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Clinical Sonography & Telecytology
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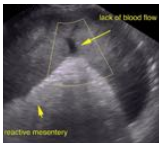
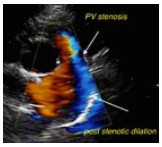
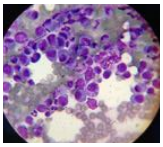
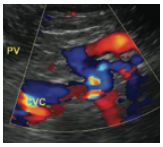

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Salem Ringwalt

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

5 years

WEIGHT

5.1 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ryan

HOSPITAL NAME

City Vets Uptown

REFERRING VET

Dr. Ryan

INVOICE

42300

DATE

1/24/23

PRESENTING CLINICAL SIGNS

History: Presented for 3rd episode of anorexia/vomiting in past 2 months. Weight loss evident. Previous 2 episodes were resolved with SQ fluids, cerenia & convenia. This last bout came back faster than previous. No prior history of any health concerns in client's 3 years owning cat.
Abnormal PE/Chem/CBC/UA Results: CBC - Hct 52.7%, suspected bands, Plt 128 PCV/TP - 47%/9 Manual review of slide reviewed significant platelet clumping, suspect adequate number Chem 17 and lytes - Chol 289, Na 147, K 3.4, Cl 111 UA (via cysto) - urine dark yellow and slightly cloudy, USpG > 1050, UBG 8, Bil 1; Sediment - WBC 8, RBC 4, suspect cocci bacteria, otherwise wnl

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 3.5 cm. The right kidney measured 3.3 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.

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** revealed mildly increased portal markings. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic duct was tortuous. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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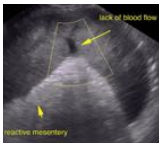
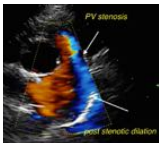
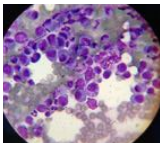
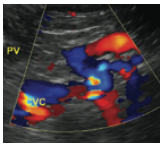

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Gastric stasis was noted. Minor areas of intestinal dilation was noted. The small intestine revealed hyperperistalsis. There was hard stool noted in the colon.

Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

Upper gastric stasis.

Hyperperistalsis was noted in the small intestine.

Mild hepatic remodeling.

Otherwise, geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Malassimilation may be the underlying cause of weight loss in this patient. There was no evidence of neoplasia. Radiographic assessment of the colon is recommended especially if the patient has not had regular bowel movements.

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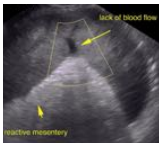
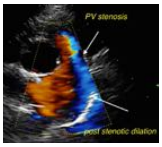
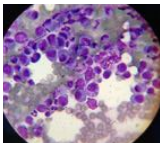
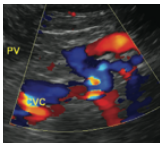

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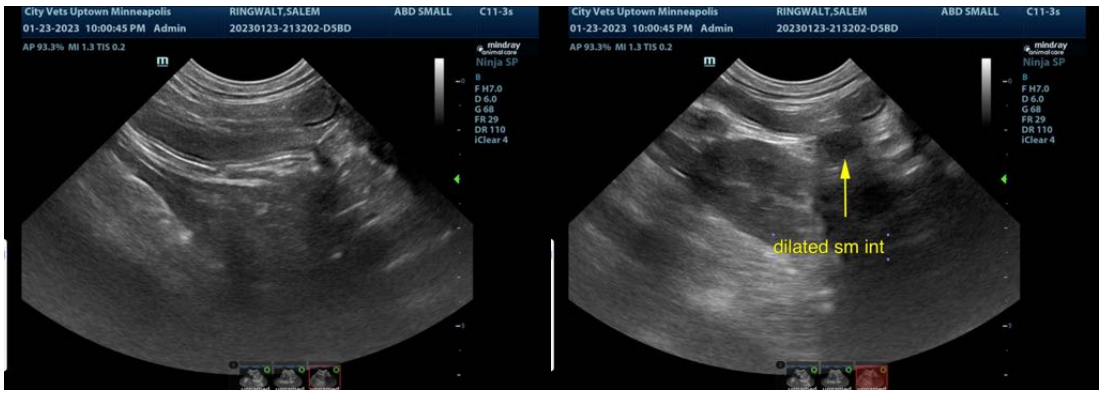

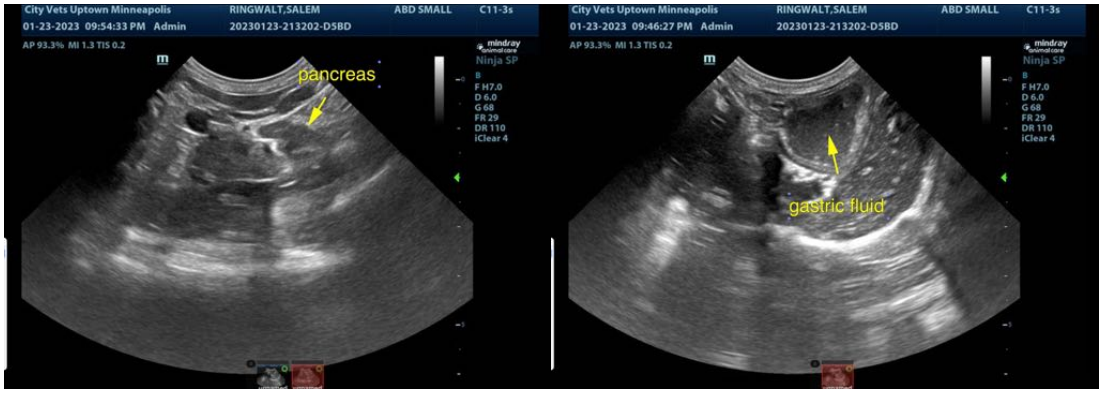

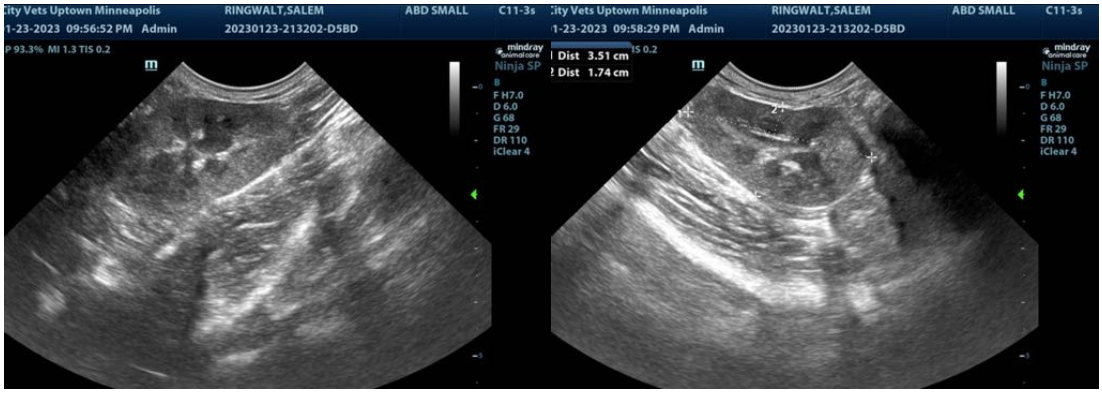

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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