 3.25 cm. The right kidney measured 3.56 cm.

Adrenal Glands

Both **adrenal glands** were visualized. No evidence of pathology.

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



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

Gastrointestinal

The **stomach** was empty at the time of the sonogram. Minor gastric hypertrophy was present. The small intestine and colon were unremarkable.

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.

Free Abdomen

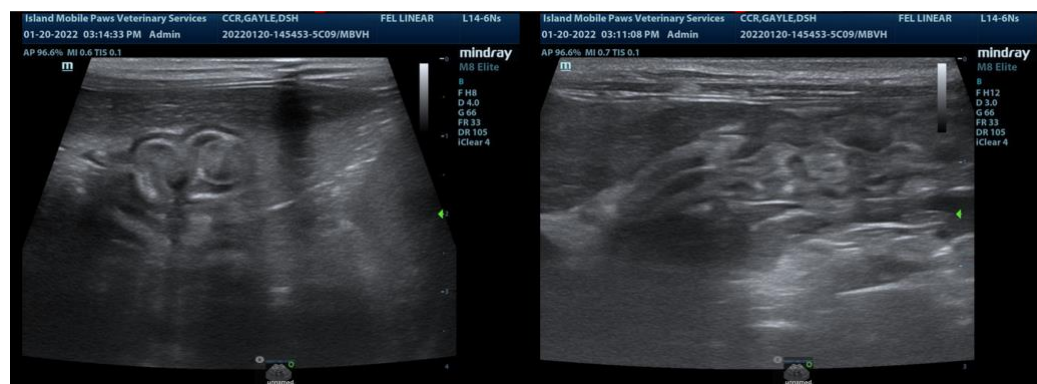
Trace amounts of free fluid was noted in the **abdomen**; however this is physiological for this age patient.

ULTRASONOGRAPHIC FINDINGS

- Minor GI upset
- Structurally unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying parasitism is likely playing a role in this patient. Food intolerance is also a potential issue or structurally insignificant inflammatory bowel possible yet the abdomen appears unremarkable from a structural standpoint.





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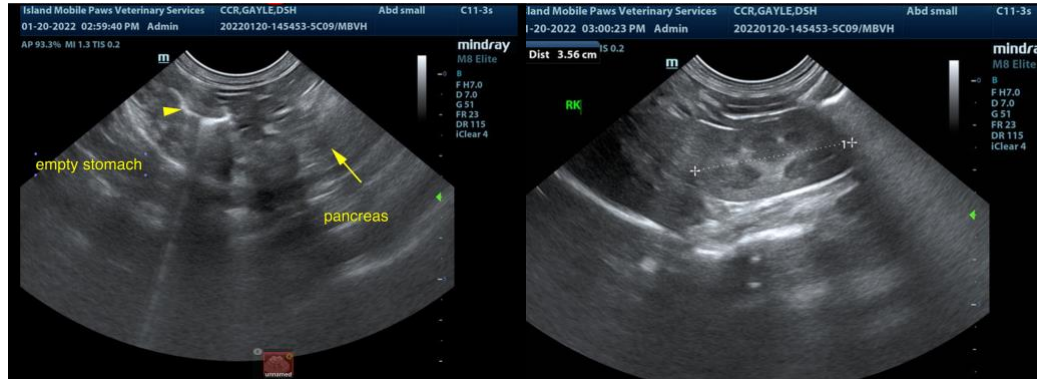
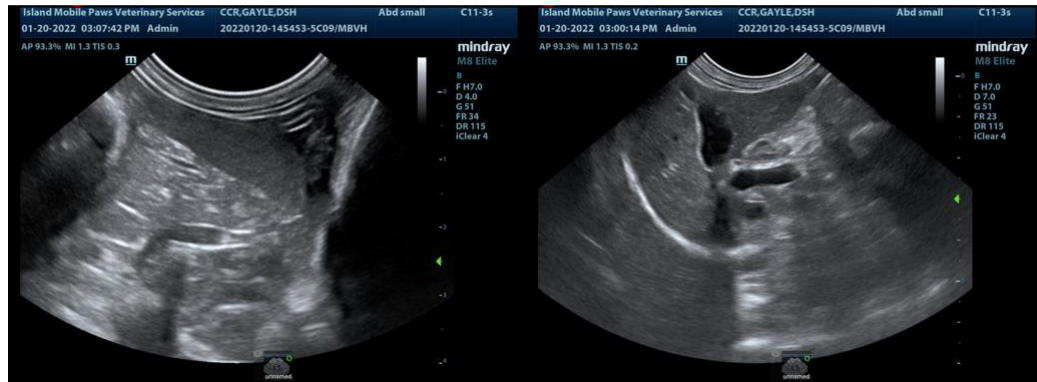
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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