



**PATIENT PRESENTING CLINICAL SIGNS**

Little Man Gutting

**SPECIES**

Feline

**BREED**

Domestic Shorthair

History: presented recently for annual exam/vaccines and abnormalities noted on bloodwork. owner notes chronic intermittent vomiting but no other major concerns. weight loss of 1lb since 2019 elevated calcium and suppressed thyroid level noted on initial labwork, further Pth/iCa testing done along with abdomen xrays abdominal xrays on 10/3/21- small amount gas in si. concerns for enteropathy- ibd vs lymphoma. thickened fundic wall with mild gas distention of stomach  
Abnormal PE/Chem/CBC/UA Results: 9/27/21 PE: slight skin tent <5% dehydrated, unkempt haircoat fractious with limited exam Cbc/chem: incr ca=11.7, incr choles=260 decreased T4 <0.5ug/dl UA: sg 1.064, ph-, 1+protein, renal tech prediction negative 10/5/21 PTH<0.5pmol/l (0.7-3.4), ionized Ca=1.36 (1-1.4mmol/l), calcium 10.5 (8.2-10.8 mg/dl)

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. White

**HOSPITAL NAME**

Lone Mountain AH

**REFERRING VET**

Dr. White

**INVOICE**

92448

**DATE**

10/18/21

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 this 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.

**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. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.5 cm.

**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.



**PATIENT**

**Liver**

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The **liver** revealed coarse architecture with mildly increased portal markings. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted. The common bile duct was unremarkable. This is consistent with history of cholangitis.

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**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. A mild amount of fluid accumulation was noted in the gastric lumen. No obvious neoplastic patterns were noted.

**SEX**

Neutered male

**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.

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**ULTRASONOGRAPHIC FINDINGS**

Age related renal changes.

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DABVP, Cert. IVUSS

Mild hepatic remodeling.

Minor excessive gallbladder debris.

Fluid in the gastric lumen.

**IMAGING PERFORMED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ursodiol therapy is recommended as a preventative for biliary congestion. The patient likely has underlying food intolerance/inflammatory bowel. There is a potential for maldigestion/assimilation given the unkempt haircoat. There is no evidence of neoplasia. Hypercalcemia is likely idiopathic in this patient. This is common in older cats.

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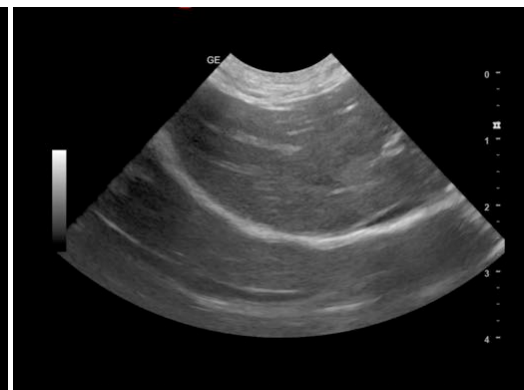
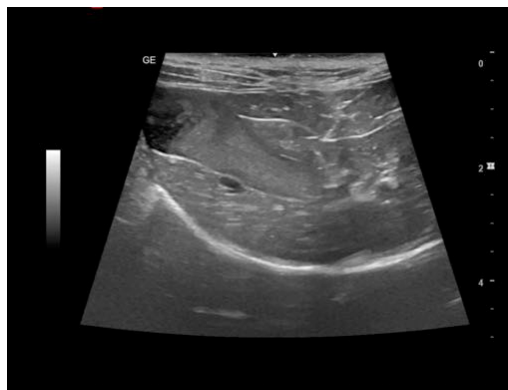
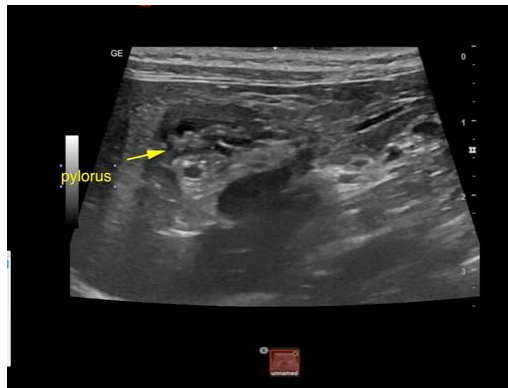
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Feline

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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Domestic Shorthair

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

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