



PATIENT

Buddy Dobbie

PRESENTING CLINICAL SIGNS

History: vomiting intermittently for a while, losing weight, still playful
Abnormal PE/Chem/CBC/UA Results: normal BW, urine pending

SPECIES

Feline

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.

BREED

Domestic Shorthair

SEX

Neutered male

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 3.84 cm. The right kidney measured 4.1 cm.

AGE

5 years

WEIGHT

8.5 lbs

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was moderately enlarged with uniform parenchyma and measured 1.6 cm. The spleen was folded upon itself.

IMAGING PERFORMED BY

Adrienne Ligenza

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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. Comet tail lung pattern was noted through the diaphragmatic inlet.

HOSPITAL NAME

Rush VC

REFERRING VET

Dr.Milot

INVOICE

93084

Gastrointestinal

The **gastric** wall was hypertrophied with mixed echogenic mucosal changes. The gastric wall measured up to 0.8 cm. The small intestine and colon were unremarkable with minor areas of hypertrophied muscularis.

DATE

11/15/21



PATIENT

Pancreas

Buddy Dobbie

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.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

Splenic enlargement.

Domestic Shorthair

Prominent gastric mucosal changes with remodeling. Consistent with chronic gastritis.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered male

Emerging round cell neoplasia is a potential. Splenic FNA is warranted +/- gastroscopy. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. Chest radiographs are recommended to assess for concurrent contributing thoracic pathology.

AGE

5 years

WEIGHT

8.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Adrienne Ligenza

HOSPITAL NAME

Rush VC

REFERRING VET

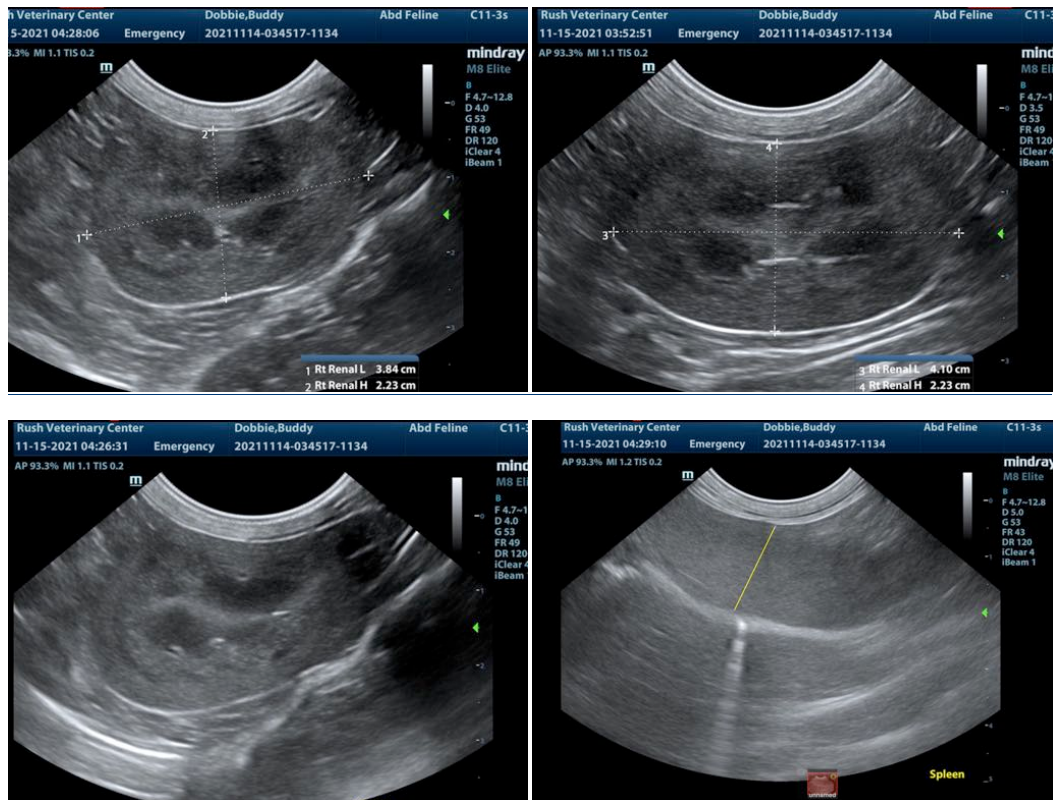
Dr. Milot

INVOICE

93084

DATE

11/15/21





PATIENT

Buddy Dobbie

SPECIES

Feline

BREED

Domestic Shorthair

SEX

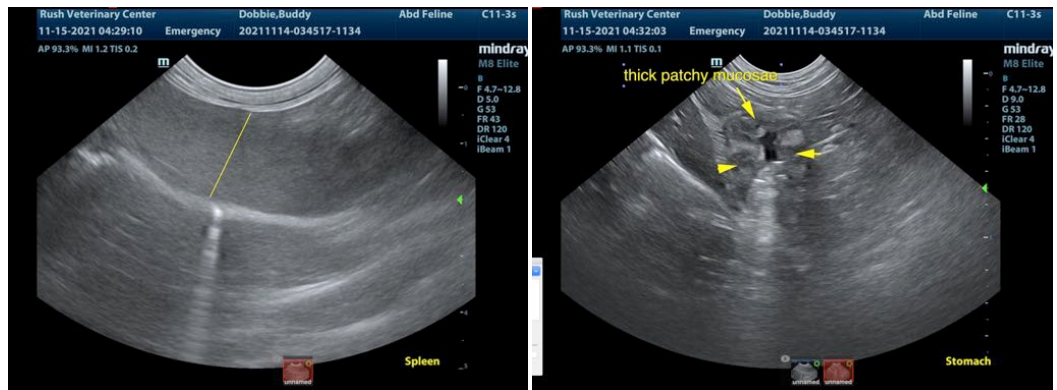
Neutered male

AGE

5 years

WEIGHT

8.5 lbs



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Adrienne Ligenza

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.

HOSPITAL NAME

Rush VC

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

REFERRING VET

Dr. Milot

INVOICE

93084

DATE

11/15/21