



PATIENT

Kaydee Inouye

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

1 year

WEIGHT

3.36 kgs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Peterson

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Peterson

INVOICE

42250

DATE

10/31/22

PRESENTING CLINICAL SIGNS

History: P presented for not eating/drinking for about 2 days. Anorexia, lethargy, FUO. Abnormal PE/Chem/CBC/UA Results: rDVM bloodwork: gluc 230 (H), TP 9.4 (H), glob 6.4 (H) WBC 41.34 (H), Mono 2.96 (H), neut 37.13 (H), HCT 39.65, Plt 286 PCV 42%/TS 8.4 Urinalysis: Specific Gravity: 1.050 Trace Amounts, Glucose, & Protein. Blood present, Suspect Cocci & Rods present. AFAST: no FF TFAST: no FF Thoracic Rads: CONCLUSIONS: The cause for the patient's clinical symptoms are not radiographically evident.

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 minor amount of suspended debris was noted. 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 3.5 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.

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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder wall was mildly echogenic.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. The mesenteric lymph nodes were enlarged and rounded measuring up to 1.0 cm.

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Pancreas

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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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Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

Gastroenteritis pattern with mesenteric lymphadenopathy.

1 year

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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FNA of the lymph nodes, cytology and culture is indicated. Fecal exam is recommended. There is a potential for underlying emerging lymphoma or FIP. Reactive mesentery was noted associated with the GI tract and lymph nodes. The prognosis is guarded. Treatment for enterotoxins, GI protectants and plasma expanders are all indicated.

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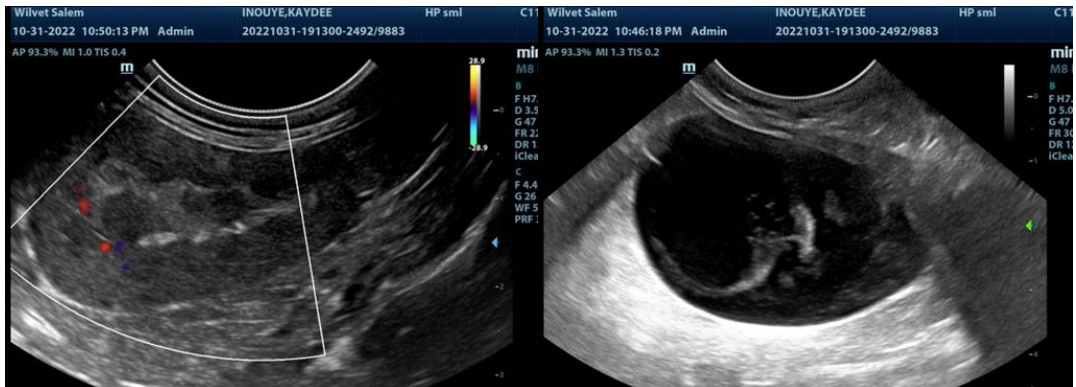
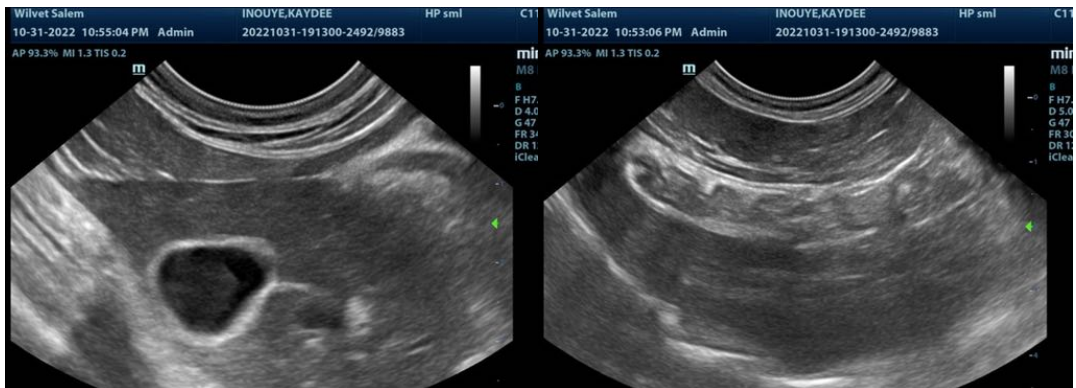
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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