



**PATIENT**

Beerus Weinhold

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

3.4 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Law

**INVOICE**

20489

**DATE**

1/8/23

**PRESENTING CLINICAL SIGNS**

History: Presented at our hospital for recheck. Previously was hospitalized for lethargy and acting off. Patient was seen at reg vet Tuesday and Wednesday. Patients' initial symptoms were vomiting and not eating. Patient has stopped vomiting but is still not eating. Owner says patient seems to be very lethargic and under the weather. Previous Health Concerns: heart murmur, ectopic ureter Current Medications: Cerenia 16mg 1 tab SID (gave last night Appetite/When did they eat last: appetite decreased, did eat a little yesterday

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: II/VI systolic parasternal murmur Abdominal: soft, subjectively thickened/gas-filled intestines on abdominal palpation Musculoskeletal: Generalized muscle wasting, emaciated 1/5/23: rads from RDVM- concerning gas in stomach and irregular bowel pattern; bowels clumped. BW- nsf( mild increase ALT) rads 1/5/23- more gas distension of stomach, bowel clumping/ irregular gas continues EPOC- today- iCa 1.12(L) Lactate 3.59(H) BUN 33 (H) Cr 2.2(H) 1/8/23: CBC: Stress leukogram (Neu 14 H, Lym 0.55 L) Chem: BUN (39.6 H), Ca (8.6 L), vAMY (1949 H), Glu (208 H) EPOC: HCO3 (29.1 H), TCO2 (28.2 H), K (3.3 L), Cl (102 L) Ca (0.99 L), BUN (37 H), Crea (1.93 H), Glu (251 H), Hct (44% normal) USG: >1.050 Radiographs revealed severely dilated empty stomach, more feces in colon than yesterday's 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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 4.02 cm. The right kidney measured 3.9 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident 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



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

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**Gastrointestinal**

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The **gastrointestinal tract** revealed fluid filled upper stomach and small intestine. The distal small intestine appeared empty with delayed outflow or possible obstructive pattern. The proximal jejunum revealed soft shadowing 2+ cm structure, consistent with soft transiting hairball or similar material.

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**Pancreas**

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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.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered Male

- Obstructive intestinal pattern with dilated upper gastrointestinal tract, followed by empty small intestine and 2.5 cm – 3.0 cm soft shadowing, partially fluid absorbing structure, possible hair transit.

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

3 Years

**WEIGHT**

IV fluid support and recheck sonogram to ensure that the material is not transited further into the colon. If the obstructive pattern is persistent, then immediate exploratory surgery is indicated. The azotemia is likely pre-renal in this patient, as structurally the kidneys appear normal.

