

**PATIENT**

Carly FJAH

**PRESENTING CLINICAL SIGNS**

T 102.9, HR 140, RR 40, BCS 9, PS 0, FAS yellow.  
Overweight

**SPECIES**

Feline

**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.

**BREED**

Domestic Medium Hair

**SEX**

Spayed Female

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.

**AGE**

9 years

**Adrenal Glands**

**WEIGHT**

15.5 lbs

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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**HOSPITAL NAME**

SDEP Lab

**INVOICE**

92412

**Liver**

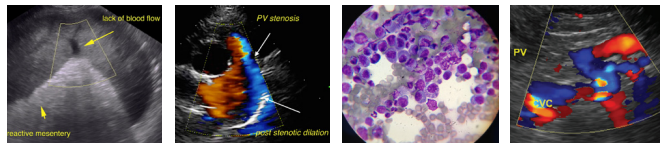
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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.

**DATE**

10/16/21

**Gastrointestinal**

The **stomach** was edematous with a mild amount of fluid accumulation. There was no evidence of foreign bodies. There was no obvious ulcerative disease. However, microulcerative changes cannot be entirely ruled out. This is most consistent with gastritis. The intestines were intestine free of stasis with



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normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The colic lymph node appeared prominent.

**SPECIES**

Feline

**Pancreas**

The **pancreas** appeared prominent.

**BREED**

Domestic Medium Hair

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**SEX**

Spayed Female

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** revealed remodeling. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was remodeled. **Pulmonic valve** regurgitation was noted. No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

**AGE**

9 years

**WEIGHT**

15.5 lbs

**ULTRASONOGRAPHIC FINDINGS**

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Prominent pancreas.

Possible mild gastritis.

**HOSPITAL NAME**

SDEP Lab

Prominent colic lymph nodes, possible lymphadenitis.

Ventricular remodeling, age related changes.

Pulmonic valve regurgitation, physiological.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Treatment for gastritis is recommended, the following protocol could be utilized.

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A clinical trial of Zithromax 50 mg s.i.d. +/- Metronidazole and hydrolyzed canned diet +/- low dose Prednisolone at 0.25-0.5 mg/kg followed by reassessment of the clinical signs. Sucralfate can also be considered in a slurry form.

**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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