



PATIENT

Shadow Rafa Todd

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15 years

WEIGHT

2.88 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ryan

HOSPITAL NAME

City Vets Uptown

REFERRING VET

Dr. Ryan

INVOICE

42322

DATE

11/3/22

PRESENTING CLINICAL SIGNS

History: Presented for anorexia & vomiting, bloodwork was normal, removed fractured abscessed canine tooth. Has not helped with intermittent anorexia & vomiting.

Abnormal PE/Chem/CBC/UA Results: No abnormalities on chem, CBC. UA unavailable as patient quite fractious. Urinates & defecates prior to sedation which is the only way to examine.

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 right **kidney** measured 2.83 cm and was subnormal in size with minor cortical collapse owing to infarct and corticomedullary mineralization. There was no evidence of active inflammation noted around the kidneys. The left kidney was mildly subnormal in size with mild degenerative changes. Corticomedullary definition was obscured. The kidneys appear 40-50% compromise from a subjective standpoint.

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 mild increase portal markings and occasional hyperechoic lipogranulomatous change was noted. 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.

Gastrointestinal

The stomach revealed a slight amount of fluid and air artifact. The gastric wall was normal. The small intestine revealed areas of muscularis hypertrophy. The submucosal layer was intact with no overt



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neoplastic criteria present. There was no evidence of foreign bodies. Colonic thickening was also noted without loss of mural detail. Some reactive mesentery was noted around the small intestine.

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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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ULTRASONOGRAPHIC FINDINGS

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Renal dystrophy and calculi with infarcts, moderate on the right and minor on the left.

Diffuse intestinal thickening and colonic thickening. Chronic inflammatory bowel is likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ensuring adequate hydration and diet change to a geriatric hydrolyzed diet, fecal test and anti-parasitic protocol are all indicated. Prednisolone trial is recommended if necessary to abate the GI symptoms. However, the changes are most consistent with chronic inflammatory bowel.

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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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