



**PATIENT**

Sophie Vanselow

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Spayed Female

**AGE**

8 years

**WEIGHT**

7.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

M Kermendy CVT

**HOSPITAL NAME**

Wauwautosa Vet

**REFERRING VET**

Ericka Haynes DVM

**INVOICE**

92778

**DATE**

11/1/21

**PRESENTING CLINICAL SIGNS**

History: 6 month history of diarrhea and defecating outside of the litter box. Stools look like cow pies with no form. CBC, Chem, and spec FPL are all WNL. Some improvement with stool with elimination of seafood and chicken. Screening for GI disease (inflammatory bowel disease).

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. 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 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. Slight pyelectasia was noted. The left kidney measured 3.5 cm. The right kidney measured 3.7 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.

**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**

The **liver** revealed slight coarse architecture and was normal in size with mildly increased portal markings. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **gastrointestinal tract** was largely empty. The stomach and intestines were 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 nodes were reactive and measured 1.0 x 0.5 cm.



**PATIENT**

**Pancreas**

Sophie Vanselow

The **pancreas** was hypoechoic and mildly irregular.

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Feline

**ULTRASONOGRAPHIC FINDINGS**

Mild chronic pancreatic changes.

**BREED**

Mild hepatic remodeling.

Domestic Longhair

Age related renal changes.

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Spayed Female

There was no evidence of neoplasia. Structurally unremarkable gastrointestinal tract. Low-grade pancreatitis may be playing a role in this patient. The patient likely has structurally unremarkable inflammatory bowel with food intolerance. Occult parasitism is possible as well.

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For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

**WEIGHT**

7.5 lbs

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>

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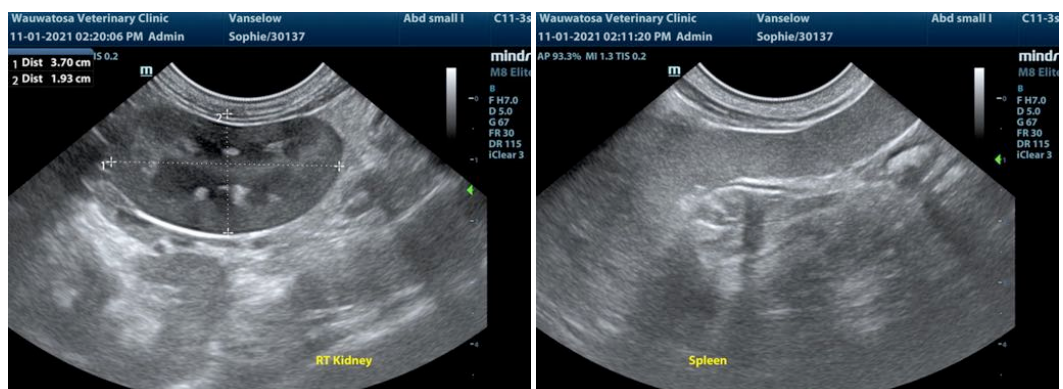
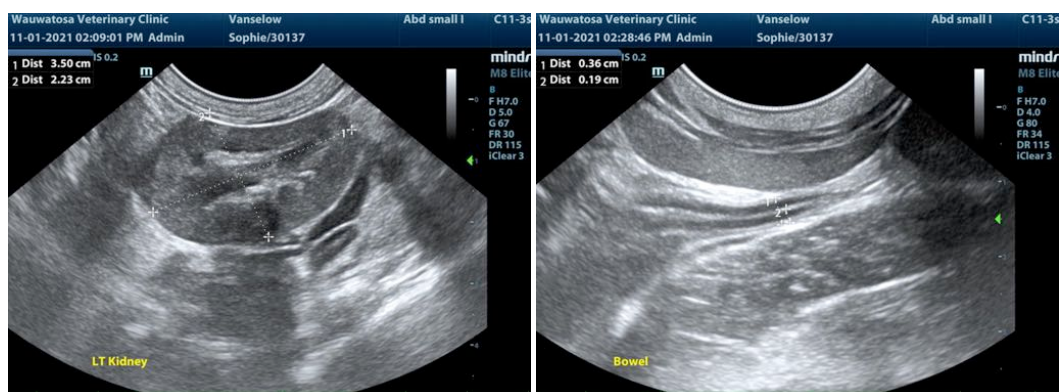
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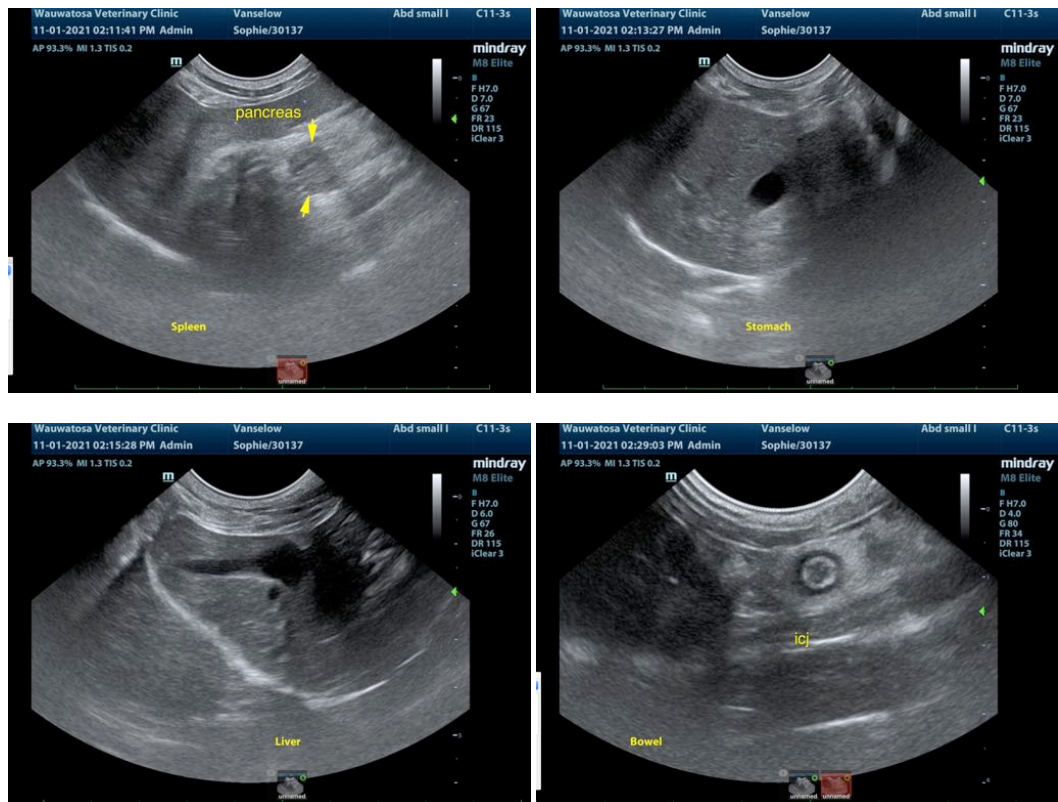
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
info@SonoPath.com