



PATIENT

Maple Clinging

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

2 years

WEIGHT

2.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Markland

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Duncan AH

INVOICE

92749

DATE

10/28/21

PRESENTING CLINICAL SIGNS

History: Maple presented on October 19 for decreased appetite, vomiting, abdominal pain. On PE, she was pyrexia (T=41.1C). A chemistry panel showed decreased urea and decreased ALP as well as a mild hyperglycemia with no glycosuria on UA. She was sent home with oral buprenorphine (0.03 mg q 8-12 hrs); oral mirtazapine (2 mg q 24 hrs), and oral cerenia (4 mg q 24 hrs). At a recheck exam on October 27th, clinical signs were still present. Her temperature was 39.4C. Maple is an indoor/outdoor cat and eats both rodents and birds. She did eat a small amount of food yesterday and has passed a small bit of feces.

Abnormal PE/Chem/CBC/UA Results: October 22, 2021: Urea=3.9 mmol/L (5.7-12.9) ALP < 10 U/L (14-111) "mild" hyperglycemia (no numbers provided) No numbers for CBC provided, but mild lymphopenia and eosinopenia also reported.

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 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 3.35 cm. The right kidney measured 4.06 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 right adrenal gland measured 0.42 cm. The left adrenal gland measured 0.29 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.

Liver

A 2.2 cm diaphragmatic hernia was noted in the ventral cranial abdomen. A portion of liver was noted and measured 3.0 x 2.0 cm. It appears that a portion of the vena cava and primary hepatic veins have



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herniated as well. There was a trace amount of free fluid noted between the liver lobes. However, the gallbladder appears to be abdominal and was unremarkable.

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Gastrointestinal

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. The mesenteric lymph node was reactive and measured 0.55 cm.

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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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Free Abdomen

A slight amount of free fluid was noted in the abdomen.

WEIGHT

2.7 kg

ULTRASONOGRAPHIC FINDINGS

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Hepatic, diaphragmatic hernia.

Slight mesenteric lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This appears benign; however, slight free fluid may represent a sliding hernia. Surgical consult is recommended. The echogenic focus within the herniated portion of the liver appears to be a lipogranuloma and is likely benign. Given the patient's history sliding herniation is suspected. The remainder of the abdomen was unremarkable. Radiographs revealed a strong suspicion for diaphragmatic hernia and radiopaque material in the GI tract. The GI tract at the time of the sonogram was empty in this patient. There was no residual foreign matter noted.

