

**PATIENT PRESENTING CLINICAL SIGNS**

Spot Turner

History: Presented night of 11/24 for lethargy and anorexia of 2 days duration. Vomited 3 times. Drooling. Loose stool to diarrhea for 2 days. O noticed dead bird on porch yesterday. Rash on stomach, joints, armpits- previously noted by owner and improves when o brings Spot indoors for prolonged periods of time. UTD on vx.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: 10% dehydration, light pink and tachy MM and numerous areas of scabbing and alopecia on the medial and lateral pelvic limbs, inguinal area and axillary region bilaterally. Crepitus also noted L hock. Intake labs: FeLV/FIV: negative CBC: RBC 13.06, HCT 62.3, WBC 24.48, Neutrophils 11.83, Bands suspected, lymphocytes 8.62, monocytes 2.68, eosinophils 1.35, PLT 175 (low normal) Chem 17: glucose 201, BUN 119, Ca 7.4, ALP <10, Bilirubin Total 1.2 EPOC: bicarb 11.7 (L), Ca 1.07 (L), Chloride (106), creatinine 3.73 (H), glucose 243 (H), potassium 6.7 (H), sodium 129 (L), lactate 3.35 (H), PCO2 29.0 (L), pH 7.214 (L), PO2 52.5 (H), TCO2 12.0 (L), BUN >120 (H Urinalysis-USG 1.041, blood/hemoglobin 50, WBCs <1, RBCs 2/HPF, no bacteria detected, no crystals or casts EPOC @ 8AM: Bicarb 13.1, Ca 0.97, Chloride 108, Creatinine 2.19, glucose 311, Sodium 131, PCO2 23.5, PO2 66.3, TCO2 13.2, BE -12.5, BUN 112 Current labs: Potassium, pH, and lactate normalized

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

2 ½ years

**WEIGHT**

12.3 lbs

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **kidneys** were irregular in contour with pericapsular inflammatory pattern and slight pyelectasia. . The left kidney measured 4.29 cm. The right kidney measured 3.51 cm.

**IMAGING PERFORMED BY**

Dr. Neuhaus

**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 right adrenal gland measured 0.3 cm.

**HOSPITAL NAME**

Willamette VH

**Spleen**

**REFERRING VET**

Dr. Weston

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.

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**Liver**

The **liver** revealed increased portal markings and mild heterogenous parenchymal changes. The gallbladder and common bile duct were unmarkable with enhanced surrounding mesentery.



**PATIENT**

**Gastrointestinal**

Spot Turner

The **stomach** revealed a minor amount of stasis. The intestines were unremarkable regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern.

**SPECIES**

Feline

Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The descending colon revealed an aggressive infiltrative pattern with wall thickness up to 1.0 cm with loss of mural detail and mildly fluid filled lumen.

**BREED**

**Pancreas**

Domestic Shorthair

The **pancreas** was hypoechoic and irregular at the right limb.

**SEX**

**Free Abdomen**

Spayed female

A mild amount of free fluid was noted in the caudal abdomen.

**AGE**

2 ½ years

**ULTRASONOGRAPHIC FINDINGS**

Systemic inflammatory pattern involving the kidneys, spleen, colon and possible primary colonic infiltrative disease.

**WEIGHT**

12.3 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Systemic infectious disease should be considered in this patient. Mast cell disease or similar is a potential. Acute toxic or infectious insult is also possible. FNA of the colonic wall or colonoscopy is recommended as well as supportive care and treatment for acute renal failure.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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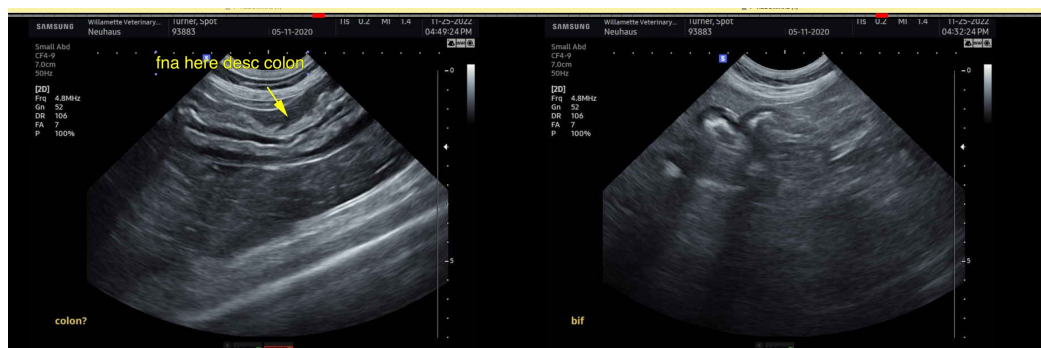
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**PATIENT**

