



PATIENT PRESENTING CLINICAL SIGNS

PATIENT LV Hall
SPECIES Feline
BREED DSH
SEX Spayed Female
AGE 9 years
WEIGHT 10.6 pounds

History: History of chronic soft stool, and intermittent vomiting. In 2015 diagnosed with PLE; ddx; IBD, lymphoma. Also diagnosed with LV dilation in 2015 at OSU In 2015 treated with hydrolyzed protein diet, cobalamin, taurine. Also, cutaneous eosinophilic granuloma plaques. Depomedrol injections in 2019, 2020 currently not on hydrolyzed protein diet for diarrhea, treated with Amoxicillin and Metronidazole. Responds well to metronidazole but comes back when stops. Currently on Metronidazole and Pred

Abnormal PE/Chem/CBC/UA Results: chronic hypoalbuminemia Aug 2021; SDMA 17, albumin 2.7, wbc 21.7K, lymphocytes 13K, spec fPL 7.9 Oct 2021: SDMA 9, albumin 3.1, wbc 23.9K, lymphocytes 10K, basophils 239, spec fPL 2.8. Negative fecal

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. A slight amount of mucus was noted in the bladder. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 right kidney measured 3.5 cm. The left kidney measured 3.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged and revealed no evident pathology.

Spleen

The **spleen** was mildly enlarged at 1.2 cm in width with slight irregular contour- FNA warranted given the patient history.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. A comet tail lung pattern was noted in the transdiaphragmatic view.

Gastrointestinal

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Newman, Bush AH

INVOICE

13990

DATE

10/22/21



PATIENT

LV Hall

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

Feline

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.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Geriatric abdominal changes
- Mild splenic enlargement, may be reactive versus emerging round cell neoplasia
- Comet tail lung pattern noted in the transdiaphragmatic view

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

9 years

Chest radiographs recommended to assess for alveolar disease. Structurally unremarkable GI tract, the prednisolone may be suppressing a more significant presentation in this patient.

WEIGHT

10.6 pounds

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

INTERPRETED BY

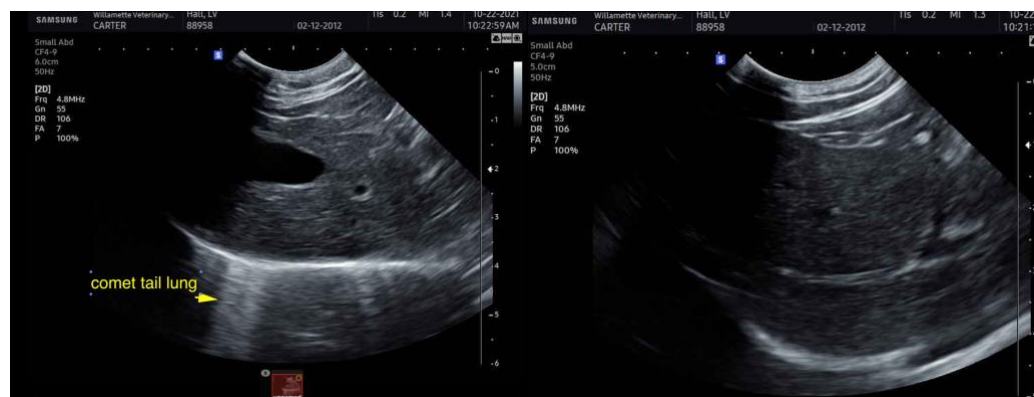
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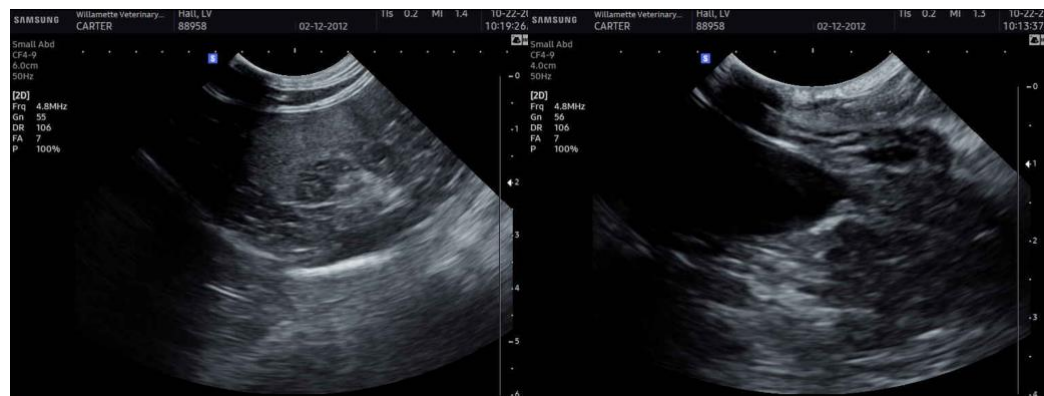
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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