



PATIENT PRESENTING CLINICAL SIGNS

Terbo Ali
SPECIES History: Presented for anorexia since 7 days. Also noticed recurrent vomiting. The patient is fully vaccinated and indoors. At the clinical presentation dull, lateral recumbency. Ketonic breath MMC are slightly icteric, Dehydration 6 percent .The abdomen palpation reveals abdominal fluid.HR 160,RR 30.Body temp 37.6.Heart and lung sound clear.

Feline
BREED Abnormal PE/Chem/CBC/UA Results: The CBC ,reveals very low platelets count, regenerative anemia . The comprehensive reveals slight increased bilirubin, amylases slight increased, Albumin low, Negative to the rapid test FIV FELV and FIP.

DLH ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Neutered Male
AGE 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.

11 Months
WEIGHT 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. Both kidneys measured 4.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were visualized and revealed 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

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

Variable areas of **gastrointestinal** stasis were noted with reactive mesentery. Dilated upper gastrointestinal tract was followed by empty small intestine. Some linear material was present within the small intestine yet may represent artifact, linear foreign or possible worm burden.

Pancreas

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Doctor Valentina

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

Dr. Valentina Fresta

INVOICE

20714

DATE

1/22/23



PATIENT

Terbo Ali

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.

SPECIES

Feline

Free Abdomen

A mild amount of **free fluid** was noted in the abdomen.

Other

BREED

DLH

Pleural effusion was noted through the diaphragm.

SEX

Neutered Male

- Free fluid and reactive mesentery
- Pleural effusion in the diaphragm
- Dilated intestine, followed by empty small intestine, creating an obstructive pattern

AGE

11 Months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt masses were noted. Some linear material was present within the small intestine yet may represent artifact, linear foreign or possible worm burden. I recommend pleurocentesis and abdominocentesis in this patient with cytospin to assess inflammatory pattern. However, FIP is a strong potential. Chest radiographs are warranted to assess level of pleural effusion. The cause of icterus is unclear, may be owing to chronic disease and secondary hepatic failure yet structurally the liver appears unremarkable. Exploratory surgery may be the best direct approach to this patient.

WEIGHT

2.48

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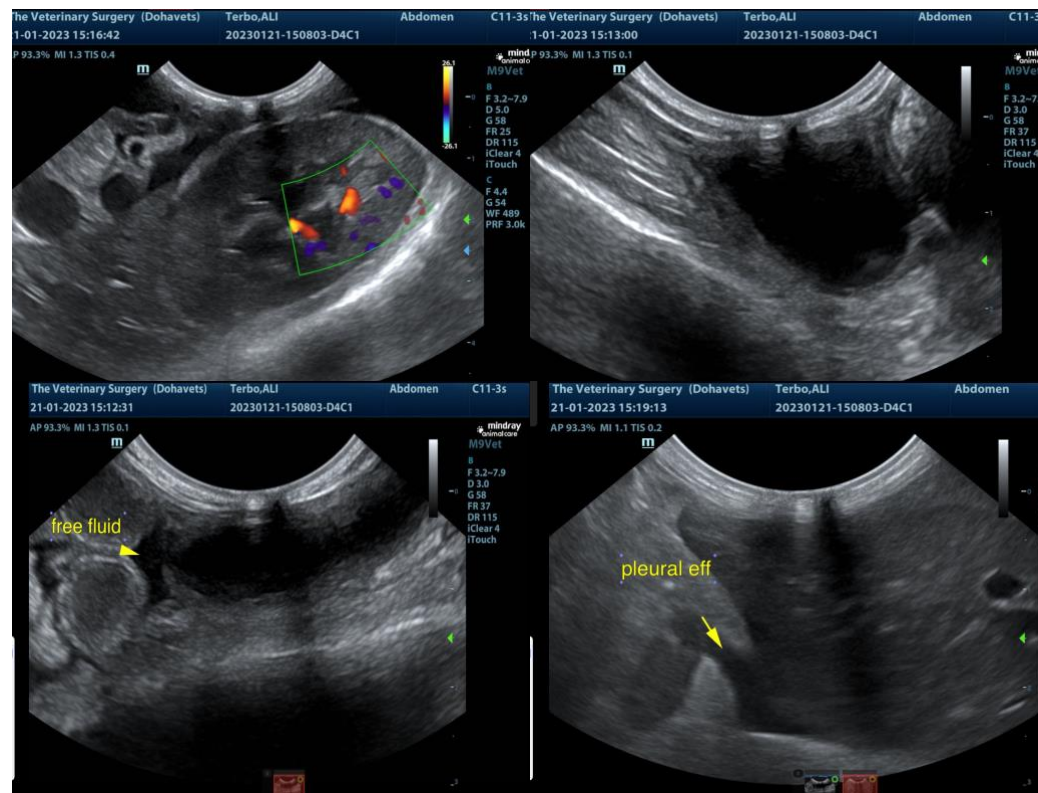
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PATIENT