Spot Turner

**SPECIES**

Feline

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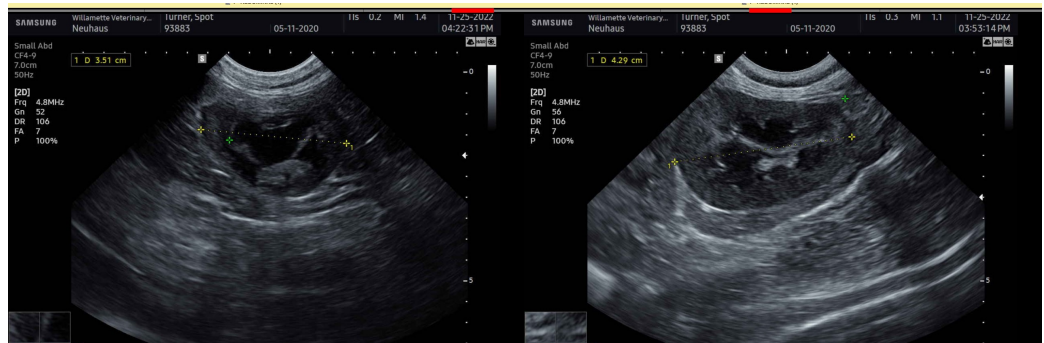
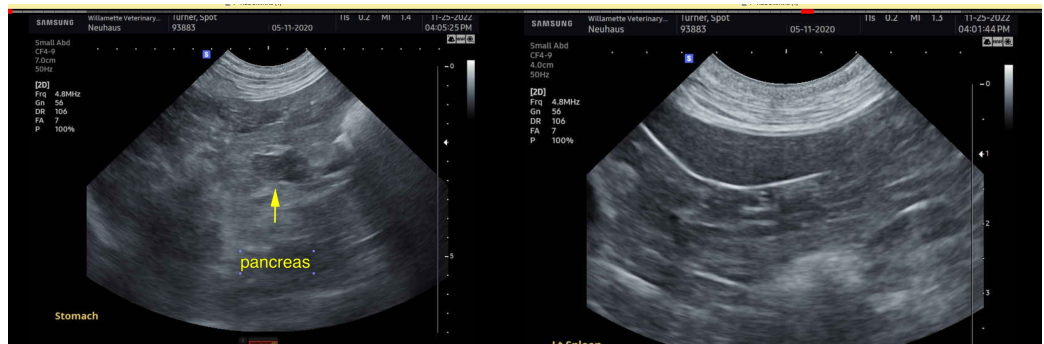
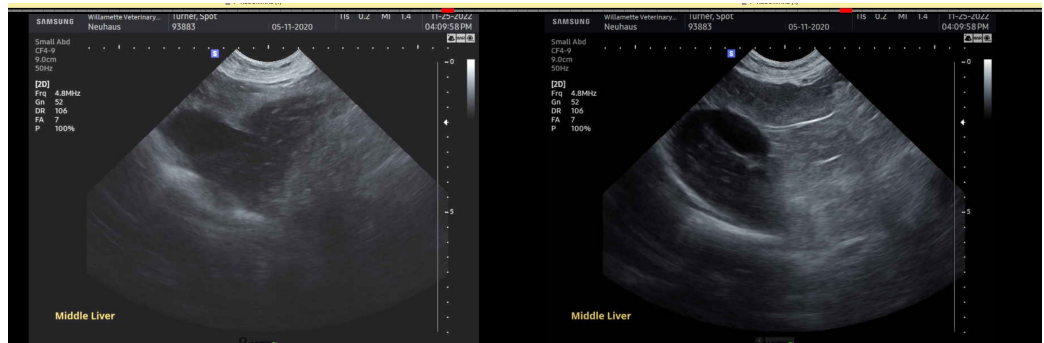
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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