REFERRING VET

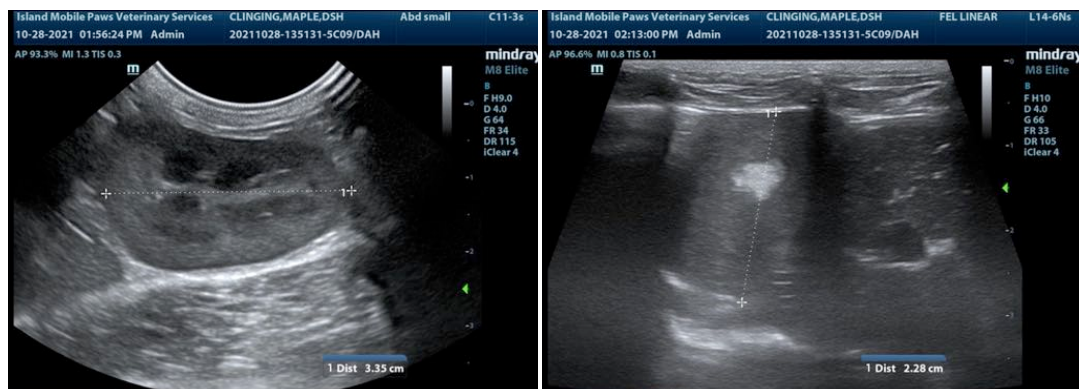
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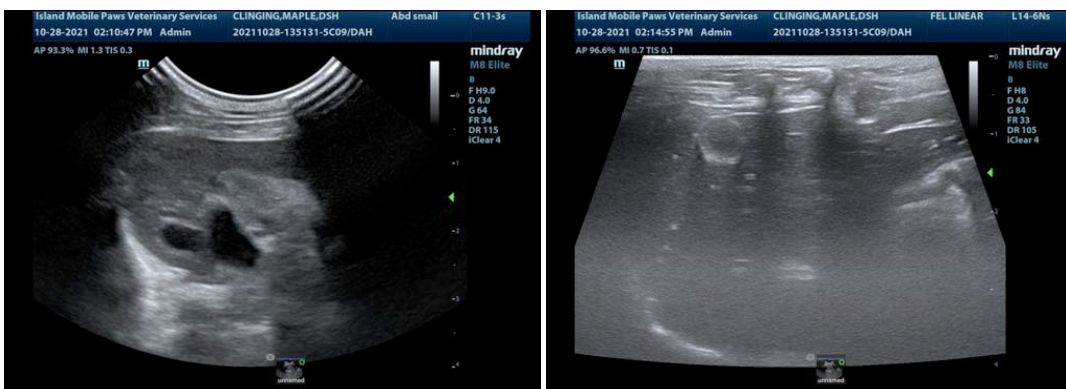
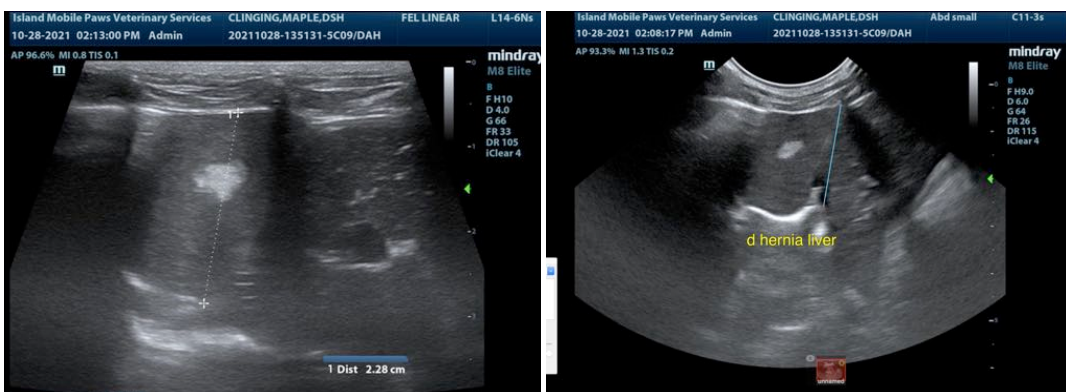
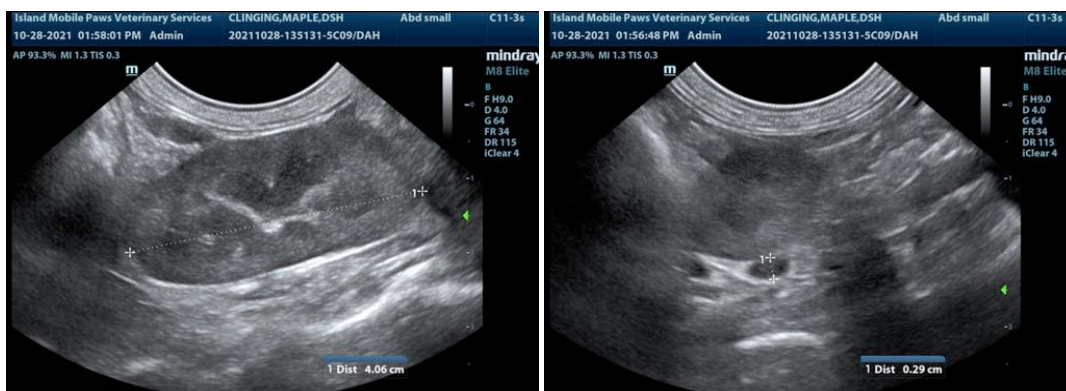
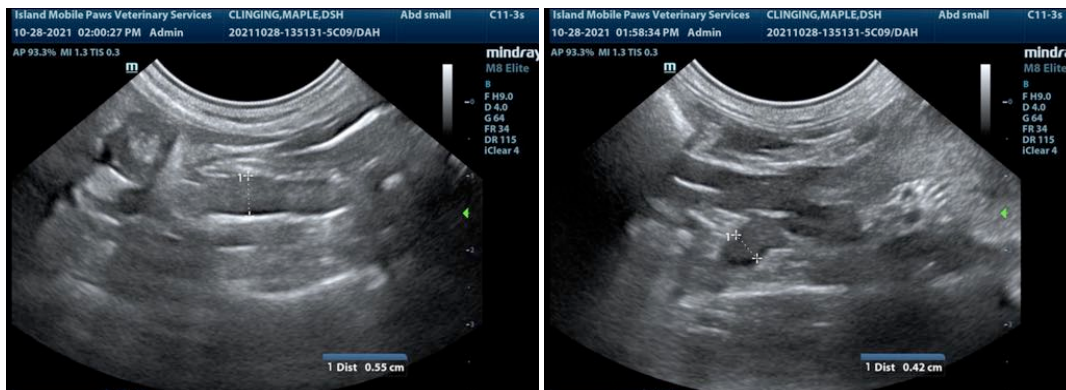
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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