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SPECIES

Feline

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SEX

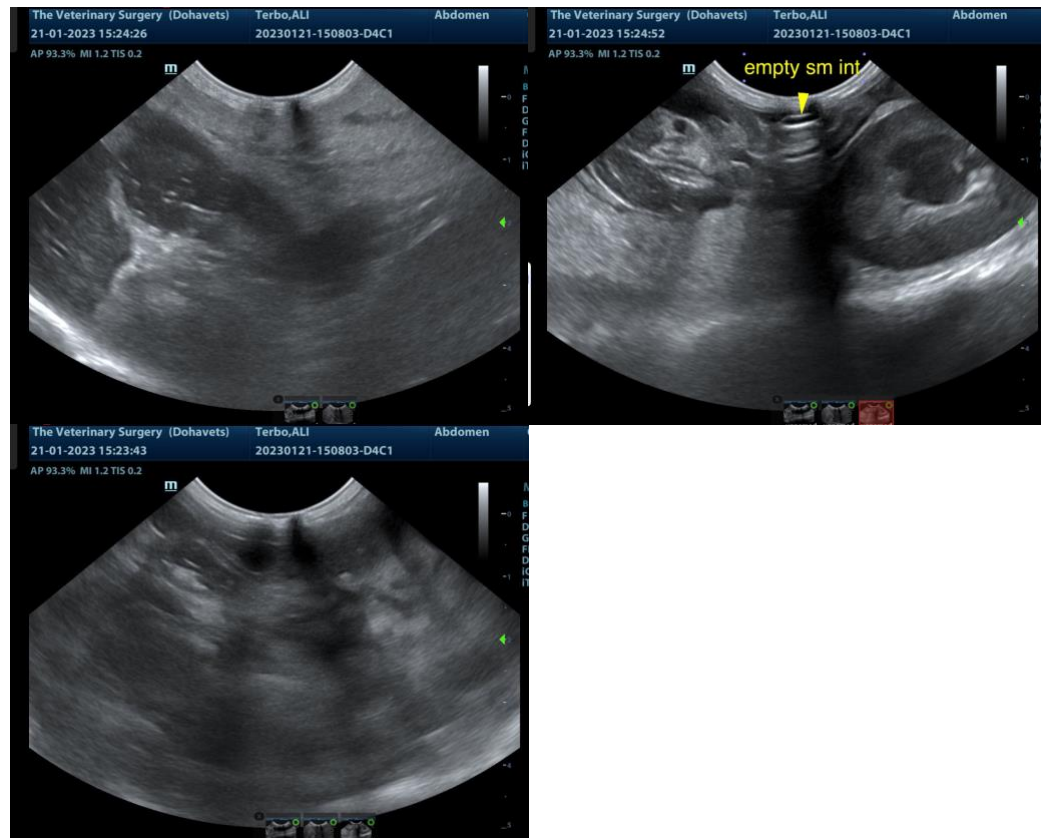
Neutered Male

AGE

11 Months

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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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