



PATIENT

Prada Ragalie

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

6.43 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

M. Kermendy, CVT

HOSPITAL NAME

Wauwatosa Vet

REFERRING VET

Dr. Kevin Kicker, DVM

INVOICE

17607

DATE

10/7/22

PRESENTING CLINICAL SIGNS

History: Vomits 2-3 times a week, usually howls after eating. Has occasional diarrhea. Feeds Natural Balance limited ingredient duck and pea. Owner gives 2.5mg prednisolone SID. Gas/fluid interface palpable in otherwise normal loops of bowel. Large amount of stool in colon on previous exam.

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 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 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. Mineralization was noted in the kidneys. The left kidney measured 3.5 cm. The right kidney measured 3.76 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evidence of pathology.

Spleen

The **spleen** was volume contracted and slightly heterogeneous, measuring 6.0 mm in width.

Liver

The **liver** revealed coarse architecture and increased portal markings. Minor gallbladder and lobar biliary sand noted, secondary to cholangiohepatitis.

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. No obvious neoplastic patterns were noted and luminal content as unremarkable. This is a minor change. The stomach was empty- no evidence of pathology.

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.

ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen
- Age-related kidneys with mineralization



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- Minor chronic GI thickening
- Hepatic remodeling, a history of cholangitis with secondary biliary mineralization
- Volume contracted and slightly heterogeneous spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of neoplasia. Chronic inflammatory bowel is likely. Prednisolone may be suppressing a more significant presentation. A clinical trial of GI protectants and hydrolyzed geriatric diet could be considered, as underlying food intolerance or occult parasitism may be an issue.

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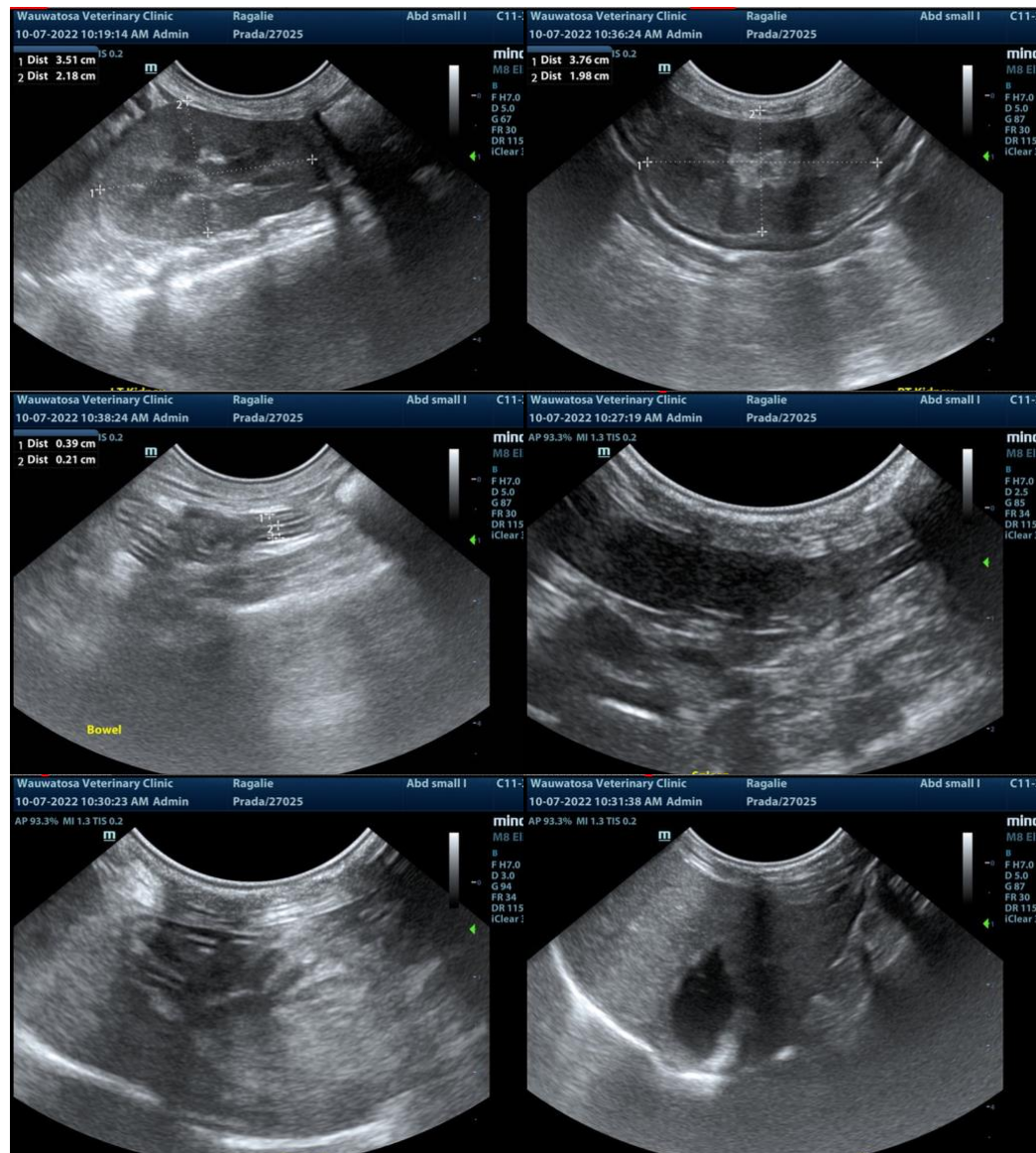
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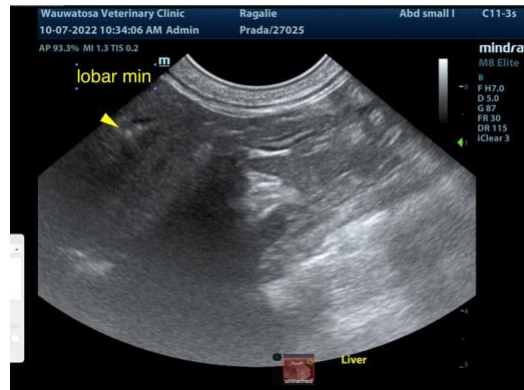
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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