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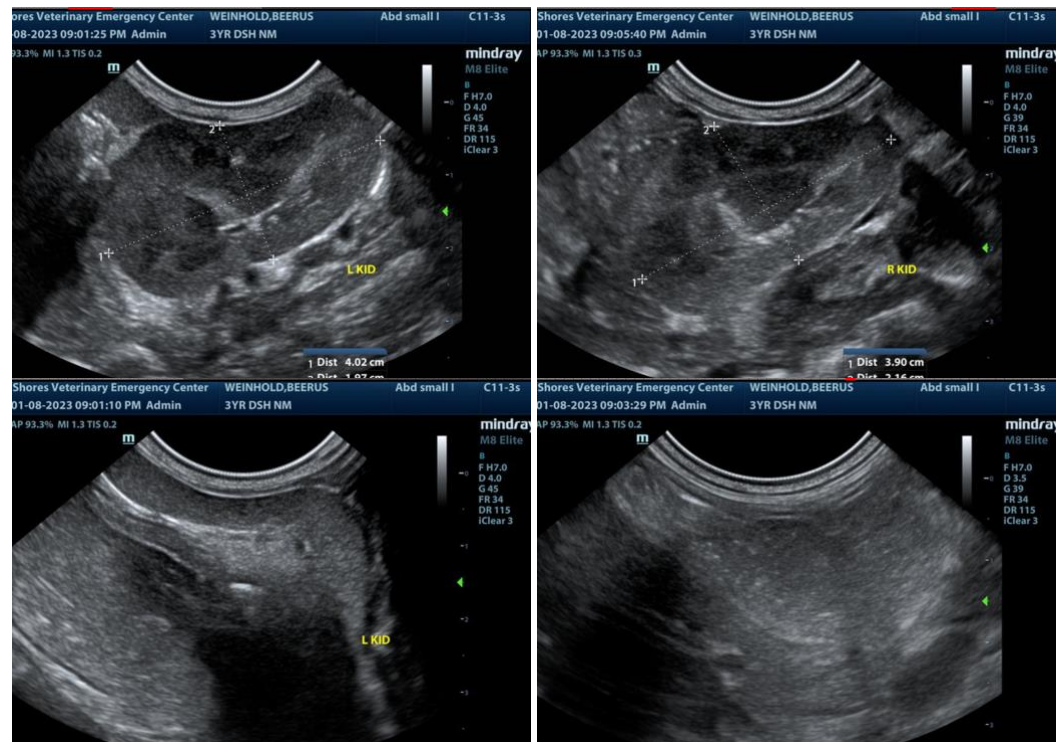
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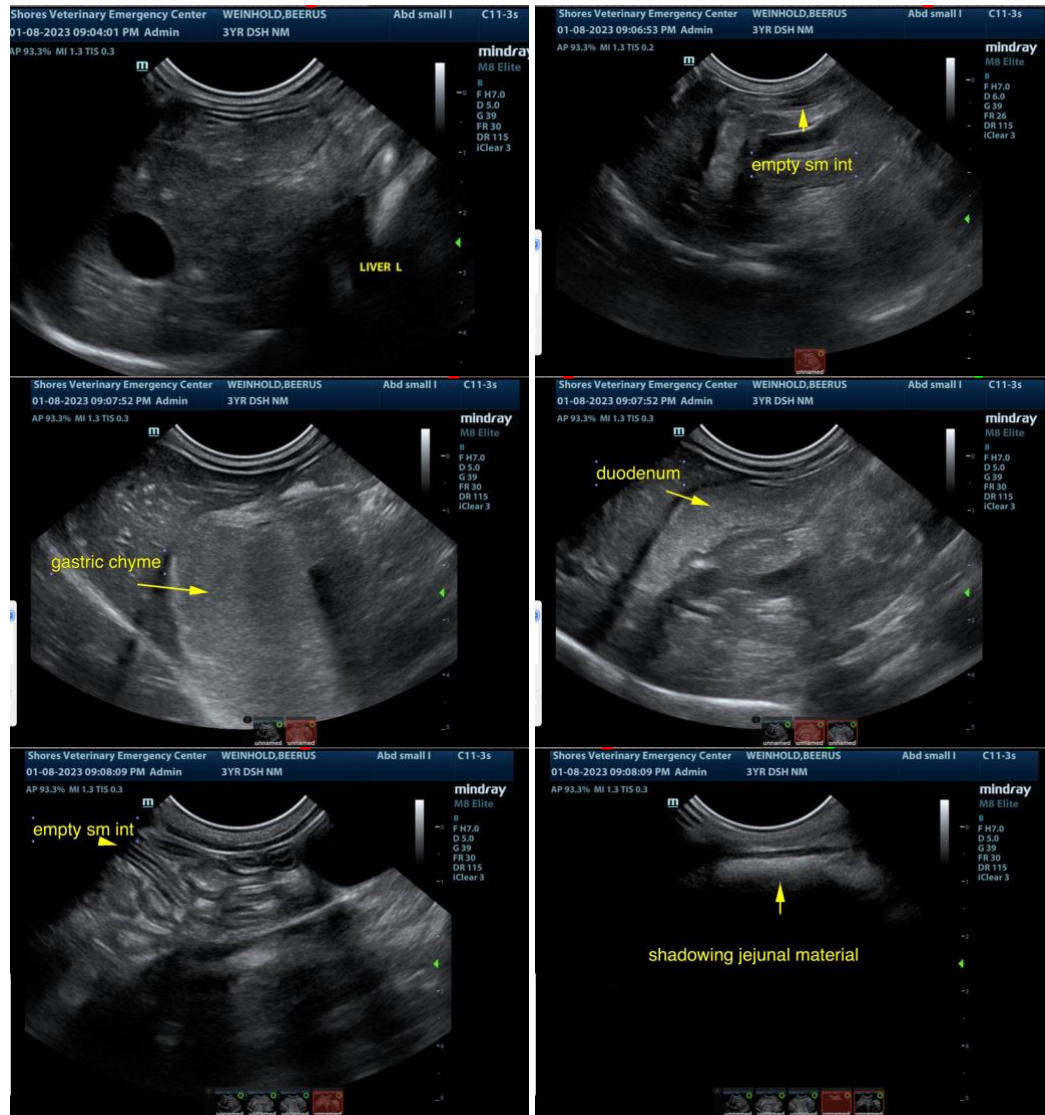
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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