



**PATIENT**

Ruby Burmeister

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Female

**AGE**

5 years

**WEIGHT**

14 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sammy Burmeister

**HOSPITAL NAME**

Faith Animal Care

**REFERRING VET**

Dr. Faith

**INVOICE**

93092

**DATE**

11/15/21

**PRESENTING CLINICAL SIGNS**

History: 5 year old spayed female cat having diarrhea and loose stool for the past 7 months. GI panel done in August came back normal as well as her bloodwork done at the same time. Have tried rounds of metronidazole which does help but does not completely resolve the issue. Changed food to a prescription i/d food which has helped some as well. Appetite has been normal and she has gained weight since this issue began. Drinking normally as well.

**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 right kidney measured 3.0 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 left adrenal gland measured 0.4 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**

The **liver** was mildly swollen and uniform. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. Trace free fluid was noted between the liver lobes.



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**Gastrointestinal**

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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 normal in size and measured 0.5 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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Female

**ULTRASONOGRAPHIC FINDINGS**

Slight hepatic enlargement with trace free fluid around the liver.

**AGE**

5 years

Otherwise, structurally unremarkable abdomen.

**WEIGHT**

14 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If liver enzyme elevations occur then FNA would be warranted. The free fluid may be secondary to sedation and minor vascular congestion. However, if liver enzymes are present then FNA is indicated. Likely underlying occult parasitism or food intolerance. Hydrolyzed diet may be appropriate. Structurally the abdomen is unremarkable other than minor, subtle hepatic changes and trace fluid. If the clinical signs persist a recheck sonogram is recommended in a month.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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/>.

