



PATIENT

Parker Wetten

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7 years

WEIGHT

10 months

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Markland

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Central Island
Veterinary Emergency

INVOICE

94163

DATE

11/30/21

PRESENTING CLINICAL SIGNS

History: Presented for 36 hours of vomiting, anorexia, lethargy, and pain when picked up. Neutropenia, low platelets, low potassium, and high globulin noted on bloodwork. While hospitalized, has been on ampicillin (22 mg/kg IV TID), cerenia (1 mg/kg SID IV), mirtazapine on entry, 1.85 mg PO. Hospitalized over 24 hours and still not eating. Has a history of urinary blockage in the past. No other significant medical history is reported.
CBC: Neutrophils 0.64 (2.3-10.29) Platelets 60 (151-600) (unsure if slide examined) Chem: Potassium 3.1 (3.5-5.8) Globulin 57 (28-51)

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 sand accumulation was noted. A minor amount of suspended debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. The kidneys revealed slight pyelectasia. The left kidney measured 4.66 cm. The right kidney measured 4.83 cm.

Adrenal Glands

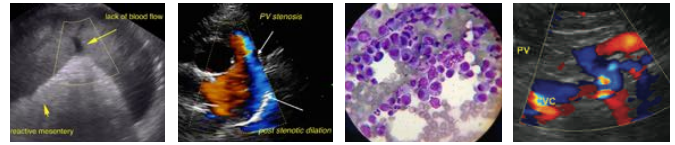
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.34 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** 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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The mesenteric root revealed mild mesenteric remodeling with slight regional lymphadenopathy. The largest lymph node measured 0.5 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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ULTRASONOGRAPHIC FINDINGS

WEIGHT

Minor intestinal thickening with slight mesenteric lymphadenopathy.

10 months

Minor bladder sand.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

There was no evidence of foreign body or neoplastic criteria. Treatment for acute on chronic inflammatory bowel is recommended. Surgical intervention with bladder lavage and sand analysis could be considered. The sand is relatively minor and non-obstructive at the time of the sonogram. However, the opportunity to obtain gastrointestinal lymph node biopsies may be an optimal approach in this case for long term management. Neoplasia is not suspected and criteria is not present; however, emerging round cell neoplasia cannot be completely ruled out. If the patient continues with clinical signs then a recheck sonogram is indicated.

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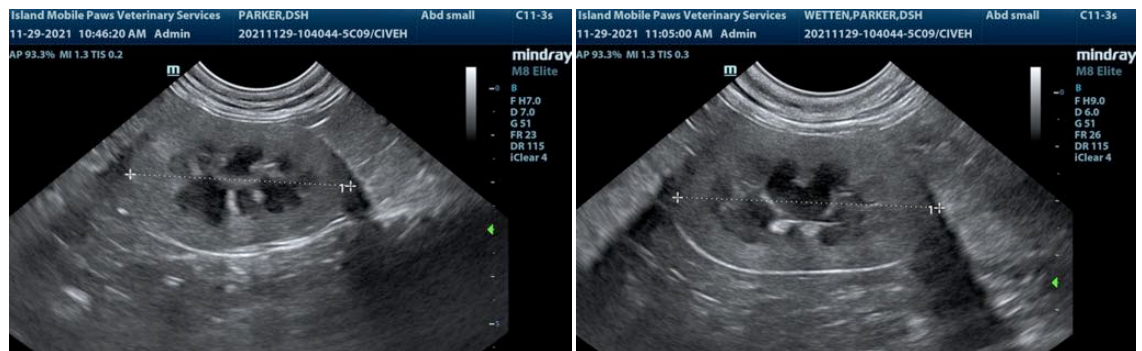
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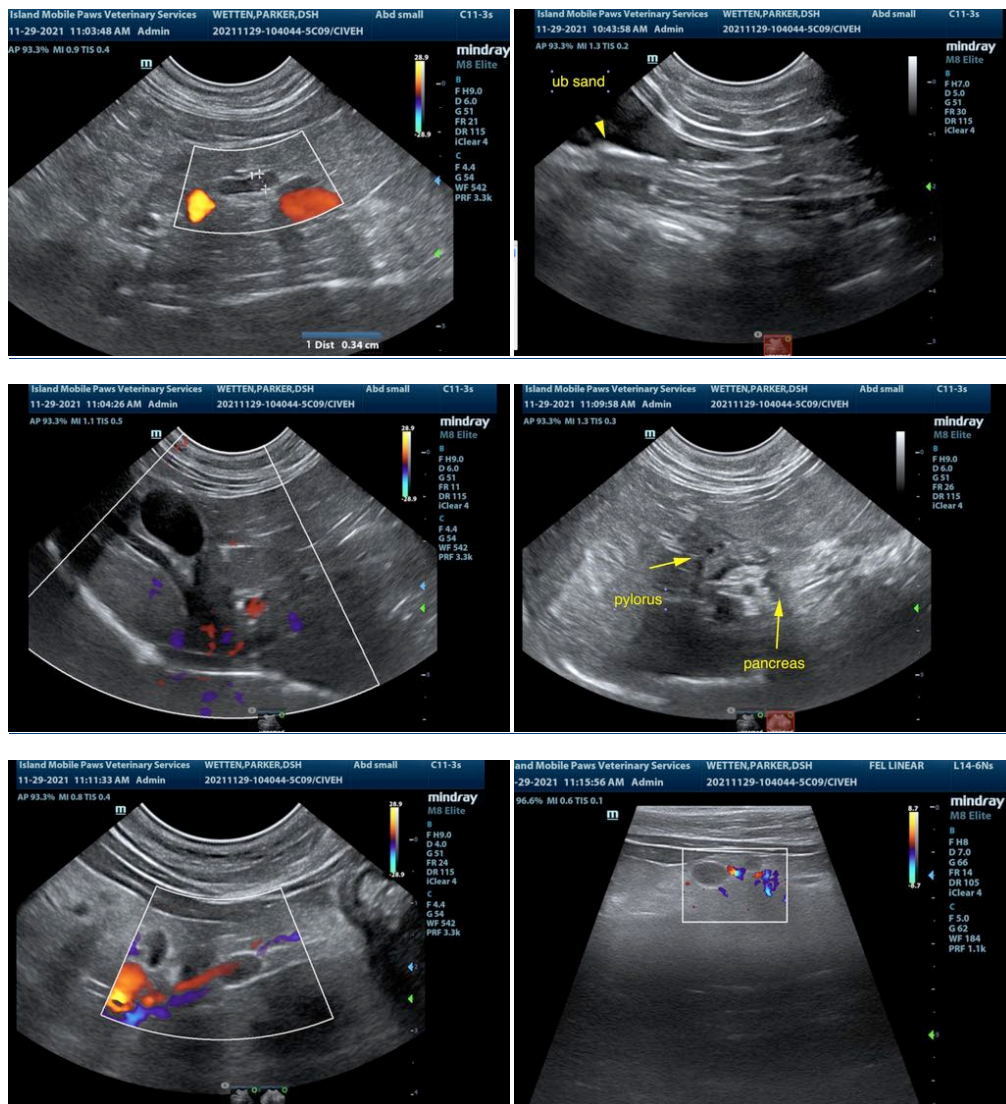
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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