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Sammy Burmeister

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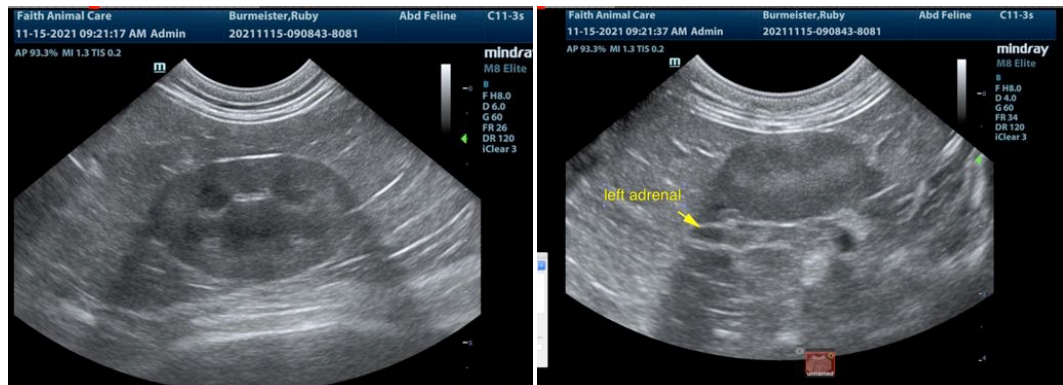
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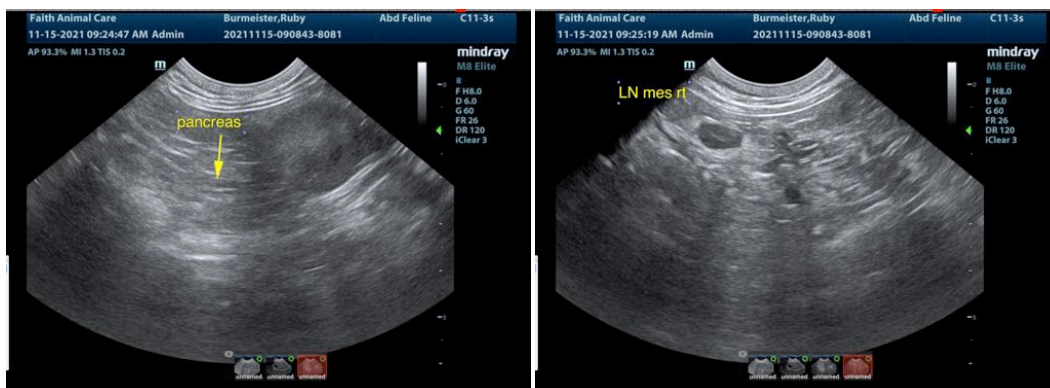
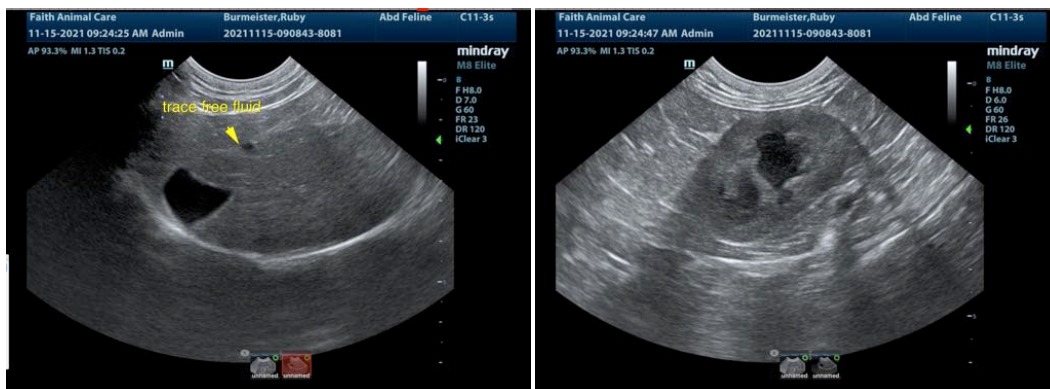
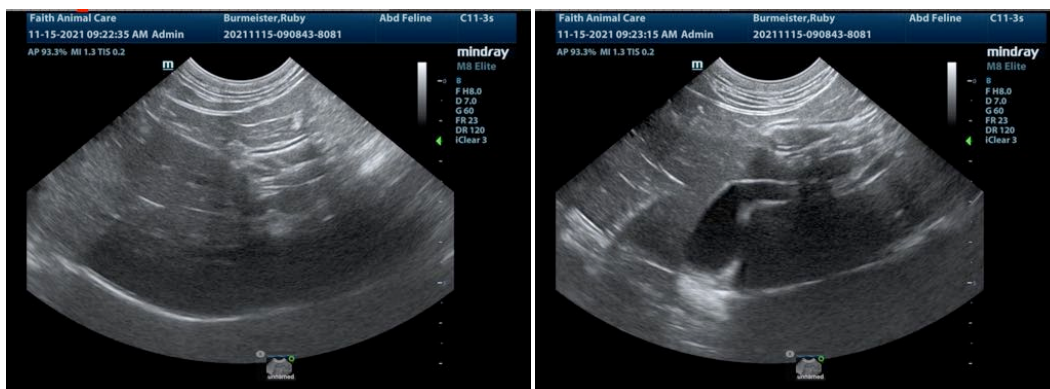
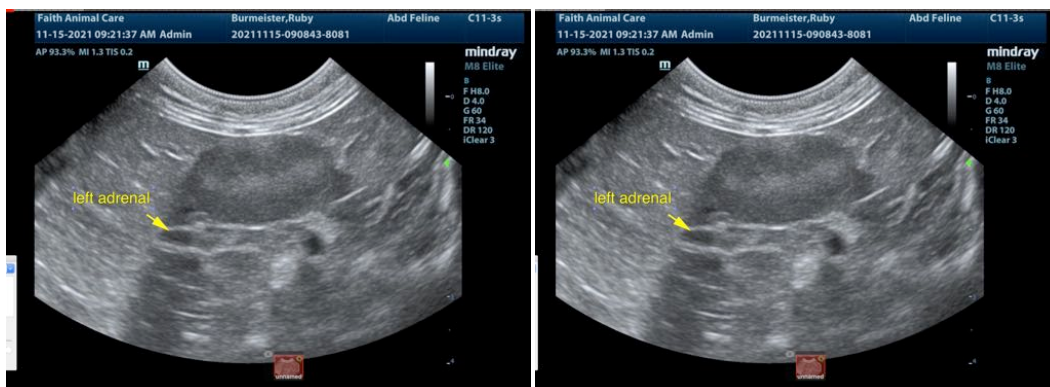
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Domestic Shorthair

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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Female

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

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